

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

Open to Public

Preparer

Use Only

Firm's name

ggn

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number FARMERS ELECTRIC COOPERATIVE, INC. Address change OF NEW MEXICO Name change 85-0036237 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 575-762-4466 P.O. BOX 550 termin-ated 47,264,526. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code 88102-0550 Amended CLOVIS, NM H(a) Is this a group return Applica-F Name and address of principal officer: ANTONIO SANCHEZ, JR. Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? 12) 4947(a)(1) or 527 (insert no.) If "No," attach a list. See instructions WWW.FECNM.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1937 M State of legal domicile: NM Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY AND RELIABLE Activities & Governance ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 58 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 0. Contributions and grants (Part VIII, line 1h) Revenue 42,307,699 46,990,855. Program service revenue (Part VIII, line 2g) 394,606. 267,119. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 5,802. 6,552. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 42,708,107. 47,264,526. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,156. 20,716. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,559,537. 2,631,099. Benefits paid to or for members (Part IX, column (A), line 4) 4,966,699. 5,515,745. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 34,444,067. 39,666,468. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 42,053,021. 46,762,466. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 655,086. 502,060. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 137,800,646. 139,799,971. 20 Total assets (Part X, line 16) 80,395,080. 82,949,446. 21 Total liabilities (Part X, line 26) 56,850,525. 57,405,566. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign ANTONIO SANCHEZ, JR., CEO Here Type or print name and title Date PTIN Preparer's signature Check X Print/Type preparer's name if self-employed Paid WILLIAM M. MILLER WILLIAM M. MILLER 07/21/23 P00439459 BOLINGER, SEGARS, GILBERT AND MOSS LLP

X Yes

Firm's EIN 75-0882037

Phone no. (806)747-3806

Firm's address 8215 NASHVILLE AVENUE

May the IRS discuss this return with the preparer shown above? See instructions

LUBBOCK, TX 79423

FARMERS ELECTRIC COOPERATIVE, INC.

Form 990 (2022) OF NEW MEXICO

Part III | Statement of Program Service Accomplishments 85-0036237 Page 2

Check if Schedule Contains a response or note to any line in this Part III. Bitely describe the organization in mission: NONE 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-IZ? If Yes, 'describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant hanges in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations concomplishments 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, it any, for each program service reported. PROVIDING ELECTRIC EMERGY TO OUR MEMBERS ON A COOPERATUSE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL. THERE WERE 16,028 ACTIVE SERVICES AT YEAR END. 46 (Cose:) (fingeness s	Pai	Statement of Program Service Accomplishments
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900-E27	_	ATOMES .
prior Form 980 or 980 £2? If Yes, 1 describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1	Briefly describe the organization's mission:
prior Form 980 or 980 £2? If Yes, 1 describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
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If "ves," describe these new services on Schedule O. Ves	_	
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		
If "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section SDI(c)(S) and SDI(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. 4 (Code) ((sequence) PROVIDING ELECTRIC ENERGY TO OUR MEMBERS ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL. THERE WERE 16,028 ACTIVE SERVICES AT YEAR END. 4 (Code) ((Expenses S	3	
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FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO

Form 990 (2022) OF NEW MEXIC Part 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4	N/	Δ
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	11/	-
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	Х	
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		Х
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	Х	
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		х
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FARMERS ELECTRIC COOPERATIVE, INC.

Form 990 (2022)

OF NEW MEXICO

Part IV	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		Х
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	х	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	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	N/	A
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	N/	A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		X
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	N/	A
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u>L</u> _
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С				
	(gambling) winnings to prize winners?	1c		<u> </u>

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		FO			
	filed for the calendar year ending with or within the year covered by this return	2a	58		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	Х
	•			3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule.		ity over a	3D		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accour	10?	48		
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	te (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided 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 w	as requ	uired			
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	NT /	7
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining denor advised funds. Did a denor advised fund maintaining			7h	14 /	<u>-</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?		NT / 7A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		37 / 3	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	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	11a	46,430,788.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		201 616			
	amounts due or received from them.)	11b	381,616.			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	,	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			100		
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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					٦,
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	:	0			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on net investment in the section 4968 excise tax on the section 4968 excise tax on the section 4968 excise tax of tax of the section 4968 excise tax of tax o	nt incor	ne?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action.	ativition				
"	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any arthat would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			.,		
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Form 990 (2022)

OF NEW MEXICO

85-0036237

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body beginning being brighted broad authority to an executive committee or similar committee, opian on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 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 have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 3 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization towerning body? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization tower of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Fart VII, Section A, who cannot be reached at the organization to maling address? If Yes, "provide the names and addressess on Schedule O 9 If "Yes," did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have a written proficed to the organization or eventy propose? 11 Jack State the		Check if Schedule O contains a response or note to any line in this Part VI			X
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GIIZETTE HOWADD ACCOUNTING MANAGED $-575-762-1166$	20				
3701 NORTH THORNTON ST. CLOVIS NM 88102-0550		SUZETTE HOWARD, ACCOUNTING MANAGER - 575-762-4466			

Page 7

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	aniza	ation	cor	mper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	lu a u	recio	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee ee	nben		1099-NEC)	1099-1120)	and related
	below	dualt	itiona	٦	oldu	st co I	-	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme			3
(1) LANCE R ADKINS	50.00									
GENERAL MANAGER (JAN-APR)				Х				146,566.	0.	152,806.
(2) BARRY T BASS	50.00									
LINE SUPERINTENDENT						Х		111,726.	0.	120,677.
(3) THOMAS J MOORE	45.00									
DIRECTOR OF MEMBER SERVICES				Х				115,450.	0.	62,260.
(4) SUZETTE HOWARD	45.00								_	
ACCOUNTING MANAGER				Х				112,183.	0.	65,473.
(5) MICHAEL L MCCORD	50.00								_	
ENGINEERING MANAGER						Х		113,100.	0.	56,662.
(6) HELEN JO WALLIN	45.00								_	
CUSTOMER SERVICE/HR MANAGER						Х		111,488.	0.	54,750.
(7) ANTONIO SANCHEZ	50.00									
CEO/GENERAL MANAGER (MAY-DEC)				Х				103,680.	0.	51,123.
(8) DARREL B GOMEZ	50.00								_	
LINE SUPERINTENDENT						Х		117,906.	0.	32,518.
(9) MICHAEL SORRELS	58.00									
LINE FOREMAN						Х		121,335.	0.	5,129.
(10) JUDY SMITH	4.10									
DIRECTOR	0.30	Х						4,927.	0.	0.
(11) MICHAEL B WEST	5.30									
PRESIDENT	0.30	Х		Х				4,901.	0.	0.
(12) GEORGE DODGE JR.	3.00								_	_
VICE PRESIDENT		Х		Х				4,527.	0.	0.
(13) JUSTIN BARNES	3.10								_	_
DIRECTOR		Х						3,527.	0.	0.
(14) JOHN PAT WOODS	2.40								_	_
DIRECTOR	0.30	X						3,079.	0.	0.
(15) DONNIE BIDEGAIN	4.00									
SECRETARY/TREASURER	0.30	X		Х				2,927.	0.	0.
(16) ERNEST RILEY	3.00							0.500		_
DIRECTOR (JAN-NOV)	0.30	X						2,600.	0.	0.
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Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(do box	not c , unle	Pos heck ss pe	c) ition more erson		one n an	(D) Reportable compensation	(E) Reportable compensatio	on	an	(F) stimate nount	of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	other compensation from the organization and related organizations		ation ie tion ted
1b Subtotal c Total from continuation sheets to Part VI								1,079,922.		0.	60	1,3	98.
d Total (add lines 1b and 1c)								1,079,922.		0.			
Total number of individuals (including but n compensation from the organization									0,000 of reportab	le			11
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		Х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportab	le co	omp	ensa	atior	n and	ot		the organization			Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/					4	21	v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .					5		X
Complete this table for your five highest co	=	-								npens	ation f	rom	
the organization. Report compensation for (A)	•	ear (<u>enai</u>	ng v	vitn	or w	Itnir	(B)			(C		
Name and business address R & R LINE SERVICES Description of services						services		ompe	risatio)[]			
6022 QUAY ROAD, SAN JON, NM 88434 SOUTHWEST POWER SOLUTIONS							LINE CONSTRU	CTION		76	5,2	52.	
1912 S 6TH ST, TUCUMCARI, NM 88401 LINE CONSTRUCTION					56	1,5	79.						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	-	_	Endorated compaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
اع ق			Membership dues		\vdash					
Ts,			Fundraising events		1c					
<u>iā</u> <u>ē</u>					1d					
Sir			Government grants (contribu		1e					
er S	l		All other contributions, gifts, gra							
호된			similar amounts not included ab	ove	1f					
E S		g	Noncash contributions included in line	es 1a-1f	1g \$					
<u>8</u> 0		h	Total. Add lines 1a-1f							
						Business Code				
e l	2	а	SALES OF ELECTRICITY			221000	46,135,426.	46,135,426.		
Program Service Revenue		b	PATRONAGE DIVIDENDS			221000	842,604.	842,604.		
Sel		c	SERVICE FEES		221000	12,825.	12,825.			
E &		d					,	,		
P. G.		e								
Pr			All other program convice rev	/ODLIO						
			All other program service rev				46,990,855.			
-	_		Total. Add lines 2a-2f				40,990,033.			
	3		Investment income (including				065 110			065 110
							267,119.			267,119.
	4	4 Income from investment of tax-exempt bond pr		-						
	5		Royalties							
				(i) Real	(ii) Personal				
	6	а	Gross rents6	а						
		b	Less: rental expenses 6	b						
		С	Rental income or (loss) 6	С						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	Securities	(ii) Other				
			assets other than inventory 7	a						
		h	Less: cost or other basis	_						
e l		~	and sales expenses7	h						
Other Revenue		_	Gain or (loss) 7	_						
ě			· /	_						
౼			Net gain or (loss)							
姜	8	а	Gross income from fundraising	events (r	_					
١			including \$		of					
			contributions reported on lin	-	_					
			Part IV, line 18			_				
		b	Less: direct expenses		8	b				
			Net income or (loss) from fur							
	9	а	Gross income from gaming a							
			Part IV, line 19		9	а				
		b	Less: direct expenses		9	b				
		С	Net income or (loss) from ga	ming ad	ctivities					
	10	а	Gross sales of inventory, less	s return	ns					
			and allowances			Da				
		b	Less: cost of goods sold			Ob				
			Net income or (loss) from sal		·····	•				
			The state of the s			Business Code				
Miscellaneous Revenue	11	2	POLE ATTACHMENT INCOM	E		221000	4,302.			4,302.
ne Tue			MISCELLANEOUS REVENUE			221000	2,250.	2,250.		2,552.
Ve la		~	TITSCHILLIANDOOD KEVENUE				2,250.	2,250.		
Sce		C	All alla accom			-				
Ξ			All other revenue							
		е	Total. Add lines 11a-11d				6,552.			
	12		Total revenue. See instructions				47,264,526.	46,993,105.	0.	271,421.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 20,716. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1,559,537. Benefits paid to or for members Compensation of current officers, directors, 836,029 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,970,787. Other salaries and wages 7 Pension plan accruals and contributions (include 705,127 section 401(k) and 403(b) employer contributions) 747,584. Other employee benefits 9 256,218. Payroll taxes 10 Fees for services (nonemployees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 2,074,278. Interest 20 Payments to affiliates 21 3,836,994. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 29,946,636. PURCHASED POWER DISTRIBUTION EXPENSE 2,416,216. CONSUMER EXPENSE 583,193. d ADMIN & GENERAL EXPENSE 529,528. 279,623. e All other expenses 46,762,466. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing	1,240,378.	1	258,619.
	2	Savings and temporary cash investments	3,589,024.	2	7,282,945.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,463,117.	4	3,991,955.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,643,977.	8	3,065,658.
⋖	9	Prepaid expenses and deferred charges	909,907.	9	693,750.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 150,033,820.	100 170 001		
	b	Less: accumulated depreciation 10b 45,519,281.		10c	104,514,539.
	11	Investments - publicly traded securities	1,845,630.	11	1,495,901.
	12	Investments - other securities. See Part IV, line 11	00 100 050	12	11 600 550
	13	Investments - program-related. See Part IV, line 11	22,132,052.	13	14,620,778.
	14	Intangible assets	1 005 050	14	1 056 501
	15	Other assets. See Part IV, line 11	1,825,852.	15	1,876,501.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	139,799,971.	16	137,800,646.
	17	Accounts payable and accrued expenses	4,198,676.	17	4,530,001.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
ΡΞΪ		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lia	00	controlled entity or family member of any of these persons	76,663,257.	22	73,698,112.
	23	Secured mortgages and notes payable to unrelated third parties	70,005,257.	24	73,030,112.
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Calcadyla D	2,087,513.	25	2,166,967.
	26	Total liabilities. Add lines 17 through 25	82,949,446.	26	80,395,080.
	20	Organizations that follow FASB ASC 958, check here	02/020/220	20	0070207000
Ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
h		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds	0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated income, or other funds	56,850,525.	31	57,405,566.
Net Assets or Fund Balances	32	Total net assets or fund balances	56,850,525.	32	57,405,566.
_	33	Total liabilities and net assets/fund balances	139,799,971.	33	137,800,646.
				-	

Pa	rt 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>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u> 26.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	46			66.
3	Revenue less expenses. Subtract line 2 from line 1	3				60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				25.
5	Net unrealized gains (losses) on investments	5	_	<u>-43</u>	2,8	43.
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 on Schedule O)	9		48	5,8	24.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u>57</u>	, 40	<u>5,5</u>	66.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO

Employer identification number 85-0036237

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nai Fullus Of <i>F</i>	Accounts. Complete if the					
		(a) Donor advised fur	nds	(b) Funds and other accounts					
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in	n donor advised fur	nds					
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No					
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant f	unds can be used	only					
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any ot	her purpose confe	rring					
	impermissible private benefit?								
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" or	n Form 990, Part IV	/, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (for example, recreat	tion or education) L	eservation of a hist	orically important land area					
	Protection of natural habitat	L Pre	eservation of a cert	ified historic structure					
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution	n in the form of a c						
	day of the tax year.			Held at the End of the Tax Year					
а	Total number of conservation easements			2a					
b	Total acreage restricted by conservation easements			2b					
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c					
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not o	n a						
	historic structure listed in the National Register			2d					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the orga	nization during the tax					
	year								
4	Number of states where property subject to conservation eas	sement is located							
5	Does the organization have a written policy regarding the per								
	violations, and enforcement of the conservation easements it								
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and e	nforcing conservat	ion easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforc	ing conservation e	asements during the year					
8	Does each conservation easement reported on line 2(d) above	a actiofy the requirements of	facation 170/b)///	D)/i)					
0	and section 170(h)(4)(B)(ii)?	•	. , . , .						
9	In Part XIII, describe how the organization reports conservation								
3	balance sheet, and include, if applicable, the text of the footn		•						
	organization's accounting for conservation easements.	ote to the organization 3 line	anciai statements t	nat describes trie					
Pai	t III Organizations Maintaining Collections of	Art. Historical Treas	ures. or Other	Similar Assets.					
	Complete if the organization answered "Yes" on Form	•							
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue	e statement and ba	alance 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 finan			·					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
	art, historical treasures, or other similar assets held for public	•							
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,		•					
	(i) Revenue included on Form 990, Part VIII, line 1			\$					
2	If the organization received or held works of art, historical trea								
_	the following amounts required to be reported under FASB A								
а	Revenue included on Form 990, Part VIII, line 1			\$					
	Assets included in Form 990. Part X			\$					

FARMERS ELECTRIC COOPERATIVE, INC.

Schedule D (Form 990) 2022

OF NEW MEXICO

85-0036237 Page **2**

Par	t III Organizations Maintaining Co	llections of Art, His	torical Treasui	res, or Othe	r Similar As	ssets(contin	ued)	
3	Using the organization's acquisition, accession	, and other records, chec	k any of the followi	ng that make si	gnificant use o	f its		
	collection items (check all that apply):							
а	Public exhibition	d \square	Loan or exchange	program				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							_
4	Provide a description of the organization's colle	ections and explain how t	hey further the orga	anization's exer	npt purpose in	Part XIII.		
5	During the year, did the organization solicit or re	eceive donations of art, h	istorical treasures,	or other similar	assets			
	to be sold to raise funds rather than to be main	tained as part of the orga	nization's collection	n?		Yes	□ No	<u>_</u>
Par	t IV Escrow and Custodial Arrange	ements. Complete if the	e organization answ	vered "Yes" on	Form 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part	K, line 21.						_
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or ot	her assets not	included			
	on Form 990, Part X?					Yes	L No)
b	If "Yes," explain the arrangement in Part XIII an	d complete the following	table:					_
						Amount		_
С	Beginning balance				. 1c			_
	Additions during the year							_
е	Distributions during the year				. 1e			_
f	Ending balance				. 1f			
2a	Did the organization include an amount on Form	m 990, Part X, line 21, for	escrow or custodia	ıl account liabili	ty?	Yes	No)
	If "Yes," explain the arrangement in Part XIII. C							_
Par								_
		(a) Current year (b) F	Prior year (c) TV	vo years back (d) Three years b	ack (e) Four	years back	(
1a	Beginning of year balance							_
b	Contributions							_
С	Net investment earnings, gains, and losses							_
d	Grants or scholarships							_
е	Other expenditures for facilities							
	and programs							_
f	Administrative expenses							_
g	End of year balance							_
2	Provide the estimated percentage of the currer		g, column (a)) held	as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
3a	Are there endowment funds not in the possess	ion of the organization th	at are held and adn	ninistered for th	ne	-		_
	organization by:						Yes No	_
	(i) Unrelated organizations					3a(i)		_
	(ii) Related organizations							_
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required on S	Schedule R?			3b		_
4	Describe in Part XIII the intended uses of the or		funds.					_
Par	t VI Land, Buildings, and Equipme							
	Complete if the organization answered "	Yes" on Form 990, Part I	V, line 11a. See For	m 990, Part X,	line 10.			_
	Description of property	(a) Cost or other	(b) Cost or other	' '	cumulated	(d) Book	value	
		basis (investment)	basis (other)		reciation			_
	Land		752,8		00 240		2,877	
	Buildings		3,510,0	04. 1,1	.98,342.	2,311	L,662	<u>•</u>
	Leasehold improvements		120 520 4	CA A A A	20 020	05 015	7 005	_
	1 1		139,538,1		20,939.	95,217		
	Other		6,232,7	/ 🌣 •			2,775	_
Total	L Add lines 1a through 1e (Column (d) must equ	ial Form 990. Part X. colui	mn (R) line 10c.)		l	104 <i>.</i> 514	1.539	

Schedule D (Form 990) 2022

85-0036237 Page 3

Schedule D				NEW	
Part VII	Investn	nents ·	Other S	Securi	ties.

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 900 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		•
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CFC - MEDIUM TERM NOTES	1,000,000.	COST
(2) PATRONAGE CAPITAL -		
		COCH

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CFC - MEDIUM TERM NOTES	1,000,000.	COST
(2) PATRONAGE CAPITAL -		
(3) OTHERS	282,895.	COST
(4) PATRONAGE CAPITAL - CFC	304,158.	COST
(5) PATRONAGE CAPITAL -		
(6) FEDERATED	395,037.	COST
(7) PATRONAGE CAPITAL - WFEC	2,519,395.	COST
(8) PATRONAGE CAPITAL -		
(9) COBANK	31,063.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	14,620,778.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value			
(1) Fe	deral income taxes				
(2) C	ONSUMER DEPOSITS	285,036.			
(3) D	EFERRED CREDITS - ADVANCES FOR				
(4) C	ONSTRUCTION	1,058,255.			
(5) A	823,676.				
(6)					
(7)					
(8)					
(9)					
Total. (Col	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Cobo	FARMERS ELECTRIC COOPERATIVE, INC. dule D (Form 990) 2022 OF NEW MEXICO	85_	0036237 Page
	t XI Reconciliation of Revenue per Audited Financial Statements With Reve		
1 0	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	, , , , , , , , , , , , , , , , , , ,	
1	Total revenue, gains, and other support per audited financial statements	1	46,829,932
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, ,
		32,843.	
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-432,843
3	Subtract line 2e from line 1		47,262,775
4	Amounts included on Form 990. Part VIII. line 12. but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	1,751.	
	Add lines 4a and 4b	4c	1,751
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		47,264,526
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Exp		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	45,201,178
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1		45,201,178
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 1,5	61,288.	
С	Add lines 4a and 4b	4c	1,561,288
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	46,762,466
Par	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b	o; Part V, line 4; Par	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PAF	RT X, LINE 2:		
THE	E COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITION	ONS" PROVI	SIONS OF
ACC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITE	D STATES C	F AMERICA.

THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.
THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX
EXEMPT ENTITY. THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT
THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL
REVENUE SERVICE(IRS), OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX
BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING
AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO

Part XIII	Supplemental Information (continued)

EXPENSE ON FORM 990

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RECORDED IN NON-OPERATING MARGINS RECLASSED TO

EXPENSE ON FORM 990 1,751.

PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED

1,559,537.

1,751.

TOTAL TO SCHEDULE D, PART XII, LINE 4B

1,561,288.

PART IX:

THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B. CONSEQUENTLY, IN ACCORDANCE WITH IRS INSTRUCTIONS, SCHEDULE D, PART IX HAS BEEN LEFT BLANK.

PART XII, LINE 4B:

FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS

ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN

EQUITY AND NOT AS AN EXPENSE. THEREFORE, NET INCOME PER THE AUDITED

FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE

DIVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE

AUDITED FINANCIAL STATEMENTS ARE PREPARED. HOWEVER, BECAUSE THE ALLOCATION

OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE FULFILLS ITS

TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE AMOUNT OF

PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS IS

REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS".

Part XIII Supplemental Information (continued)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.							
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
CFC - CAPITAL TERM CERTIFICATES	730,488.	COST					
INVESTMENTS IN OTHER ASSOCIATED ORGANIZATIONS	5,386.	COST					
MEMBERSHIPS - OTHER	3,710.	COST					
MEMBERSHIPS - WFEC	9,348,646.	COST					

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO

Employer identification number 85-0036237

	·		Yes	No
1 a	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			
	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		
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?	2		
3	Indicate which, if any, of the following the 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 X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
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:			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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.			
	Only section E01(a)(2) E01(a)(4) and E01(a)(20) aggregations must complete lines E.O.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:	Eo.		
	The organization? Any related organization?	5a 5b		
U	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	JD		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the net earnings of:			
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 in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c)?	9		

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

Schedule J (Form 990) 2022

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

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.

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 column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred be	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LANCE R ADKINS	(i)	143,578.	0.	2,988.	150,918.	1,888.	299,372.	0.
GENERAL MANAGER (JAN-APR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARRY T BASS	(i)	108,681.	541.	2,504.	118,286.	2,391.	232,403.	0.
LINE SUPERINTENDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS J MOORE	(i)	109,296.	541.	5,613.	58,330.	3,930.	177,710.	0.
DIRECTOR OF MEMBER SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUZETTE HOWARD	(i)	104,648.	541.	6,994.	57,730.	7,743.	177,656.	0.
ACCOUNTING MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL L MCCORD	(i)	107,203.	541.	5,356.	49,814.	6,848.	169,762.	0.
ENGINEERING MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HELEN JO WALLIN	(i)	105,983.	541.	4,964.	49,624.	5,126.	166,238.	0.
CUSTOMER SERVICE/HR MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANTONIO SANCHEZ	(i)	99,173.	812.	3,695.	48,920.	2,203.	154,803.	0.
CEO/GENERAL MANAGER (MAY-DEC)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DARREL B GOMEZ	(i)	111,300.	541.	6,065.	29,366.	3,152.	150,424.	0.
LINE SUPERINTENDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART II, COLUMN C:

LANCE R. ADKINS:

ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	\$ 150,139	
EMPLOYER CONTRIBUTION TO 401(K) PLAN	779	
TOTAL REPORTED IN COLUMN C	\$ 150,918	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(150,139)	
ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN	30,865	

Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,	, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
EXPENSE TO THE COOPERATIVE	\$ 31,644	
BARRY BASS:		
ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	\$ 117,175	
EMPLOYER CONTRIBUTION TO 401(K) PLAN	1,111	
TOTAL REPORTED IN COLUMN C	\$ 118,286	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(117,175)	
ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN	38,949	
EXPENSE TO THE COOPERATIVE	\$ 40,060	
THOMAS J. MOORE:		
ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	\$ 57,183	
EMPLOYER CONTRIBUTION TO 401(K) PLAN	1,147	
TOTAL REPORTED IN COLUMN C	\$ 58,330	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(57,183)	
ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN	39,909	
EXPENSE TO THE COOPERATIVE	\$ 41,056	0 0/ 2022

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. SUZETTE HOWARD: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN 56,566 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,164 57,730 TOTAL REPORTED IN COLUMN C (56,566)LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 39,938 41,102 EXPENSE TO THE COOPERATIVE MICHAEL MCCORD: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN 48,631 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,183 TOTAL REPORTED IN COLUMN C 49,814 (48,631)LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 41,540 EXPENSE TO THE COOPERATIVE 42,723

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HELEN JO WALLIN:		
ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	\$ 48,493	
EMPLOYER CONTRIBUTION TO 401(K) PLAN	1,131	
TOTAL REPORTED IN COLUMN C	\$ 49,624	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(48,493)	
ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN	38,843	
EXPENSE TO THE COOPERATIVE	\$ 39,974	
ANTONIO SANCHEZ:		
ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	\$ 45,089	
EMPLOYER CONTRIBUTION TO 401(K) PLAN	3,831	
TOTAL REPORTED IN COLUMN C	\$ 48,920	
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(45,089)	
ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN	20,574	
EXPENSE TO THE COOPERATIVE	\$ 24,405	

DARREL B. GOMEZ:

Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5	5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	\$ 28,170
EMPLOYER CONTRIBUTION TO 401(K) PLAN	1,196
TOTAL REPORTED IN COLUMN C	\$ 29,366
LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN	(28,170)
ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN	41,676
EXPENSE TO THE COOPERATIVE	\$ 42,872

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number 85-0036237

FORM 990, PART I:

IN GENERAL, WHEN AN ELECTRIC COOPERATIVE BASES THE PATRONAGE DIVIDEND

CALCULATION ON ITS NET BOOK INCOME/(LOSS), PAGE 1, PART I, LINE 19
REVENUE LESS EXPENSES - WILL BE \$0. FOR THE CURRENT YEAR, PAGE 1, PART

I, LINE 19 REPORTS A NET INCOME OF \$502,060, WHICH IS THE INCOME

STATEMENT EFFECT OF ACCRUED UNBILLED REVENUE AND FORM 990 REPORTING OF

UNREALIZED GAINS AND LOSSES AS A COMPONENT OF OTHER CHANGES IN NET

ASSETS IN LIEU OF REPORTING AS AN ITEM OF REVENUE OR INCOME.

THE GAAP BASIS FINANCIAL STATEMENTS INCLUDE AN ACCRUAL FOR UNBILLED
REVENUE BECAUSE THE COOPERATIVE'S BILLING CYCLE DOES NOT END ON THE

LAST DAY OF THE MONTH. THEREFORE, IT HAS REVENUE IN DECEMBER OF EACH
YEAR THAT IT HAS EARNED BUT WILL NOT BILL UNTIL THE FIRST BILLING CYCLE
OF THE FOLLOWING YEAR. THE COOPERATIVE ESTIMATES THIS REVENUE AND
RECORDS IT AS ACCRUED UNBILLED REVENUE IN ORDER TO MATCH THE REVENUE
WITH THE YEAR EARNED. HOWEVER, THE COOPERATIVE ALLOCATES THE REVENUE TO
MEMBERS IN THE YEAR IT IS BILLED RATHER THAN WHEN ACCRUED. THIS TIMING
DIFFERENCE IS FAIR AND EQUITABLE BECAUSE IT MATCHES THE PATRONAGE
DIVIDEND ALLOCATED WITH THE BILLING RECORDS USED TO ALLOCATE THE

DUE TO THE TIMING OF WHEN THE COOPERATIVE ALLOCATES ACCRUED UNBILLED
REVENUE, PAGE 1, PART I, LINE 19 ANNUALLY REPORTS NET INCOME EQUAL TO
THE NET INCREASE IN ACCRUED UNBILLED REVENUE OR A NET LOSS EQUAL TO THE
NET DECREASE IN UNBILLED REVENUE. THE FOLLOWING SCHEDULE IS PROVIDED TO

FURTHER EXPLAIN THE IMPACT OF THIS TRANSACTION:

Schedule O (Form 990) 2022

Schedule O (Form 990) 203		Page 2
Name of the organization	FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO	Employer identification number 85-0036237
ADD: UNBILLED	REVENUE 12/31/22	\$ 1,172,632
LESS: UNBILLE	D REVENUE 12/31/21	(944,119)
LESS: TRANSFE	R MARGINS TO OTHER EQUITIES	(159,296)
LESS: UNREALI	ZED (GAIN)/LOSS	432,843
(A) - INCREAS	E EQUALS NET INCOME ON PAGE 1, LINE 19	\$ 502,060
(B) - BENEFIT	S PAID TO MEMBERS (I.E. PATRONAGE DIVIDENDS	S),
PART I, LINE	14	\$ 1,559,537
(C) - UNREALI	ZED GAIN/LOSS - PART XI, LINE 5	(432,843)
TOTAL 2022 NE	T MARGIN (A + B + C)	\$ 1,628,754
FORM 990, PAR	T VI, SECTION A, LINE 6:	
THE COOPERATI	VE WAS FORMED BY THE MEMBERS TO PROVIDE EL	ECTRIC SERVICE AT
COST ON A COO	PERATIVE BASIS.	
	r VI, SECTION A, LINE 7A:	
	F THE COOPERATIVE VOTE ON THE BOARD OF TRU	STEES. ELECTIONS ARE
DONE ON A ONE	MEMBER ONE VOTE BASIS BY DISTRICT.	
FORM 990, PAR	r VI, SECTION A, LINE 7B:	
THE FOLLOWING	ACTS REQUIRE APPROVAL OF THE MEMBERS OF T	HE COOPERATIVE:
1. DISSOLUT	ION/LIQUIDATION OF THE COOPERATIVE	

Name of the organization FARMERS ELECTRIC COOPERATIVE, INC.
OF NEW MEXICO

Employer identification number 85-0036237

- 3. DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS
- 4. AMENDMENT TO THE ARTICLES OF INCORPORATION
- 5. AMENDMENT TO THE BYLAWS

FORM 990, PART VI, SECTION A, LINE 8B:

THE COOPERATIVE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, AND PURSUANT TO FORM 990 INSTRUCTIONS, THE QUESTION HAS BEEN ANSWERED "NO".

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW PRIOR TO FILING. THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE THE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH TRUSTEE SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- A.) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY
- B.) HAS READ AND UNDERSTANDS THE POLICY
- C.) HAS AGREED TO COMPLY WITH THE POLICY

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES USE A COMPENSATION SURVEY WHEN DETERMINING THE

COMPENSATION OF THE GENERAL MANAGER. THE SURVEY SHOWS COMPARATIVE SALARIES

FOR GENERAL MANAGERS FROM COOPERATIVES LOCATED IN NEW MEXICO AND THE

NATION.

THE GENERAL MANAGER USES A COMPENSATION SURVEY WHEN DETERMINING THE

COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DEFINITION OF
232212 10-28-22

Schedule O (Form 990) 2022

Employer identification number 85-0036237

OFFICERS AND KEY EMPLOYEES, IF ANY. THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEW MEXICO AND THE NATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE COOPERATIVE MAILS AN ANNUAL REPORT TO ALL MEMBERS. INCLUDED IN THE REPORT IS A COPY OF THE THE AUDITED BALANCE SHEET AND INCOME STATEMENT. THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS TO ANY MEMBER WHO MAKES A WRITTEN REQUEST FOR A COPY OF ANY SUCH DOCUMENT. THE MEMBER SHALL MAKE A REQUEST FOR INFORMATION AND/OR DOCUMENTS BY SUBMITTING A "MEMBER INFORMATION REQUEST" FORM. THIS PROCEDURE IS CONSISTENT WITH COOPERATIVE POLICY VII-1. THE BYLAWS, FINANCIAL INFORMATION AND A COPY OF THE FORM 990 CAN BE FOUND ON THE COOPERATIVE'S WEBSITE WWW.FECNM.ORG.

FORM 990, PART VII, COLUMN F:

IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE

COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION

401(K) OF THE INTERNAL REVENUE CODE. EMPLOYER CONTRIBUTIONS TO THE PALN

ARE MADE PURSUANT TO THE PLAN DOCUMENT. ADDITIONALLY, THE COOPERATIVE

PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN. CONTRIBUTIONS TO

THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN.

EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING

EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF

SUCH PLANS.

THE COOPERATIVE ALSO PROVIDES HEALTH AND LIFE INSURANCE TO ALL ELIGIBLE

EMPLOYEES THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTED ON PART VII,

COLUMN (F) FOR THE OFFICERS IS COMPRISED OF ACTUARIAL INCREASE IN THE

Name of the organization FARMERS ELECTRIC COOPERATIVE, INC.
OF NEW MEXICO

Employer identification number 85-0036237

DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE

TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHALF OF AND

FOR THEIR BENEFIT.

FORM 990, PART VIII, LINE 2A:

THE COOPERATIVE AND WESTERN FARMERS ELECTRIC COOPERATIVE (WFEC), A

RURAL ELECTRIC GENERATION AND TRANSMISSION COOPERATIVE, HAVE ENTERED

INTO A WHOLESALE POWER CONTRACT WHERE WFEC WILL PROVIDE THE COOPERATIVE

WITH ELECTRIC POWER. AS PART OF THE AGREEMENT THE COOPERATIVE MUST

CONTRIBUTE EQUITY TO WFEC IN A MANNER AND AMOUNT SUCH THAT, AS OF JUNE

1, 2026, THE COOPERATIVE HAS CONTRIBUTED EQUITY TO WFEC COMPARABLE TO

THE AMOUNT OF EQUITY CONTRIBUTED TO WFEC BY PRIOR EXISTING MEMBERS. THE

PURPOSE OF THE CONTRIBUTION IS TO OBTAIN A POWER SUPPLY IN ORDER TO

MEET THE TERMS OF THE WHOLESALE PURCHASE CONTRACT. PURUSANT TO APPROVAL

BY THE NEW MEXICO PUBLIC REGULATION COMMISSION, THE EQUITY CONTRIBUTION

IS RECOVERED MONTHLY FROM THE MEMBERS THROUGH THE SALE OF ELECTRICITY.

FORM 990, PART VIII, LINE 2B:

PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A

GENERATION & TRANSMISSION COOPERATIVE. PATRONAGE DIVIDENDS ALSO RESULT

FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF

SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS. THE

EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH

COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE

ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS.

FORM 990, PART IX, LINE 1:

OF NEW MEXICO

CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA,

AND ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS

RESIDE. EACH GRANT, SPONSORSHIP, AND/OR DONATION MADE DURING THE YEAR

WAS BELOW THE REPORTING THRESHOLD OF SCHEDULE I, PART II.

FORM 990, PART IX:

THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE
WITH THE RUS UNIFORM SYSTEM OF ACCOUNTS (USOA) AS PRESCRIBED FOR RURAL
UTILITIES SERVICE (RUS) ELECTRIC BORROWERS. THE USOA DOES NOT RECORD

EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES

1-23. THE COOPERATIVE SEPARETLY REPORTS SALARIES AND WAGES, EMPLOYEE

BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR

ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1-23

ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE

USOA.

FORM 990, PART IX, LINE 4:

PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE

DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS")

SHOULD BE REPORTED ON PART IX, LINE 4. THE PHRASE "PATRONAGE DIVIDENDS

PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE

COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT

COST WITH ITS PATRONS.

THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS

PATRONS AND TO DO SO ON A COOPERATIVE BASIS. TAX LAW DEFINES "OPERATING

ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC

CONTROL, AND OPERATION AT COST. THE COOPERATIVE OPERATES AT COST

Schedule O (Form 990) 2022 Page **2**

Name of the organization FARMERS ELECTRIC COOPERATIVE, INC.
OF NEW MEXICO

Employer identification number 85-0036237

THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS. PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (I.E. PURCHASES). ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS.

THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF

PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE

PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE

COOPERATIVE FOR THE 2022 CALENDAR YEAR. BECAUSE PATRONAGE DIVIDENDS ARE

THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS

AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE

COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990

REPORTING. PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL

STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING

PRINCIPLES, HOWEVER.

FORM 990, PART IX, LINES 5-7:

SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE

ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. THE FOLLOWING

SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL WAGES

Name of the organization FARMERS ELECTRIC COOPERATIVE, INC.	Page 2 Employer identification number
OF NEW MEXICO	85-0036237
TOTAL PER LINES 5-7	\$ 3,806,816
LESS: TRUSTEE FEES REPORTED ON FORMS 1099-NEC	(26,488)
LESS: EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5	(331,662)
PLUS: SALARIES AND WAGES ALLOCATED TO NONOPERATING	2,715
PLUS: SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT	589,031
PLUS: SALARIES AND WAGES CAPITALIZED/EXPENSES	
INDIRECTLY THROUGH CLEARING & OTHER ACCOUNTS	233,431
TOTAL WAGES ACCRUED AND OR PAID	\$ 4,273,843
FORM 990, PART IX, LINE 24:	
ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FO	OLLOWING:
ADMINISTRATIVE & GENERAL SALARIES, BENEFITS, & OTHER	\$ 836,746
OFFICE SUPPLIES	152,184
OUTSIDE SERVICES EMPLOYED	47,541
REGULATORY COMMISSION	231,000
MISCELLANEOUS GENERAL	158,486
ASSOCIATION DUES	115,296
CAPITAL CREDIT	15,709
TRUSTEES	54,265
ADVERTISING	42,681
RENTS	800
MAINTENANCE OF GENERAL PLANT	92,428
DUPLICATE CHARGES (CREDIT)	(43,066)
TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS	\$ 1,704,070
LESS: RECLASS OF TRUSTEE FEES TO PART IX, LINE 5	(26,488)

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 203	22	Pa
Name of the organization	FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO	Employer identification num 85-0036237
LESS: RECLASS	OF LABOR TO PART IX, LINES 5 & 7	(721,274)
LESS: RECLASS	OF BENEFITS TO PART IX, LINES 8-10	(420,199)
TOTAL ADMIN &	GENERAL EXPENSE PER FORM 990, PART IX	\$ 536,109
FORM 990, PAR	T IX, LINE 24E:	
OTHER EXPENSE	S IS COMPRISED OF THE FOLLOWING:	
SALES		\$ 102,859
TRANSMISSION		175,013
MISCELLANEOUS	AND OTHER DEDUCTIONS	1,751
TOTAL OTHER E	XPENSES PER FORM 990, LINE 24E	\$ 279,623
FORM 990, PAR	T XI, LINE 9, CHANGES IN NET ASSETS:	
PATRONAGE CAP	ITAL ALLOCATED OR TO BE ALLOCATED	1,559,53
PATRONAGE CAP	ITAL RETIRED - TOTAL	-1,089,05
PATRONAGE CAP	ITAL RETIRED - DISCOUNT	16,31
DONATED CAPIT	AL	-97
TOTAL TO FORM	990, PART XI, LINE 9	485,82
FORM 990, PAR	T XII, LINE 2C:	
FARMERS ELECT	RIC COOPERATIVE HAS A SEPARATE AUDIT COMMI	ITTEE RESPONSIBLE
FOR OVERSEEIN	G THE FINANCIAL STATEMENT AUDIT AND SELECT	FING THE
INDEPENDENT F	INANCIAL STATEMENT AUDITOR.	

SCHEDULE R (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO

Employer identification number 85-0036237

Part I Identification of Disregarded Entities. Comp					1		
(a) Name, address, and EIN (if applicable) of disregarded entity			or Total inco	eme End-of-yea	r assets Direct	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organic organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
FARMERS ELECTRIC EDUCATION FOUNDATION - 85-0348498, P.O. BOX 550, CLOVIS, NM 88102-0550	TO PROVIDE COLLEGE SCHOLARSHIPS TO ACTIVE MEMBERS AND THEIR FAMILY.	NEW MEXICO	501(C)(3)	501(c)(3)) PF	FARMERS ELECTRIC	Yes	No

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.
organization of treated as a partitioning and tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)								
Name, address, and EIN of related organization	Primary activity						Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under		tal Share of	Dianzanartianata			Genera	orPercentage			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo								
											<u> </u>								

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i contr ent	ction (b)(13) crolled tity?
		country)		or tructy		455515		Yes	No
	1								

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	l in Parts II-l	V?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/					1a		Х	
b							1b		Х	
С	Gift, grant, or capital contribution from related organization(s)						1c		X	
	Loans or loan guarantees to or for related organization(s)						1d		X	
е	Loans or loan guarantees by related organization(s)						1e		Х	
f	Dividends from related organization(s)						1f		X	
g	Sale of assets to related organization(s)						1 g		X	
h	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									Х	
									X	
k Lease of facilities, equipment, or other assets from related organization(s)										
- 1	Performance of services or membership or fundraising solicitations for related orga						11		Х	
m	n Performance of services or membership or fundraising solicitations by related organization						1m	L	Х	
n	3 , 11 , 3 ,						1n	Х		
0	Sharing of paid employees with related organization(s)						10	Х		
р	Reimbursement paid to related organization(s) for expenses						1 p		X	
q	Reimbursement paid by related organization(s) for expenses						1q		Х	
									37	
	Other transfer of cash or property to related organization(s)						1r		X	
	Other transfer of cash or property from related organization(s)						1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t I	this line, including covered	i relationshij T	ps and transaction	thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		Method of deter	(d) mining amount inv	/olved			
<u>(1)</u>	FARMERS ELECTIC EDUCATION FOUNDATION	N	0.	N/A -	LESS THAN	\$50,000				
(2)	FARMERS ELECTIC EDUCATION FOUNDATION	0	0.	N/A -	LESS THAN	\$50,000				
(3)										
(4)										
<u>(5)</u>										
(6)										
23216	3 09-14-22	ı	ı			Schedule	R (For	m 990) 2022	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners se 501(c)(3) orgs.?	(f)	(g)	(ł	ո)	(i)	(j	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	c. Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
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FARMERS ELECTRIC COOPERATIVE, INC. OF NEW MEXICO

Schedule R	(Form 990) 2022	OF I	NEW	MEXICO	85-0036237 Page 5
Part VII	(Form 990) 2022 Supplemental Info	rmatior	า		<u> </u>
				ses to questions on Schedule R. See instructions.	

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No.	1545-0047
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For calendar year 2022, or fiscal year beginning

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Re	evenue S	Service		ão to www.irs.	gov/Form88	79TE	for the late	est information.				
Name of	filer	FARMERS ELEC'		COOPERA	ATIVE,	IN	C.			EIN or SSN		
	1 1111	OF NEW MEXIC		7.75507770	CANGUIT					85-00	362.	37
Name an	id title i	of officer or person subject to		ANTONIO CEO	SANCHE	sz,	JR.					
Part	I	Type of Return an			tion							
Form 53 or 10a l whichev	330 file below, ver is a	x for the return for which ers may enter dollars and and the amount on that applicable, blank (do not a in Part I.	cents. I	For all other for the return being	ms, enter wh I filed with th	ole d	ollars only. I m was blank	f you check the b k, then leave line	oox on li 1b, 2b,	ne 1a, 2a, 3 3b, 4b, 5b, 6	8a, 4a, 8 6b, 7b,	5a, 6a, 7a, 8a, 9a, 8b, 9b, or 10b,
1a		990 check here	X	b Total reve	nue if any (F	orm 9	990 Part VII	L column (A) line	12)		1647	,264,526.
		990-EZ check here										72017320.
За		1120-POL check here										
4a	Form	990-PF check here		b Tax based	on investm	ent ir	ncome (Forn	n 990-PF, Part V,	line 5)			
5a	Form	8868 check here									5b	
		990-T check here										
		4720 check here										
8a	Form	5227 check here						5227, Item D)				
9a	Form	5330 check here		b Tax due (F								
10a	Form	8038-CP check here						Form 8038-CP, P		ne 22)		
Part	11	Declaration and S	ignati	ure Authoriz	zation of (Offic	er or Per	son Subject	to Tax	(
Under p	enalti	es of perjury, I declare tha	at X	l am an officer	of the above	entit	y or 🔲 I a	m a person subje	ect to ta	x with respe	ect to (i	name
		nic return and accompany										
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Signature Part		r or person subject to tax Certification and A	Authe	ntication						Date		
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		Do N						nstructions Requested T	o Do S	So		