

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inte	mal Revenu	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection		
<u> </u>	For the	2018 cale	ndar year, or tax year beginning , 2018, and endi	ng	, 20			
В	Check if a	applicable	C Name of organization SPRINGER ELECTRIC COOPERATIVE INC		D Employ	er identification number		
	Address	change	Doing business as			85-0083345		
\Box	Name ch	, i	Number and street (or P O. box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number		
Ħ	Initial retu	•	PO BOX 698			575-483-2421		
\exists		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			3/3-403-2421		
H					C C			
片	Amended		SPRINGER NM 87747		G Gross re			
Ш	Application		F Name and address of principal officer			subordinates? Yes Vo No		
			DAVID SPRADLIN PO BOX 186, UTE PARK, NM 87749			s included? Yes No		
<u> </u>	Tax-exen	npt status	□ 501(c)(3)	If "N	o," attach a	list. (see instructions)		
<u>J</u>	Website:	► wwv	v.springercoop.com	H(c) Group	exemption	number ▶		
K	Form of o	rganization [✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forma	ation 1946	M State	of legal domicile NM		
Р	art I	Summ	ary					
	1	Briefly de	scribe the organization's mission or most significant activities. SALE	AND DISTRIB	UTION O	F ELECTRIC ENERGY		
ø								
ě	'		•••••••••••••••••••••••••••••••••••••••					
Ĕ	2	Check the	s hav	- American	25% of	ite not accote		
Activities & Governance	2	Number	s box ▶☐ if the organization discontinued its opera lions or disposed of voting members of the governing body (Part VI, line 1a) RECEN		237001	its fiet assets.		
Ğ								
ŝ	4	Number o	of independent voting members of the governing body (Part VI, line 1b		4	0		
ij	5	lotal nun	nber of individuals employed in calendar year 2018 (Part V, line 2a), 4	2019	5			
Ě	6	Total nun	nber of volunteers (estimate if necessary)		6	0		
Ă	7a	Total unre	elated business revenue from Part VIII, column (C), Ilne 42		7a	0		
	b	Net unrela	ated business taxable income from Form 990-T, line 38 OGDEN	<u> 1, U 1</u>	7b	0		
				Рпог Үе	ar	Current Year		
d)	8	Contribut	ions and grants (Part VIII, line 1h)		0	0		
Ž	9		service revenue (Part VIII, line 2g)	22	2,849,687	22,762,637		
Revenue	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		144,597	192,465		
æ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	1		nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,395	63,554		
_					3,038,679	23,018,656		
	1		id similar amounts paid (Part IX, column (A), lines 1–3)		0			
	1		paid to or for members (Part IX, column (A), line 4)		,473,979	<u>1,286,584</u>		
es	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1	1,850,903	1,773,259		
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		0	0		
×	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶					
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	19	,713,797	19,958,813		
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	23	,038,679	23,018,656		
	19	Revenue	less expenses. Subtract line 18 from line 12					
or Ses				Beginning of Cu	rrent Year	End of Year		
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	35	,644,288	36,937,143		
ASS	21		lities (Part X, line 26)		,739,759	15,399,916		
žš	22		s or fund balances. Subtract line 21 from line 20		,904,529	21,537,227		
	art II		ure Block		,304,323	21,331,221		
						nu kansuladan and bakat it in		
			y, I declare that I have examined this return, including accompanying schedules and state gte. Declaration of preparer (other than officer) is based on all information of which prepare			ily knowledge and belief, it is		
	,) - () () () () ()					
o:.		4	ous museen		5/08/	2019		
Siç	-	,	ture of officer	Dat	ie			
He	re		/ID SPRÁDLIN, GENERAL MANAGER					
			or print name and title			· · · · · · · · · · · · · · · · · · ·		
Pa	id	Print/Typ	pe preparer's name Preparer's signature D	ate	Check [] if PTIN		
	eparei	_			self-emp			
			ime ▶	Firm	's EIN ▶	L		
US	e Only	Firm's ac			ne no			
Ma	v the IR:		this return with the preparer shown above? (see instructions)	1 + 110	no no	Yes No		
	,		(account account accoun	<u> </u>	<u> </u>			

Form 99	0 (2018) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SALE AND DISTRIBUTION OF ELECTRIC ENERGY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 12) (Expenses \$ 23,018,656 including grants of \$ 0) (Revenue \$ 23,018,656) SALE AND DISTRIBUTION OF ELECTRIC ENERGY IN NORTHEASTERN NEW MEXICO ON A COOPERATIVE BASIS
	NUMBER OF MEMBERS AS OF 12/31/18 - 1,943 TOTAL SERVICES IN PLACE AS OF 12/31/18 - 3,633
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 23 048 575

DOJR

art	IV Checklist of Required Schedules			
		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	V	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	/	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	√
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	174		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	✓
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		✓
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	[✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		 ✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32_		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
		Forn	990	(2018)

Hala	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	5. "		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		٠ ا	'
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19		7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-	-	.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 50		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ca		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			نــــا
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L.
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	 			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			I
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			لــــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes." complete Form 4720. Schedule O.	I		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	
Secti	on A. Governing Body and Management		•	<u>. </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5	/	
6	Did the organization have members or stockholders?	-	V	
7a	one or more members of the governing body?	7a	✓	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	√	
ь	Each committee with authority to act on behalf of the governing body?	8b	-	├─
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	- d- 1	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			 7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	√	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	·	-	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest C	ompensated	Employees,	and
	Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization per any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	ensa	ited any curren	it officer, director	r, or trustee.
				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
Harrie and Thie	hours per		officer and a director/trustee)					compensation	compensation from	amount of
	week (list any		_		_			from	related	other
	hours for related	호호	stit	Officer	8	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	e ct	盲	딱	Key employee	oye st	嘎	(W-2/1099-MISC)		organization
	below dotted	익井	nal		ğ	^e S		Ϊ ΄		and related
	line)	Individual trustee or director	Institutional trustee		8	ber				organizations
		ď	stee			Highest compensated employee				
						<u> </u>				
(1) PAUL COSTA	5									
DIRECTOR		✓				<u> </u>		4,984	o	0
(2) ROBERT GILLESPIE	5.5									
DIRECTOR		✓						13,660	0	0
(3) RUSSELL HOY	5		ľ							
DIRECTOR		✓					_	17,163	0	0
(4) ALFONSO MAESTAS	5									
DIRECTOR		✓				<u> </u>		17,890	0	0
(5) TIM MORROW	8									
VICE PRESIDENT		✓						22,012	0	0
(6) DON SCHUTZ	8									
PRESIDENT		\						13,040	0	0
(7) GERALD SEWARD	5									
DIRECTOR		✓						16,004	0	0
(8) GARY SHAW	6									
SECRETARY/TREASURER	•	✓						17,621	0	0
(9) DAVID SPRADLIN	40									
GENERAL MANAGER					✓	✓_		178,374	0	72,526
(10)									'	
			Щ							
(11)	ļ									
(12)										
(13)										
				Щ						
(14)										

(A) Name and title		(B) Average hours per week (list any	Position (do not check more than obox, unless person is both officer and a director/trus					n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-i	ions	comp fro orga and	pensation the inization related inization	n t
(15)										1				
(16)			<u> </u>											
(17)														
(18)														
(19)								_						
(20)														
(21)														
(22)								-						
(23)														
(24)									_					
(25)														
1b	Sub-total		• _•		•			>	300,748					72,526
d d	Total from continuation sheets to Part Total (add lines 1b and 1c)							>	300,748				•	72,526
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of		tor o	r tri	iete	۵۵	kov s	mn	lovee or high	est compa	neated		Yes	No
	employee on line 1a? If "Yes," complete S								· · ·	· · · ·		3		✓
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual											4	✓	
	for services rendered to the organization?											5		√
	on B. Independent Contractors										****			
1	Complete this table for your five highest compensation from the organization. Rep year.													ax
	(A) Name and business addi	ress							(B) Description of se	ervices	C	(C) Compens	ation	
2	Total number of independent contracto	•	•					th	ose listed abo	ve) who				

Part	VIII	Statement of Reve				-		
		Check if Schedule C) contains a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues . Fundraising events . Related organizations	1b			,		3,23,4
ibutions, ()ther Simil	e f	Government grants (cor All other contributions, g and similar amounts not inc	lifts, grants,					, was
Sontr and C	g h	Noncash contributions include Total. Add lines 1a-1					•	,
	''	Total: /tdd lines 1a /		Business Code			-	
Program Service Revenue	2a	ELECTRIC REVENUE		221000	21,628,842			21,628,842
Be	b	OTHER		221000	467,386			467,386
vice	С	O A T ADEDITO		221000	666,409			666,409
Ser	ď							
am	е							
rogi	f ~	All other program ser						
	<u>g</u> 3	Total. Add lines 2a-2 Investment income			22,762,637			
	3	and other similar amo			109 400			100 400
	4	Income from investmen	· ·		108,400		+	108,400
	5	Royalties	•	•				
		,	(ı) Real	(ii) Personal				
	6a	Gross rents	7,101					
	b	Less rental expenses						
	С	Rental income or (loss)	7,101					
	d	Net rental income or	(loss)	▶	7,101			7,101
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	84,065					
	b	Less cost or other basis and sales expenses .						
	7	Gain or (loss)	84,065				 	
ne	d	Net gain or (loss) . Gross income from fu		•	84,065			84,065
	0a	events (not including \$ of contributions reporte						
Other Reve		See Part IV, line 18 .	a					
ō		Less: direct expenses						!
		Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.					
	b	Less. direct expenses						
	C	Net income or (loss) f	rom gaming acti	vities ▶				
	10a	Gross sales of in returns and allowance						
	b	Less cost of goods s	old b					
Į	С	Net income or (loss) f		entory 🕨				
[Miscellaneous R		Business Code				
		OTHER CAPITAL CREE		221000	36,021			36,021
		NON-OPERATING MAR	RGINS	221000	20,432			20,432
	C	All other revenue						
1	d e	All other revenue . Total. Add lines 11a-			F6 450			
		Total revenue. See in			56,453 23,018,656		-	23 018 656

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon			<u> </u>	
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,286,584			
5	Compensation of current officers, directors,				
_	trustees, and key employees	300,748			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	888,416			
0	section 401(k) and 403(b) employer contributions)	205 274			
9	Other employee benefits	265,374 239,556			
10	Payroll taxes	79,165			
11	Fees for services (non-employees):	,			
а	Management				
b	Legal	9,255			
C	Accounting	13,975			***************************************
d e	Lobbying		······································	THE SERVE SEA LANGE	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	9,594			
12	Advertising and promotion	3,496			
13	Office expenses	49,184			
14	Information technology	24,596	***************************************		
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses		·-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	25,178		<u> </u>	
20	Interest	414,256			
21 22	Payments to affiliates	18,298,956			
23	Insurance	564,415 85,481			
24	Other expenses. Itemize expenses not covered	00/101			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	DIRECTOR EXPENSES	43,034			-
b	ANNUAL MEETING EXPENSES	23,617			
d				-	
e	All other expenses MISCELLANEOUS	393,776			
25	Total functional expenses. Add lines 1 through 24e	23,018,656			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 1 125 125 2 2 Savings and temporary cash investments 4,942,337 5,181,351 3 3 Pledges and grants receivable, net 4 4 2,336,763 2,076,670 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 27,650 28,182 8 Inventories for sale or use 8 92,244 92,417 9 Prepaid expenses and deferred charges 481,731 9 370,271 Land, buildings, and equipment, cost or 10a other basis. Complete Part VI of Schedule D 10a 22,548,469 Less: accumulated depreciation 10b 6.926.204 14,825,198 10c 15,622,265 11 Investments—publicly traded securities 1,577,736 11 1,514,742 12 Investments—other securities. See Part IV, line 11 . 11,360,504 12 12,051,120 13 Investments - program-related. See Part IV, line 11. 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 35.644.288 36,937,143 17 Accounts payable and accrued expenses 17 2,643,553 2,752,712 Grants payable 18 18 19 19 20,857 81,535 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 11,984,947 12,472,910 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 90,402 25 92,759 26 Total liabilities. Add lines 17 through 25 14,739,759 26 15,399,916 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 20,904,529 21,537,227 32 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances 33 33 20,904,529 21,537,227 Total liabilities and net assets/fund balances _. . . 35.644.288 34 36.937.143 Form 990 (2018)

	(== 1-5)				90
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,01	8,656
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,01	8,656
3	Revenue less expenses. Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,90	4,529
5	Net unrealized gains (losses) on investments	5		(15	5,131)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·	78	7,829
10	Net-assets or-fund balances-at end of-year. Combine-lines 3 through 9 (must equal Part X, line				-
	33, column (B))	10		21,53	7,227
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ıplaın ır	ו		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r 1		
	reviewed on a separate basis, consolidated basis, or both:				-1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c			_	
	of the audit, review, or compilation of its financial statements and selection of an independent account			✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplaın ır	י		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	لييا	
			For	n 990	(2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number SPRINGER ELECTRIC COOPERATIVE INC 85-0083345 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or O	ther Similar	Assets	s (cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	her reco	rds, chec	k any of th	e follo	wing that are a	a signif	cant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	ırams			
b	☐ Scholarly research			☐ Other						
С	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.	tion's collections a	ind expl	ain how ti	hey further	the or	ganization's ex	empt p	ourpose	ın Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical t	reasure	s, or other sin	nilar		
	assets to be sold to raise funds rather	than to be mainta	ined as i	part of the	e organizat	ion's co	ollection? .	. [] Yes	☐ No
Par	IV Escrow and Custodial Arra	ingements.	·							
	Complete if the organization 990, Part X, line 21.								it on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_] Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing ta	able:	_				
								Amou	nt ———	
С	Beginning balance					10				
d	Additions during the year					10				
е	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amour							-		☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanation	n has been	provid	ed on Part XIII	<u> </u>	<u> </u>	Ц
Par		1 (1)	. –							
	Complete if the organization									
_		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years b	ack (e)	Four year	ars back
1a	Beginning of year balance									
b	Contributions							_		
С	Net investment earnings, gains, and losses		_							
d	Grants or scholarships						<u></u>			
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance	j								
2	Provide the estimated percentage of the			e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowmer	nt ▶	_%							
b	Permanent endowment ▶	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.							
3a	Are there endowment funds not in the	e possession of the	e organi	zation tha	at are held	and ad	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. 3	a(i)	
	(ii) related organizations							. 3	a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fu	ınds.			_		
Part	VI Land, Buildings, and Equip	ment.	•							
	Complete if the organization	answered "Yes"	on For	m 990, F	art IV, line	e 11a.	See Form 99	0, Parl	: X, line	10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated epreciation	(d)	Book va	lue
1a	Land		56,023				·			56,023
b	Buildings		479,823				317,280			162,543
c	Leasehold improvements	_								
d	Equipment	1	,853,826				1,432,858			420,968
e	Other		,158,797				5,176,066			982,731
Total.	Add lines 1a through 1e. (Column (d) m			(, column	(B), line 10)c.)				622,265

Part VII	Investments – Other Securities. Complete if the organization ansv		990 Part IV line 1	1h See Form	990 Part Y line 12
	(a) Description of security or category	•	(b) Book value		od of valuation
	(including name of security)		(b) Book value		of-year market value
(1) Financia	I derivatives				
	held equity interests	[
(3) Other					···
	CIATED ORGANIZATION'S PATRONAGE		12,038,408		
	TMENTS - OTHER ASSOCIATED ORGAN	IZATIONS	12,712		
(C)					
(D)					
(E) (F)				- · ·	· · · · · · · · · · · · · · · · · · ·
(G)					<u> </u>
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12) ▶		12,051,120		
Part VIII	Investments—Program Related	 	12,031,120		
Turt	Complete if the organization answ		990. Part IV. line 1	1c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value		od of valuation
	.,		``		of-year market value
(1)					
(2)					· · · · · · · · · · · · · · · · · · ·
(3)	· · · · ·				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(h) must assed Form 000 Port V and (D) line 12)				
Part IX	(b) must equal Form 990, Part X, col. (B) line 13) Other Assets.				•
raitin	Complete if the organization answ	vered "Ves" on Form	990 Part IV line 1	1d See Form	990 Part Y line 15
		Description	550, 1 art 14, mic 1	10. 000 1 01111	(b) Book value
(1)		•			
(2)				****	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		(5) # 451			
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	· · · · · · ·	<u>. • </u>	
Part X	Other Liabilities.	versed "Vee" on Form	000 Dart IV line 1	10 0x 11f Coo	Farm 000 Dort V
	Complete if the organization answ line 25.	vered tes on Form	990, Part IV, line I	re or 111. See	Form 990, Part A,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır		(a) Book tales	·		
	MER DEPOSITS	92,7	59		
(3)	WIER DET GOTTS	72,7	37		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column ((b) must equal Form 990, Part X, col. (B) line 25) ▶	92,7	59		

Part	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990,		•	· · · · · · · · ·	•
1	Total revenue, gains, and other support per audited financial statements			11	22,103,328
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •			
- а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	22,103,328
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	İ	<i>.</i>		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	-	915,328		
	Add lines 4a and 4b			4c	915,328
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	23,018,656
Part				er Retu	
	Complete if the organization answered "Yes" on Form 990,		•		
1	Total expenses and losses per audited financial statements			1	21,311,149
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1.	
	Other losses	2c		1	
ď	Other (Describe in Part XIII.)	_	<u></u>	1:	
	Add lines 2a through 2d			2e	0
	Subtract line 2e from line 1			3	21,311,149
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,666		
	Other (Describe in Part XIII.)	$\overline{}$	1,700,841	- I	
С	Add lines 4a and 4b		L	4c	1,707,507
с 5				4c	1,707,507 23,018,656
5	Add lines 4a and 4b				
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	23,018,656
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e <i>18.)</i> d 4, P	art IV, lines 1b and 2b	5 ; Part V,	23,018,656 line 4; Part X, line
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e <i>18.)</i> d 4, P	art IV, lines 1b and 2b	5 ; Part V,	23,018,656 line 4; Part X, line
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e <i>18.)</i> d 4, P	art IV, lines 1b and 2b	5 ; Part V,	23,018,656 line 4; Part X, line
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e <i>18.)</i> d 4, P	art IV, lines 1b and 2b	5 ; Part V,	23,018,656 line 4; Part X, line
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines IIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI - LINE 4b - G & T CAPITAL CREDITS - \$666,409	e <i>18.)</i> d 4, P	art IV, lines 1b and 2b	5 ; Part V,	23,018,656 line 4; Part X, line
5 Part Provide 2; Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines IIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI - LINE 4b - G & T CAPITAL CREDITS - \$666,409	e <i>18.)</i> d 4, P	art IV, lines 1b and 2b	5 ; Part V,	23,018,656 line 4; Part X, line
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5 Part D Provide 2; Part PART D	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI - LINE 4b - G & T CAPITAL CREDITS - \$666,409 NON-OPERATING MARGINS - \$248,919 TOTAL - \$915,328 XII - LINE 4b - NET MARGINS TO BE ALLOCATED TO MEMBERS - \$1,286,584 INTEREST EXPENSE - \$414,257	e <i>18.)</i> d 4, P	art IV, lines 1b and 2b	5 ; Part V,	23,018,656 line 4; Part X, line
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SPRIN	GER ELECTRIC COOPERATIVE INC 85-00833	45		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence		٠.	~ ,
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
		10		- 1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
	19	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			ŀ
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			Ī
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	_		
	ın Part III	8		\neg
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		_	

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Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

(F) Compensation in column (B) reported as deferred on prior Form 950 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columr (D) and (E) amounts for that individual. 250,900 (E) Total of columns (B)(I)—(D) 7,221 (D) Nontaxable benefits 65,305 (C) Retirement and other deferred compensation (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation 178,374 (i) Base compensation **E E** EE ≘ ≘ EE $\mathbf{\epsilon}$ **8 E** ≘ ≘ Ξ ⊕ 🖲 **≘** ≘ Ξ EE EE \mathbf{E} (A) Name and Title 1GENERAL MANAGER DAVID SPRADLIN 15 ~ က S 9 7 œ σ 12 5 16 우 4 F

Schedule J (Form 990) 2018

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

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OMB No 1545-0047

Open to Public Inspection

(g) Section 512(b)(13) ccntrolled entity? (f)
Direct controlling
entity Ŷ **Employer identification number** 7 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 85-0083345 (f)
Direct controlling entity PF SPR ELEC COOP (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(C)3 (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) **NEW MEXICO** COLORADO (b) Primary activity (b) Primary activity ELECTRIC G & T SCHOLARSHIPS (a) Name, address, and EIN (if applicable) of disregarded entity (2) SPRINGER ELECTRIC COOP EDUCATION FOUNDATION PO BOX 698 SPRINGER NM 87747 (a) Name, address, and EIN of related organization SPRINGER ELECTRIC COOPERATIVE INC 84-0464189 PO BOX 33695 DENVER CO 80233 (1) TRI-STATE G & T Partl Part II Œ ල Ø **©** € © 8 € 9 9 E Schedule R (Form 990) 2018

Cat No 50135Y

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

(i) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (k) Percentage ownership ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Yes (j) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes Income (9) Share of end-of- [year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year (d) Direct controlling entity tax under sections 512-514) (e)
Predominant
income (related,
unrelated,
excluded from (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV € Ξ <u>8</u> ල 3 9 8 (6) € <u>O</u> E 9 0 Ξ

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	ganizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Schedule R (Form 990) 2018	Part V Transactions With Related Organizations. Complete if the organization

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	r more related order	Partions listed in Destriction	6 IL-IV?	Yes	8
	או וווטוק וקומוקט טואמו	יוובמווסווא וואנפס ווו רמוני	: <u>AIL</u>		
Receipt of (I) interest, (II) annuities, (III) royalities, or (IV) rent from a controlled entity				<u>e</u> 1	7 ;
Circle grant, or capital contribution to related digalitzation(s)				2 ;	\
Gilit, grant, or capital contribution from related organization(s)				2	\
Loans or loan guarantees to or for related organization(s)				1d	,
Loans or loan guarantees by related organization(s)				1e	7
Dividends from related organization(s)				 ≠	>
Cale of accepte to related permitation(s)				Ç	?
ale of assets to lefated organization (s)				2 ;	• `
Purchase of assets from related organization(s)				<u>د</u>	>
Exchange of assets with related organization(s)	•			i-	,
Lease of facilities, equipment, or other assets to related organization(s)				÷	7
					L
Lease of facilities, equipment, or other assets from related organization(s)				 +	1
Performance of services or membership or fundraising solicitations for related organization(s)				=	7
Performance of services or membership or fundraising solicitations by related organization(s)	•			<u>=</u>	7
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				5	
Sharing of paid employees with related organization(s)	•			- 5	
			•		_
Reimbursement paid to related organization(s) for expenses	•		•	 2	>
Reimbursement paid by related organization(s) for expenses				-	>
Other transfer of cash or property to related organization(s)				7	
Other transfer of cash or property from related organization(s)				18	7
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	mplete this line, incl	luding covered relatior	iships and transaction	on thresh	olds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	g amount inv	volved
(2) SPRINGER ELECTRIC COOP EDUCATION FOUNDATION	-	45,752	2015 UNCLAIMED CC CHECKS	C CHECK	ν
			Schedule F	Schedule R (Form 990) 2018	0) 2018

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public

OMB No 1545-0047

Department of the Treasury

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Inspection Internal Revenue Service Employer identification number Name of the organization 85-0083345 SPRINGER ELECTRIC COOPERATIVE INC PART VI - LINE 6 - THERE WERE 1,943 MEMBERS AS OF 12/31/2018 LINE 7a - A NOMINATING COMMITTEE IS SELECTED ANNUALLY FOR NOMINATION OF MEMBERS TO RUN FOR THE BOARD TERMS THAT EXPIRE DURING THAT YEAR LINE 7b - ANY CHANGES TO THE COOP'S BYLAWS MUST COME BEFORE THE MEMBERSHIP AT THE ANNUAL MEETING AND BE **VOTED ON** LINE 11b - FORM 990 IS REVIEWED BY THE GENERAL MANAGER AND BOARD PRIOR TO FILING LINE 12c - THIS IS COMPLETED ANNUALLY WITH A QUESTIONNAIRE FROM THE AUDITOR LINE 15a & 15b - SALARIES ARE COMPARED TO OTHER COOPS IN THE STATE AND NATIONWIDE LINE 19 - POSTED ON THE INTERNET AND AVAILABLE UPON REQUEST PART XI - LINE 9 - CAPITAL CREDITS TO BE ALLOCATED TO MEMBERS - \$1,286,584 **CAPITAL CREDITS REFUNDED TO MEMBERS - (\$539,009)** PAST SERVICE FUNDING FOR RS RETIREMENT PLAN - \$40,234 **CHANGE IN MEMBERSHIPS - \$20** TOTAL - \$787,829