efile	GR/	APHIC prir	nt	Submiss	ion Date	- 2019-0	6-28								DI			9010209
Form	90	00		Re	turn o	f Org	yaniz	zation	Exem	pt Fro	m Inc	com	е Та	IX	-	ON	B No. 15	45-0047
				Under		• •			Internal Reve ers on this fo		• • •			ns)			201	_
Depart Treasu Interna	ry	of the enue Service			► Go t	0 <u>www.irs</u>	<u>s.gov/F</u>	orm990 for i	instructions	and the l	atest info	mation	1.			0	pen to I Inspect	
A Fo	or the	2019 calen			-	ning 01-0:	1-2018	, and er	nding 12-31	-2018								
B Che	ck if ap	oplicable:		e of organiza RIVER VALL									DE	mploye	r identifica	ation	number	
	ess ch												7	3-0417	655			
	e chan return	-	Doing	g business as	6													
		erminated 0	Numb	ber and stree	t (or P.O. box	t if mail is n	not deliver	ed to street ad	ddress)	Room/	suite		ET	elephone	e number			
	nded re	eturn C	8574	ST HWY 32									(5	580) 27	6-3364			
, thbu	cation	pending		or town, state IETTA, OK		country, ar	nd ZIP or i	foreign postal	code						ceipts \$ 3	7 229	478	
		F	F Nar	me and ad	dress of pri	ncipal offi	icer:				H(a)	ls thi	is a grou			,		
				Y MCGILL ST HWY 32	,	·							ordinates			(Yes	No
				ETTA, OK							H(b)		all subor		6		Ves	
Tax	-exem	npt status:	501(c)	:)(3) 🗹	501(c) (12)	🗲 (insert r	no.)	4947(a)(1)	or 527					h a list.	(see ins	tructi		
J We	ebsite	e: 🕨 www	/W.RRVI	REA.COM							H(c)	Grou	ıp exem	ption n	umber 🕨			
K Form	of org	ganization: 🗹	Corpo	pration	Trust 🔲 A	ssociation	Oth	er 🕨			L Year	of forma	ation: 193	17	M State	of leg	al domicile	: OK
D	art I	Summ	narv															
1 0	1	Briefly descr	ribe the															
ce		TO PROVID	DE ELEC	CTRICITY -	TO MEMBE	ERS ON A	A COOP	ERATIVE BA	ASIS.									
Governance																		
lem										e								
201	2 3	Check this Number of						operations o 'I, line 1a)		f more than	1 25% of it	s net as	ssets.		3	1		9
	4	Number of	f indeper	ndent votin	g members	of the go	overning	body (Part '	VI, line 1b)						4			9
Activities &	5	Total numb	ber of ind	dividuals ei	mployed in	calendar	year 202	18 (Part V, l	ine 2a) 🔒						5			50
INI	6	Total numb	ber of vo	olunteers (e	stimate if n	ecessary))								6			
Act	7a	Total unrela	lated bus	siness reve	enue from F	Part VIII, o	column (C), line 12							7a			0
	b	Net unrelat	ted busi	iness taxab	le income f	rom Form	n 990-T,	line 34 .							7b			
												F	Prior Ye	ar		С	urrent Ye	ear
đ		Contribution																0
Revenue	9	•				0,							:	33,882			3	86,377,236
Rev	10			,	, (7d)						851				725,006
	11			,	()/			LOc, and 11e	,					12 34,746	,703 776		3	13,718 37,115,960
	12					-		/III, column (,346			16,609
	13 14			•				es 1–3) •						2,519				2,566,938
	15	-			-			4) • •), lines 5–10)	,				396				824,837
Exp enses		Profession								,	-			000	,011			024,001
B	b	Total fundrais			•													
ă	17						-	-24e)						32,189	,010		3	3,707,576
	18	•						umn (A), line					:	35,123	,345		3	37,115,960
	19													-376	,569			0
Net Assets or Fund Balances												Beginnir	ng of Cu	rrent Ye	ar		End of Yea	ar
sse Bala	20	Total assets	ts (Part	X, line 16)										68,618	,302		7	8,483,693
nd B	21	Total liabilit	ities (Pa	art X, line 20	6)								:	34,670	,458		4	2,622,241
žĒ	22	Net assets	s or fund	l balances.	Subtract lir	ne 21 from	n line 20						:	33,947	,844		3	85,861,452
-	rt II	Signat lities of perju	ature B		have exam	inad this I	roturn ir	cluding acc	omnanving	chadulas	and statom	onte a	nd to the	o host (of my kno	wlad	ao and h	aliaf it is
		t, and complete														wicu	ge and b	
		Signatu	ure of offic	icer									019-05-2 0ate	9				
Sign	Here											_						
				PRESIDEN	Iſ													
		Pr	Print/Type	preparer's n	ame		Prepar	er's signature			Date				PTIN			
Paio	ł										2019-06-2		heck 🛄 elf-employ		P0008646	υ		
Pre		er Fir	irm's nam	ne 🕨 BRIS	SCOE BURK	E & GRIGS	SBY LLP				-		rm's EIN		293012		-	
Use			irm's addi	iress 🕨 4120	EAST 51ST	STREET S	SUITE 100)				Pł	hone no.	(918) 74	9-8337			
				TULS	SA, OK 741	353633								-				
Mav th	ne IRS	S discuss this	iis return	n with the n	reparer sho	wn above	e? (see i	nstructions)						Yes	No			
		vork Reduct		-	-			-				Ca	t. No. 12				Form	990 (2018)

Form	990 (2018)				Page 2
Ра	rt III Statement	of Program Service Accompl	shments		
	Check if Sch	edule O contains a response or note	to any line in this Part III		🗆
1	Briefly describe the o	organization's mission:			
TO PF	ROVIDE ELECTRICIT	Y TO MEMBERS ON A COOPERAT	IVE BASIS.		
2	Did the organization	undertake any significant program s	ervices during the year which were no	t listed on	
-	Ū.	r 990-EZ?	shoes daring the year which were no		Ves 🕑 No
	•	se new services on Schedule O.			
3	,		nt changes in how it conducts, any pro	ogram	
	services?				🔲 Yes 🛛 🗹 No
		se changes on Schedule O.			
4			nents for each of its three largest prog ount of grants and allocations to other		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	RED RIVER VALLEY	RURAL ELECTRIC ASSOCIATION (REA)	IS RESPONSIBLE FOR DISTRIBUTION O AHOMA. REA MAINTAINS 2,716 MILES O	F ELECTRICITY ON A MEMBER-OWN	ED COOPERATIVE BASIS WITHIN A
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(, (,
4d		vices (Describe in Schedule O.)	rente ef ¢		`
4.	(Expenses \$	including g	ants of \$) (Revenue \$)
4e	Total program se	NICE EXPENSES			Form 990 (2018)

Form 990 (2018)

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				Page 3
Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
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			No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
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		No
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
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		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		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		No

Form 990 (2018)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? \ldots	24u 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?	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		No
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? <i>If "Yes," complete Schedule L, Part III</i> .	27		No
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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	Yes	
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			
		J	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Form	990	(2018)
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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return									
	Tax Statements, med for the calendar year ending with or within the year covered by this return	2a	50							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes					
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?			3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a a foreign country (such as a bank account, securities account, or other financial account)?	authorit	y over, a financial account in	4a		No				
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 A	ccount	s (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		No				
с	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 th contributions that were not tax deductible as charitable contributions?	nization solicit any	6a		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	fts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g payor?	7a		No						
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	is requi	red to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		No						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?								
				7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		No				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings a	at any t	ime during the year?							
				8						
	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• •		9b						
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	35,517,790							
a b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts	11a	55,517,790							
b	due or received from them.)	11b	1,328,079							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a						
b	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.									
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a						
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		No				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	ο.		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N .	ration o	r excess parachute	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O	?	16		No					

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		8b, or 10	Ъ
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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 9			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed OK			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(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)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: RED RIVER VALLEY REA PO BOX 220 MARIETTA, OK 73448 (580) 276-3364 20

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Form 990 (20	orm 990 (2018)									
Part VII	t 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 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, or 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related	Posit than o	ion (d	(C) o not x, un n offic ctor/tr	t che Iless cer a	ck mor person nd a	e i is	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		21033-14130)	organizations
(1) PHILLIP LANDGRAF	7.00	х						36,847	0	0
DIRECTOR	0.00	~						30,047	0	0
(2) LARRY HICKS VICE-PRESIDE	4.00	х		х				32,147	0	0
(3) KING MARTIN	7.00	х						30,881	0	0
DIRECTOR	0.00	~						30,881	0	0
(4) RANDY HAGOOD	4.00	х						29,118	0	0
DIRECTOR	0.00	~						20,110		
(5) ALLEN WADE	5.00	х		x				27,466	0	0
SEC/TREASURE	0.00									
(6) HAROLD LESTER	5.00	х						25,243	0	0
DIRECTOR	0.00									
(7) LAWRENCE HENRY DIRECTOR	4.00	х						25,212	0	0
(8) JERRY MCGILL	5.00									
PRESIDENT		х		х				17,567	0	0
(9) JOHNNY D DEWBRE	4.00	х		x				7,171	0	0
ASSIST SEC-T	0.00							.,		
(10) BRENT HARTIN	50.00 			х				180,307	0	26,700
CEO	0.00									
(11) BRENT SYKORA	50.00					х		128,000	0	141,833
ASSISTANT MA	0.00									
(12) CHASE MCKINNEY	70.00					х		103,164	0	13,181
	0.00									
	•									Form 990 (2018)

Ра	rt VII Section A. Officers, Directors, 1	Tustees, Key I	Imploye	es, a	пан	ngn		mpe		ees (continueu)			
	(A) Name and Title	(B) Average	Positio	ר (do r	(C) not ch	neck	more t	han	(D) Reportable		(E) Reportable		(F Estimated) amount of
		hours per week (list	one b	less p	perso	on is bo or/trust	oth	compensation fr the organization		compensation fro	om	other com from	pensation	
				1					2/1099-MISC		organizations (V 2/1099-MISC)	V-	organiza rela	tion and
		organizations	divi	nstitu	Officer	e ve	npio ghe:	Former					organiz	
		line)	octo to	utior	"	mplo	st co vee	Ψ						
			r ta	a T		Key employee	duc							
		any hours for related organizations below dotted line)	stee	Institutional Trustee		*	Highest compensated employee							
				66			ated							
								-						
	Sub-Total						•							
ך C d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Section A · ·		-			<u>-</u>		643,123	3		_		181,714
2	Total number of individuals (including but no				vho r	ecei	ved mo	ore th	an \$100,000 of re	portat	le			<u> </u>
	compensation from the organization \blacktriangleright 3													
													Yes	No
3	Did the organization list any former officer, of <i>If "Yes," complete Schedule J for such indivi</i>		e, key em						sated employee o	n line	1a?			
	· ·											3		No
4	For any individual listed on line 1a, is the sur organizations greater than \$150,000? If "Yes	n of reportable c s," complete Sch	edule J f	ation a or suc	ina oi h	tner	compe	nsati	on from the organi	Izatior	n and related			
	individual			•	·	•	• •	•		·	• •	4	Yes	
5	Did any person listed on line 1a receive or a the organization? <i>If "Yes," complete Schedul</i>			-			-	atior	n or individual for s	service	es rendered to			
		e o lor such pers		• •	•	•	•					5		No
<u>Se</u>	ction B. Independent Contractors Complete this table for your five highest com	nensated indep	endent co	ontrac	tors t	hat r	eceive	d mo	re than \$100 000 (of con	nnensation from th	ne ora	anization	
	Report compensation for the calendar year e	ending with or wi	thin the c	organiz	zatior	n's ta	ax year.							0)
		(A) nd business addres	SS								(B) ription of services			C) ensation
	GARRETT CONSTRUCTION LLC								CONST	RUCTI	ON			1,108,598
OKLA	DX 891090 HOMA CITY, OK 73189													
	T SMITH SERVICES INC								TREE C	LEARI	NG			513,583
RING	DX 1016 LING, OK 73456													
	WAY SERVICE CO LLC								TREE T	RIMMI	NG			417,871
KIOW	DX 100 A, OK 74553													
	SYSTEMS INC								IT CONS	SULTIN	IG			214,737
	1ST STREET L, OK 73446													
									1					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 4 2

Form 990 (2018)
Part VIII Statement of Revenue

Part	VIII Statement of Reve Check if Schedule O c		r note to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns .	. 1a			revenue		512 - 514
nts	b Membership dues	1b					
Gra	c Fundraising events .	. 1c					
B, A	d Related organizations	1d					
Giff	e Government grants (contribut						
si n	f All other contributions, gifts, g	rants, and					
er	similar amounts not included	above 1f					
jë f	g Noncash contributions inc						
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f:\$ h Total. Add lines 1a-1f .						
			Business C	Code			
Program Service Revenue	2a SALES OF ELECTRICITY			35,	517,790 35,51	7,790	
leve	b PATRONAGE DIVIDENDS			221000 221000	359,446 85	9,446	
Ce H	c			221000			
ervi	d						
s E	e						
gra	f All other program service re	evenue.					
Ъ	g Total. Add lines 2a–2f .	🕨	36,3	77,236			
	3 Investment income (including similar amounts)	g dividends, interest, a	and other	278,295	5		278,295
	4 Income from investment of ta		-				
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents		54,514				
	b Less: rental expenses		04,014				
	c Rental income or (loss)		54,514				
			54,514				
	d Net rental income or (loss	- -	· •	54,514	1		54,514
	7 o. Cross amount	(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than		446,711				
	inventory						
	b Less: cost or other basis and						
	sales expenses		446,711				
	C Gain or (loss) d Net gain or (loss)	L	440,711	446,711	L		446,711
	8a Gross income from fundrai	_	•	· · ·			
ue	including \$ contributions reported on li	of ne 1c).					
ven	See Part IV, line 18 .						
Other Revenue	b Less: direct expenses .						
her	c Net income or (loss) from f	-	• •				
ot	9a Gross income from gaming See Part IV, line 19	· ·					
		a					
	 b Less: direct expenses c Net income or (loss) from g 	I					
	10a Gross sales of inventory, le	· -	•				
	returns and allowances .	L.	74.050				
	b Less: cost of goods sold	a	71,958 113,518				
	c Net income or (loss) from s	I_		-41,560			-41,560
	Miscellaneous Re	venue	Business Code				
	11a MISC NONOPERATING I	NCOME		764	1 764		
							
	b						
							_
	с						
	d All other revenue				 		
	d All other revenue e Total. Add lines 11a–11d						
	12 Total revenue. See Instruc		■ ²	764	1		
	Iotai ievenue. See mstruc		•	37,115,960	36,378,000		737,960

Form 990 (2018)

Form 990 (2018) Statement of Functional Expenses Part IX 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 (C) Do not include amounts reported on lines 6b, (A) (B) (D) Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. Program serviceexpenses Fundraisingexpenses general expenses 16,609 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 Grants and other assistance to foreign organizations, foreign 3 governments, and foreign individuals. See Part IV, line 15 and 16. 4 Benefits paid to or for members 2.566.938 438,659 5 Compensation of current officers, directors, 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) 386,178 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes . . Fees for services (non-employees): 11 a Management . . . **b** Legal . . c Accounting . . . d Lobbying e Professional fundraising services. See Part IV, line 17 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) Advertising and promotion . 12 13 Office expenses . . 14 Information technology . Royalties 15 . 16 Occupancy . 17 Travel . Payments of travel or entertainment expenses for any federal, state, 18 or local public officials . 19 Conferences, conventions, and meetings . 1,271,493 20 Interest . . 21 Payments to affiliates . . . 1,931,059 22 Depreciation, depletion, and amortization . 23 Insurance

Other expenses. Itemize expenses not covered above (List 24 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 COST OF POWER 24,233,477 DISTRIBUTION b 3,830,064 CONSUMER EXPENSE 1,305,219 С **d** GENERAL & ADMINISTRATIVE 1,118,443 e All other expenses 17,821 37,115,960 0 0 0 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in 26 column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720).

Form 990 (2018) Part X B

Balance Sheet

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

(A) (B) End of year Beginning of year 823.809 1 748.735 1 Cash-non-interest-bearing . . 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net . 3 Accounts receivable, net . 3,251,740 4 4,169,294 4 Loans and other receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified 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 6 organizations (see instructions) Complete Part II of Schedule L ssets 7 Notes and loans receivable, net . 117.978 7 122.954 58.188 8 31.680 8 Inventories for sale or use . 944.929 9 Prepaid expenses and deferred charges 1.109.358 9 . 10a Land, buildings, and equipment: cost or other basis. 10a 81,112,570 Complete Part VI of Schedule D 10b 23,967,187 48,278,699 10c 57,145,383 h Less: accumulated depreciation 11 Investments-publicly traded securities . 11 12 15,320,718 12 Investments-other securities. See Part IV. line 11 14,978,530 13 13 Investments-program-related. See Part IV. line 11 14 14 Intangible assets . 15 15 Other assets. See Part IV, line 11 . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) 68,618,302 16 78,483,693 . 17 Accounts payable and accrued expenses 4.293.176 17 12,112,238 18 18 Grants payable 19 Deferred revenue . 19 . 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 __iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 28,292,185 23 28,501,216 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other 25 2,008,787 2,085,097 25 liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities.Add lines 17 through 25 34.670.458 26 42.622.241 Balances Organizations that follow SFAS 117 (ASC 958), check here 🕨 📒 and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗹 and or complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 53.615 30 54.215 Assets 31 Paid-in or capital surplus, or land, building or equipment fund 3.428.590 31 3.893.654 32 30,465,639 32 31,913,583 Retained earnings, endowment, accumulated income, or other funds Net 33 Total net assets or fund balances 33,947,844 33 35,861,452 34 Total liabilities and net assets/fund balances 68.618.302 34 78.483.693 . . Form 990 (2018)

Form 990 (2018)

Рa	rt XI Reconcilliation of Net Assets				T uge IL
гa					
	Check if Schedule O contains a response or note to any line in this Part XI	· ·	•	Ū	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			37,115,960
2	Total expenses (must equal Part IX, column (A), line 25)	2			37,115,960
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			33,947,844
5	Net unrealized gains (losses) on investments	5			
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			1,913,608
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			35,861,452
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990:				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
-	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate bas consolidated basis, or both:	SIS,			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidate or both:	ed basis,			
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		-		
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and				
3 d	As a result of a rederal award, was the organization required to undergo an audit of audits as set forth in the Single Audit Act and Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits	, explain			
	why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form 990 (2018)

Page **12**

efile GRAPHIC print		GRAPHIC print	Submission Date - 2019-06-28			DLN: 934	93179010209
		EDULE D	Supplemental Financial Statements			OMB No.	. 1545-0047
(Fo	rm	990)				20)18
			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.			20	10
		ent of the Treasury Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.				to Public pection
		of the organization		Emp	loyer identifica		Jection
		IVER VALLEY REA		-	417655		
	Par	d Organiza	tions Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	,5 0	17,055		
			if the organization answered "Yes" on Form 990, Part IV, line 6.				
1	т	otal number at end	(a) Donor advised funds		(b)⊢unds a	and other acc	counts
2			contributions to (during year)				
3			grants from (during year)				
4			end of year				
5			n inform all donors and donor advisors in writing that the assets held in donor advised funds are	the or	nanization's		
Ū			the organization's exclusive legal control?		ganizations		/es 🔲 No
6			n inform all grantees, donors, and donor advisors in writing that grant funds can be used only for	r charit	able purposes		
			f the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				
	Part	Conconv	ation Easements. Complete if the organization answered "Yes" on Form 990, Part I	V line	. 7	U 1	(es 🖳 No
1			ervation easements held by the organization (check all that apply).	v, inte	; 1.		
			of land for public use (e.g., recreation or education)	torical	lv important la	nd area	
			natural habitat				
			of open space				
2			through 2d if the organization held a qualified conservation contribution in the form of a conservation	ation e	asement on th	e last dav	
-		of the tax year.				the End of t	he Year
a	1	Fotal number of cor	servation easements	2a			
b	٦	Fotal acreage restri	cted by conservation easements	2b			
С			ation easements on a certified historic structure included in (a)	2c			
d		Number of conserva he National Registe	ation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in $\begin{bmatrix} 1 & 1 \\ 2 & 1 \end{bmatrix}$	2d			
3		•	ation easements modified, transferred, released, extinguished, or terminated by the organization	n durin	g the		
		tax year 🕨					
4		Number of states w	here property subject to conservation easement is located				
5			ion have a written policy regarding the periodic monitoring, inspection, handling of violations, an asements it holds?	d enfo	rcement of		_
						Yes	No
6			hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ease	ements	s during the ye	al	
7		Amount of expense	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation easemer	nts dur	ing the year		
•		▶\$					
8			ration easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) a	nd sec	tion 170(h)		
•				and		Yes	No
9		balance sheet, and	e how the organization reports conservation easements in its revenue and expense statement, include, if applicable, the text of the footnote to the organization's financial statements that desc				
D	art	0	accounting for conservation easements. tions Maintaining Collections of Art, Historical Treasures, or Other Similar As:	ote			
	an		if the organization answered "Yes" on Form 990, Part IV, line 8.	5013.			
1a		treasures, or other	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and bala similar assets held for public exhibition, education, or research in furtherance of public service, p cial statements that describes these items.				
b			elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance ets held for public exhibition, education, or research in furtherance of public service, provide the				
			on Form 990, Part VIII, line 1	\$			
	• •		Form 990, Part X				
2			eceived or held works of art, historical treasures, or other similar assets for financial gain, provid				
		following amounts	required to be reported under SFAS 116 (ASC 958) relating to these items:				
а		Revenue included	on Form 990, Part VIII, line 1	\$			
b			Form 990, Part X			<u></u>	
⊢or	Pai	perwork Reductio	n Act Notice, see the Instructions for Form 990. Cat. No. 5	2283D) .	schedule D	(Form 990) 2018

For Paperwork Reduction	Act Notice.	see the In	structions	for Form	C

Schedule D (Form 990) 2018

De	art 111	Ormanizationa Mair	ntaining Callestia							- (
	urt III	Organizations Mai								, , ,			
3	Using apply	g the organization's acquisi /):	tion, accession, and c	other records, check ar	ny of the	followir	ng that a	are a sign	ificant use	of its collectio	n items (che	eck all that	
a		Public exhibition			d		Loan o	or exchan	ge progran	ns			
b		Scholarly research			е		Other -						
С		Preservation for future ge	enerations										
4	Provi Part 2	ide a description of the orga XIII.	anization's collections	and explain how they	further th	he orga	nization	ı's exemp	t purpose	in			
5		ng the year, did the organiza ts to be sold to raise funds									Yes		
Pa	art IV	Escrow and Custod			Dort IV	lino 0	or ror	ortod o	n omount	on Form 00			,
4.	ا م الم	Complete if the organ							n announi		U, Part A, I	ine zi.	
1a		e organization an agent, tru ded on Form 990, Part X? .									Yes)
b	If "Ye	es," explain the arrangemer	nt in Part XIII and corr	plete the following tab	le:			[A	mount		_
c	Begir	nning balance							1c				_
d	Addit	ions during the year							1d				_
е	Distri	butions during the year							1e				_
f	Endir	ng balance					•		1f				_
2a	Did th	he organization include an	amount on Form 990,	, Part X, line 21, for eso	crow or c	custodia	al accou	nt liability	/?		Yes)
b	lf "Ye	s," explain the arrangemen	nt in Part XIII. Check h	nere if the explanation	has beer	n provid	led in Pa	art XIII .	🗆				
Pa	art V	Endowment Funds.		-									
				(a)Current year	-	Prior yea			ears back	(d)Three yea	ars back	(e)Four yea	rs back
1a	Beginn	ning of year balance	– – – – – – – – – – – – – – – – –	(ujourioni jou	(3)	i nor you		(0).110)	ouro puon	(u) 11100 900		(0) . our you	io buon
	-	outions											
		vestment earnings, gains, a	and losses										
		or scholarships											
		expenditures for facilities	·										
C		ograms											
f	Admini	istrative expenses											
g	End of	year balance											
2	Provi	de the estimated percentag	ge of the current year	end balance (line 1g, o	column (a)) held	l as:						
а	Board	d designated or quasi-endo	owment 🕨										
b	Perm	nanent endowment 🕨											
С	Temp	oorarily restricted endowme											
	The p	percentages on lines 2a, 2b), and 2c should equa	l 100%.									
3a		here endowment funds not nization by:	in the possession of t	the organization that a	re held a	and adm	ninistere	ed for the				Yes	No
		related organizations									3a(i)		NO
	.,	elated organizations			• •	• •	• •				3a(ii		
b	• •	es" on 3a(ii), are the related									3b	,	
4		ribe in Part XIII the intende	•	•									
Pa	art VI	Land, Buildings, an	d Equipment.										
		Complete if the organ											
	Des	cription of property	(a) Cost or other (investment		t or other	basis (ot	her)	(c) Ac	cumulated d	epreciation	(d)	Book value	
1a	Land		1			1	87,961						187,961
		gs				16,3	332,794			1,121,731			15,211,063
		nold improvements											
		nent	<u> </u>			64 5	591,815			22,845,456			41,746,359
						0.,0	, 510			,0, .00			,,
	-	nes 1a through 1e.(Column	n (d) must equal Form	990. Part X. column ('B), line 1	10(c)		•					57 145 383

Schedule D (Form 990) 2018

Page 3

Part VII	See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method o	f valuation:
	(including name of security)	(b) BOOK Value	Cost or end-of-ye	ear market value
1) Financial	derivatives			
3) Other	IENTS IN ASSOCIATED ORG.	15,320,718	C	
4) INVESTIV 4)	IENTS IN ASSOCIATED ORG.	15,520,716	C	
3)				
C)				
))				
E)				
=)				
G)				
4)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	15,320,718		
Part VIII	Investments Program Related. Complete if the organization answered 'Yes' on Form 990). Part IV. line 11c. See	e Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method o	
L)			Cost or end-of-ye	ear market value
2)				
3)				
4)				
5)				
5)				
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7) B) 9)				
3) 9)	(b) must equal Form 990, Part X, col.(B) line 13.)			
3) 9)	Other Assets. Complete if the organization answered 'Yes' on	Form 990, Part IV, line 110	J. See Form 990, Part X, line 15.	(b) Dashusha
3) Dotal. (Column Part IX		Form 990, Part IV, line 110	1. See Form 990, Part X, line 15.	(b) Book value
B) Dotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' on	Form 990, Part IV, line 110	d. See Form 990, Part X, line 15.	(b) Book value
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Scheo	dule D (Form 990) 2018		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	37,115,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	37,115,960
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 . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	37,115,960
Pa	IT XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	34,549,021
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	34,549,021
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 2,566,	939	
С	Add lines 4a and 4b	4c	2,566,939
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	37,115,960

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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.

Return Reference	Explanation
	THE COOPERATIVE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES WITH REGARD TO SALES OF ELECTRICITY TO ITS MEMBERS. MANAGEMENT HAS CONSIDERED WHETHER THE COOPERATIVE HAS ANY UNCERTAIN TAX POSITIONS, EMBEDDED OR OTHERWISE, THAT WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES NO SUCH MATERIAL UNCERTAINTIES EXIST, THEREFORE, NO PROVISION IS PROVIDED.
SCHEDULE D, PAGE 4, PART XII, LINE 4B	PATRONAGE DIVIDENDS ALLOCATED 2,566,939

efile	GR/	APHIC print	Submission Date - 2019-06-28			DLN	l: 9349	31790	10209
Sch			Compens	at	ion Information	(OMB No). 1545-	0047
(Forn	1 990))	For certain Officers, Directo	ors,	Trustees, Key Employees, and Highest				
			Comp Complete if the organization	ans	sated Employees swered "Yes" on Form 990, Part IV, line 23.		2()1(R
-		6 J -	. ÞA	ttac	h to Form 990. r instructions and the latest information.				
		of the Treasury enue Service	6 60 10 <u>www.ns.gov/Porms5</u>	<u>v</u> 10				to Pul pectio	
		e organization VALLEY REA			Employer ide	entification n	umber		
KED	RIVER	VALLEI KEA			73-0417655				
Pa	rt I	Question	ns Regarding Compensation						
_	~							Yes	No
1a			ate box(es) if the organization provided any of the f ion A, line 1a. Complete Part III to provide any rele						
		First-class c	r charter travel		Housing allowance or residence for personal use				
		Travel for co			Payments for business use of personal residence				
			oalon and groos up payments		Health or social club dues or initiation fees				
		Discretional	y spending account		Personal services (e.g., maid, chauffeur, chef)				
b			in line 1a are checked, did the organization follow escribed above? If "No," complete Part III to explair		ritten policy regarding payment or reimbursement or prov	vision of all	1b		
2			n require substantiation prior to reimbursing or allo				2		
	uirec	tors, trustees,	officers, including the CEO/Executive Director, reg	Jarui	ing the items checked in line 1a?.				
3			ny, of the following the filing organization used to e						
			D/Executive Director. Check all that apply. Do not cl organization to establish compensation of the CEO						
		Compensat	on committee		Written employment contract				
					Compensation survey or study				
			•		Approval by the board or compensation committee				
4	Duri	ng the year, di	d any person listed on Form 990, Part VII, Section	A, li	ne 1a, with respect to the filing organization or a related	organization	:		
						Ū			
а	Rece	eive a severan	ce payment or change-of-control payment?	·			4a		No
b		•	ceive payment from, a supplemental nonqualified I		•		4b		No
С			eceive payment from, an equity-based compensation nes 4a-c, list the persons and provide the applicabl		•		4c		No
				c ui					
	Only	/ 501(c)(3), 50	1(c)(4), and 501(c)(29) organizations must com	plet	e lines 5-9.				
5			on Form 990, Part VII, Section A, line 1a, did the o tingent on the revenues of:	rgar	nization pay or accrue any				
_			5				5-		
a b		organization?					5a 5b		
b			or 5b, describe in Part III.	•			50		
6			on Form 990, Part VII, Section A, line 1a, did the o	rgar	nization pay or accrue any				
			tingent on the net earnings of:						
а							6a		
b	-	-		•			6b		
7			or 6b, describe in Part III.	raor	vization provide any ponfixed				
7			on Form 990, Part VII, Section A, line 1a, did the o ribed in lines 5 and 6? If "Yes," describe in Part III				7		
8			reported on Form 990, Part VII, paid or accured p						
			I contract exception described in Regulations section						
_						a ()=	8		ļ
9	If "Ye	es" on line 8, d	id the organization also follow the rebuttable presu	ımpt	ion procedure described in Regulations section 53.4958	-6(c)?	9		
For P					Cat. No. 50053T	Scher	-	orm 90) 2018 (

efile GRAPHIC	C print	Submission Date - 2019-06-28	DLN: 93493179010209				
SCHEDULI (Form 990 or EZ) Department of the T	990- Treasury	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 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047				
Internal Revenue Se Name of the organiz RED RIVER VALLEY		Employer identificat	tion number				
	T	73-0417655					
Return Reference		Explanation					
FORM 990, PAGE 6, PART VI, LINE 6	MEMBE	ERS					
FORM 990, PAGE 6, PART VI, LINE 7A	YES						
FORM 990, PAGE 6, PART VI, LINE 11B	PRESE	ENTED FOR REVIEW AND/OR APPROVAL PRIOR TO FILING.					
FORM 990, PAGE 6, PART VI, LINE 12C	THE OF	RGANIZATION PERIODICALLY REVIEWS ITS CONFLICT OF INTERESTS POLICY WITH EMPLOY TORS.	'EES AND				
FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGAIZATION UTILIZES INDUSTRY INFORMATION, CONSULTANTS, COMPENSATION COMMITTEE AND OTHER MEANS AS NECESSARY TO DETERMINE PROPER COMPENSATION.						
FORM 990, PAGE 6, PART VI, LINE 15B		RGANIZATION UTILIZES INDUSTRY INFORMATION, CONSULTANTS, COMPENSATION COMMIT S AS NECESSARY TO DETERMINE PROPER COMPENSATION.	TEE AND OTHER				
FORM 990, PAGE 6, PART VI, LINE 19	UPON	REQUEST					
FORM 990, PART VII	CASH E COOPE EMPLC CASH E COOPE WORKE REPOR CONTE 5,700.0 21,765. 26,980. 21,611.	HARTIN - CEO TOTAL COMPENSATION AS REPORTED 207,007 EMPLOYER 401K CONTRIBUT EMPLOYER PROVIDED BENEFITS (23,250) TAXABLE FRINGE BENEFITS (1,824) BASE COMPEN ERATIVE 178,483 BRENT SYKORA - ASSISTANT MANAGER TOTAL COMPENSATION AS REPOR DYER 401K CONTRIBUTIONS (2,417) NON-CASH CHANGE IN ACTUARIAL VALUE OF PENSION IN EMPLOYER PROVIDED BENEFITS (28,072) TAXABLE FRINGE BENEFITS (538) BASE COMPENS ERATIVE 127,462 CHASE MCKINNEY - LINEMAN - HIGHEST COMPENSATED EMPLOYEE 1 MR. ED 623.5 HOURS OF OVERTIME AND HAD 157.5 HOURS OF DOUBLE-TIME; SIGNIFICANTLY IN RTABLE WAGES DURING 2018. ADDITIONAL DIRECTOR COMPENSATION INFORMATION: NON RIBUTION TO RRV NAME POSITION BENEFIT PLANS PER DIEM TOTAL JERRY MCGILL PRESID 00 17,567.16 LARRY HICKS VICE-PRESIDENT 21,646.85 10,500.00 32,146.85 ALLEN WADE SEC- -96 5,700.00 27,465.96 JOHNNY DEWBRE ASST. SEC-TREAS 871.27 6,300.00 7,171.27 KING MAF 68 3,900.00 30,880.68 RANDY HAGOOD DIRECTOR 24,617.88 4,500.00 29,117.88 LAWRENCE H .95 3,600.00 25,211.95 PHILLIP LANDGRAF DIRECTOR 30,246.85 6,600.00 36,846.85 HAROLD LE .84 3,600.00 25,242.84	NSATION FROM PLAN (111,344) NON- SATION FROM MCKINNEY CREASING CASH BENEFIT ENT 11,867.16 TREASURER RTIN DIRECTOR ENRY DIRECTOR				
FORM 990, PART VIII	UNIFOI DOES I OTHEF	990, PART IX THE COOPERATIVE'S ACCOUNTING RECORDS ARE MAINTAINED IN ACCORDAN RM SYSTEM OF ACCOUNTS REQUIRED BY ITS REGULATORY AGENCY. THE UNIFORM SYSTE NOT RECORD EXPENSES IN THE EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1-23. R EXPENSES LINE 24 INCLUDES EXPENSES THAT ARE DESCRIBED IN LINES 1-23, BUT REPOR RM SYSTEM OF ACCOUNTS.	EM OF ACCOUNTS THEREFORE,				
FORM 990, PART XI, LINE 9		ASE IN MEMBERSHIPS 600 INCREASE IN OCI 6,284 INCREASE IN OTHER EQUITIES 458,780 PA ND ALLOCATION 2,566,939 RETIREMENT OF CAPITAL CREDITS -1,118,995 TOTAL 1,913,608	ATRONAGE				