Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

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

Inspection

OMB No. 1545-0047

A F	or the	e 2018	calendar year, or tax year beginning	, 2018	s, and ending				, 20
B c	heck if a	pplicable:	C Name of organization				D Employer ide		
	Addre		CHARITON VALLEY ELECTE	RIC COOPERATIVE			42-062	5814	ŧ
	chang	ge	Doing business as		1- /				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone nu		
	-	return	2090 HIGHWAY 5 SOUTH				(641) 93	2-7	126
	termi		City or town, state or province, country, a	and ZIP or foreign postal code					
	Amen returr	n l	ALBIA, IA 52531				G Gross receipts		12,894,346.
	_ Applio	cation ing	F Name and address of principal officer:	CHARLES VANDEPOL			H(a) Is this a gro subordinates		n for Yes X No
			2090 HIGHWAY 5 SOUTH,	·			H(b) Are all subord		cluded? Yes No
ı	Tax-ex	empt st	atus: 501(c)(3) X 501(c) (1	L2) ◄ (insert no.) 4947(a)(1)	or 527	7	If "No," at	tach a li	ist. (see instructions)
J	Websi	ite: 🕨	WWW.CVREC.COM				H(c) Group exem	ption nu	umber >
K	Form (of organ	nization: X Corporation Trust	Association Other >	L Year of	formati	on: 1945 M	State	of legal domicile: IA
Pa	art I		ımmary						
	1	Briefly	y describe the organization's mission or	r most significant activities: TO PR	OVIDE PU	BLIC	UTILITY	TO :	ITS MEMBERS.
ė		•	, and the second						
and									
ērn	2	Check	this box if the organization di	iscontinued its operations or dispos	sed of more tha	n 25%	of its net asset	S.	
Governance	3		per of voting members of the governing					3	9.
∞ ∞	ı		per of independent voting members of t					4	9.
ies	ı		number of individuals employed in cale					5	31.
<u> </u>	6		number of volunteers (estimate if necess					6	0.
Activities &	_		`	,,				7a	0.
-			unrelated business revenue from Part V					7a 7b	6,006.
	D	Net ur	nrelated business taxable income from I	Form 990-1, line 38				/ D	
							Prior Year	0.	Current Year
ne	8		ibutions and grants (Part VIII, line 1h)				11 050 24		
Revenue			am service revenue (Part VIII, line 2g)				11,252,34		12,773,330.
Re			tment income (Part VIII, column (A), line				75,17		84,876.
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			31,86		32,314.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12)			11,359,38	_	12,890,520.
	13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			6,66		8,722.
	14	Benef	its paid to or for members (Part IX, colu		489,23	8.	443,411.		
Ş	15	Salari	es, other compensation, employee bene	efits (Part IX, column (A), lines 5-10)			1,907,03	3.	2,055,259.
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				0.	0.
ğ.	b		fundraising expenses (Part IX, column (I		0.				
Ĥ	17		expenses (Part IX, column (A), lines 11.				9,460,79	4.	10,053,900.
	ı		expenses. Add lines 13-17 (must equal				11,863,73	1.	12,561,292.
			nue less expenses. Subtract line 18 from				-504,35	0.	329,228.
or			The rest expenses of the rest in the rest			Beginn	ning of Current		End of Year
ets	20	Total :	assets (Part X, line 16)				33,269,19		36,570,391.
Ass Bal	21		liabilities (Part X, line 26)				20,513,37		23,486,631.
ağ,	20 21 22		ssets or fund balances. Subtract line 21				12,755,82		13,083,760.
Zμ De	rt II		gnature Block	TIOTH III C 20					
			of perjury, I declare that I have examined this	is return, including accompanying sched	dules and statem	nents a	nd to the hest o	f my k	nowledge and helief it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	nich preparer has	s any kn	owledge.	i iiiy k	
		١.							
Sig	n		Signature of officer				Date		
Hei		[orginature of officer				Dato		
			Time or print name and title						
			Type or print name and title	Drop grovin sign store	Data				OTINI
Paic	ı		Type preparer's name	Preparer's signature	Date		Check	J "	TIN
	oarer	MICE	HAEL J ENGLE			-	self-employ		P00482834
	Only	Firm's	sname ▶BKD, LLP				Firm's EIN ▶ 4		
			saddress 1201 WALNUT, SUITE 1700 K				1 110110 1101		221-6300
May	/ the	IRS d	iscuss this return with the preparer	shown above? (see instructions	s)				. X Yes No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.					Form 990 (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	Tom, visit www.ns.gov/e me providers/e me n		<u>, </u>					
	6-Month Extension of Time. Only subm		· · · · · · · · · · · · · · · · · · ·					
-	ions required to file an income tax return other			0-C filers), partnerships,	RE	MICs, and t	trusts	
nust use F	orm 7004 to request an extension of time to f	ile income	tax returns.					
				Enter filer's identifyin	ıg nu	mber, see ins	structions	
Type or	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	ımbe	r (EIN) or		
Γype or								
orint	CHARITON VALLEY ELECTRIC COOP	ERATIVE		42-062581	25814			
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (S	SN)			
iling your	2090 HIGHWAY 5 SOUTH							
eturn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
nstructions.	ALBIA, IA 52531							
Totar tha D	aturn Cada for the return that this application	in for /file	a concrete application f	ar aaah ratura)			0 1	
inter the K	eturn Code for the return that this application	is for (file	a separate application i	or each return)	• •			
Application		Return	Application			R	eturn	
s For		Code	Is For				Code	
	or Form 990-EZ	01	Form 990-T (corporate	tion)			07	
Form 990-B		02	Form 1041-A	11011)			08	
	(individual)	03	Form 4720 (other tha	no individual)			09	
	•	 	Form 5227		10			
Form 990-P		04					11	
	n 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 n 990-T (trust other than above) 06 Form 8870					12		
-01111 990-1	·	00	FUIII 007U				12	
	TRUDY GRADE	00110011 31	. D.T.N. T.N. F.O.F.2.1					
ine book	As are in the care of \blacktriangleright 2090 HIGHWAY 5	SOUTH A	LBIA IA 5253I		—			
Lelephor	ne No. ► 641 932-7126 panization does not have an office or place of	'	Fax No. ▶					
							▶	
If this is f	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number	(GEN)		$_{-}$. If this is	;	
	le group, check this box ▶ 📗 . I		art of the group, check	this box ▶ [and attach		
	e names and EINs of all members the extens							
1 I reque	est an automatic 6-month extension of time u	ntil	11/15, 20	19 , to file the exempt	org	janization r	eturn	
for the	e organization named above. The extension is	for the org	ganization's return for:					
	1							
► X	calendar year 20 <u>18</u> or							
>	tax year beginning	, 20	, and ending	,	20_			
2 If the t	tax year entered in line 1 is for less than 12 m	onths, ched	ck reason: 🔃 Initial r	eturn Final returi	n			
	Change in accounting period							
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	tentative tax, less any				
nonref	fundable credits. See instructions.				3a	\$	0.	
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and				
estima	ated tax payments made. Include any prior yea	ar overpayn	nent allowed as a credi	t.	3b	\$	0.	
	ce due. Subtract line 3b from line 3a. Include							
(Elect	ronic Federal Tax Payment System). See instru	ictions.			3с	\$	0.	
Caution: If yo	ou are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, s	ee Form 8453-EO and Form		-	yment	
nstructions.	-	•				·		
or Privacy	Act and Paperwork Reduction Act Notice, see insti	ructions.			Forn	m 8868 (Re	v. 1-2019)	

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Pa		Statement of Program Service A Check if Schedule O contains a	Accomplishments response or note to any line in this Part	: III							
	Briefly describe the organization's mission: TO PROVIDE PUBLIC UTILITY TO ITS MEMBERS.										
	prior For		icant program services during the ye		Yes X No						
3	Did the services?	organization cease conducting,	or make significant changes in h		Yes X No						
4	Describe expenses		vice accomplishments for each of it 4) organizations are required to rep								
	_	_)(Expenses \$_ ING ELECTRIC SERVICE TO) (Revenue \$)						
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)						
4d	Other pro	ogram services (Describe in Scheres \$ including gra		:\$)							

4e Total program service expenses ►
JSA
8E1020 1.000
9384ME K922 9/26/2019

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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," Χ 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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, Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Χ 10 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 Х b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part	V 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		X
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	
24 a	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		X
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26		230		
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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		X
27		26		
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			· v
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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 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 Schedule N, Part II	32		X
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		X
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
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			
0,	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 in Schedule O for Part VI, lines 11b and	<u> </u>		
55	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	1
Part		30		
rait				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 27		169	140
	Enter the number reported in Boxe of Ferri 1000. Enter of infect approache 1111111111			
	Enter the number of Fermi V 20 metaded in into tal Enter of into applicable [1] [1]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

Form **990** (2018)

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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. 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C I		
_	gifts were not tax deductible?	6b		
	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 goods	_		
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			

CHARITON VALLEY ELECTRIC COOPERATIVE 42-0625814 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b 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 Section A. Governing Body and Management No 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 delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint

a The governing body?......

Each committee with authority to act on behalf of the governing body?

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
44-		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- Tu		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
а	The organization's CEO, Executive Director, or top management official	15b		Х
b	Other officers or key employees of the organization	130		21
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

the year by the following:

17 List the states with which a copy of this Form 990 is required to be filed \triangleright IA,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Other (available in School (a C))

Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 ► TRUDY GRADE 2090 HIGHWAY '5 SOUTH ALBIA, IA 52531

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Χ

Χ

Х

Yes No

7a

7b

8a | X

8b

(A)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(B)

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

> (C) Position

(D)

(E)

(F)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)					an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Indiv or di	Former Highest compensated employee Key employee Officer Institutional trustee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1)REBECCA DE TAR	2.00									
TREASURER	0.	Х		Х				6,030.	0.	0.
(2)RANDY GOTTSCHALK	2.00							,,,,,,,		
DIRECTOR	0.	Х						4,085.	0.	0.
(3)WESLEY GREEN	4.00									
DIRECTOR	0.	Х						6,225.	0.	0.
(4)NORM MAJOR	4.00									
DIRECTOR	0.	Х						6,664.	0.	0.
(5)MICHAEL MILLER	5.00									
PRESIDENT	0.	Х		Х				7,015.	0.	0.
(6)VIRGIL MOORE	2.00									
DIRECTOR	0.	Х						4,090.	0.	0.
(7)KENNETH VANDENBERG	4.00									
SECRETARY	0.	X		Х				6,810.	0.	0.
(8)RICHARD WELSH	5.00									
VICE-PRESIDENT	0.	X		Х				7,108.	0.	0.
(9)MARCHELLE BROWN	3.00									
DIRECTOR	0.	Х						5,114.	0.	0.
(10)BRYON STILLEY	40.00									
GENERAL MANAGER	0.			Х				142,713.	0.	49,728.
(11)										
(12)										

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(13)

(14)

JSA

_	rt VII Section A. Officers, Directors, Tru	istons Ko	w En	nlo		06	and L	Jial	host Component	od Employees (a	ontinuo		age o
Га	, ,		;y ⊑11	ipic			anu r	iigi		· · ·	Ontinue		
	(A)	(B)				C)			(D) Reportable	(E) Reportable		(F)	
	Name and title	Average hours per	(do i	not c		sition more	e than o	ne	compensation	compensation from		timated ount of	
		week (list any	box,	unles	ss pe	erson	is both	an	from	related		other	
		hours for					or/trust		the	organizations	comp	pensatio	on
		related	Individual trustee or director	Institutional trust	Officer	Key employee	High emp	Former	organization	(W-2/1099-MISC)		om the	_
		organizations below dotted	dividual director	₹	cer	em	loye	ner	(W-2/1099-MISC)		_	anizatio d related	
		line)	tor al tr	ona		Эoy	con					nization	
			uste	Ę		ee	hei				ı		
			ď	stee			Highest compensated employee				ı		
							ed						
											ì		
		L									Ì		
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		T									Ì		
		†									Ì		
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		 	1								Ì		
		 	1								Ì		
	• • • • • • • • • • • • • • • • • • • •							<u> </u>	195,854.	0.		49,7	120
	Sub-total								193,834.	0.		4 2,7	0.
	Total from continuation sheets to Part VII, S	-							195,854.	0.	i	49,7	
	Total (add lines 1b and 1c)							<u> </u>		- 1		49,7	28.
2	Total number of individuals (including but not				d al	bove	e) who	o re	eceived more than	\$100,000 of			
	reportable compensation from the organization	n 🚩	-	1									
												Yes	No
3	Did the organization list any former office												
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual						3		X
4	For any individual listed on line 1a, is the	sum of rea	oortab	ole d	com	pen	satior	n ai	nd other compens	sation from the			
	organization and related organizations gro												
	individual										4	Х	
5	Did any person listed on line 1a receive or												
	for services rendered to the organization? If "Y										5		X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest com												
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax												

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

Page 9

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
2 1 a	a Federated campaigns	1a					
5 k	b Membership dues	1b					
، آ	c Fundraising events	1c					
g c	d Related organizations	1d					
5 6	e Government grants (contribu	itions) 1e					
1 a b b b b b b b b b b b b b b b b b b	f All other contributions, gifts, and similar amounts not included	-					
₹ 9 1	Moncash contributions included inTotal. Add lines 1a-1f			0.			
			Business Code				
2 2	a ELECTRIC SERVICE		221000	12,422,285.	12,422,285.		
k	b CAPITAL CREDITS		221000	351,045.	351,045.		
(с						
2a k	d						
	e						
) f	f All other program service rev						
9	g Total. Add lines 2a-2f		▶	12,773,330.			
3	,	cluding dividen					
	and other similar amounts).			68,751.			68,75
4	Income from investment of		· ·	0.			
5	Royalties	(i) Real	(ii) Personal	0.			
		``	(ii) i cisoriai				
6a		31,775. 1,284.					
	b Less: rental expenses	30,491.					
	c Rental income or (loss)d Net rental income or (loss)			30,491.			30,49
78	, ,	(i) Securities	(ii) Other	30,131.			30,13
'	assets other than inventory		16,125.				
١,	b Less: cost or other basis						
`	and sales expenses						
Ι,	c Gain or (loss)		16,125.				
	d Net gain or (loss)			16,125.			16,12
88	a Gross income from fundra						
	events (not including \$	-					
	of contributions reported on						
, sa	See Part IV, line 18		0.				
, k	b Less: direct expenses	b	0.				
(c Net income or (loss) from fu	ndraising events	▶	0.			
9a	a Gross income from gaming						
	See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from g	_		0.			
10a	a Gross sales of inventor returns and allowances	•	3,784.				
	b Less: cost of goods sold						
<u> </u>	c Net income or (loss) from sa			1,242.	1,242.		
-	Miscellaneous Revenu	e	Business Code				
11a	MISCELLANEOUS		900099	581.			58
k	b						
0	c						
0	d All other revenue e Total. Add lines 11a-11d			501			
			N	581.			

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 resp	oonse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,722.			
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	443,411.			
	Compensation of current officers, directors,				
	trustees, and key employees	245,582.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,175,871.			
	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	231,029.			
9	Other employee benefits	282,298.			
10	Payroll taxes	120,479.			
	Fees for services (non-employees):				
	Management	0.			
	Legal	21,638.			
	Accounting	76,581.			
	Lobbying	14,331.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	51,345.			
12	Advertising and promotion	20,038.			
13	Office expenses	172,178.			
14	Information technology	64,208.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	75,506.			
	Interest	636,388.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	883,121.		1	
23	Insurance	54,085.			
24					
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	6 007 026			
_	COST OF PURCHASED POWER	6,087,936.			
	REPAIRS & MAINTENANCE	1,038,383.		+	
_	OPERATING EXPENSES	219,405.			
_	CUSTOMER ACCOUNTS	219,405.			
	All other expenses	12,561,292.			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	14,301,494.			
20	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)	0.			
		L		<u> </u>	<u> </u>

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Part X Balance Sheet

ПС	ונא				
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	405,127.	1	546,912.
	2	Savings and temporary cash investments	354,733.	2	207,376.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	1,134,000.	4	1,164,055.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
		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	0.		0
ts	_	organizations (see instructions). Complete Part II of Schedule L	2,210,674.		0. 4,409,381.
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	558,938. 60,552.	8	411,571. 60,778.
	9	Prepaid expenses and deferred charges	00,552.	9	60,778.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 33,980,489.			
			23,230,615.	40.	24,153,019.
			23,230,613.	_	24,153,019.
	11	Investments - publicly traded securities	4,884,465.	11	5,003,394.
	12	Investments - other securities. See Part IV, line 11	0.	12 13	0.
	13 14	Investments - program-related. See Part IV, line 11	0.	14	0.
	15	Intangible assets	430,094.	15	613,905.
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	33,269,198.	16	36,570,391.
_	17	Accounts payable and accrued expenses	1,773,326.	17	1,208,635.
	18	Grants payable	0.		0.
	19	Deferred revenue	487,685.	19	568,399.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Бi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	17,449,010.	23	16,594,762.
	24	Unsecured notes and loans payable to unrelated third parties	700,000.	24	5,000,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	103,352.	25	114,835.
	26	Total liabilities. Add lines 17 through 25	20,513,373.	26	23,486,631.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
ĕ	29	Permanently restricted net assets		29	
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or autrent funds	0.	30	0.
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
As	32	Retained earnings, endowment, accumulated income, or other funds	12,755,825.	32	13,083,760.
Net	33	Total net assets or fund balances	12,755,825.	33	13,083,760.
_	34	Total liabilities and net assets/fund balances	33,269,198.	34	36,570,391.
_			,,	<u> </u>	Form QQN (2018)

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Part	XI Reconciliation of Net Assets					_	
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,561,292			
3	Revenue less expenses. Subtract line 2 from line 1	3			329,228.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,7	55,8	25.	
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1,2	293.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		13,0	83,7	60.	
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed 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 audit	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X 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	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, ϵ	explair	ı in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			37	
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

CHA	RITON VALLEY ELECTRIC COOPERATIVE	42-0625814
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(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 writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control? $\ \ .$	Yes . No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
•	Purpose(s) of conservation easements held by the organization (check all that apply).	of a historically important land area
		of a historically important land area of a certified historic structure
	Preservation of open space	of a certified flistofic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	tion, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con-	nservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
•		- 470/E\/4\/D\/\
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and costion 470(b)(4)(R)(ii) 2	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and	Yes I No
9	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	•
	organization's accounting for conservation easements.	nai statomente that accombce the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide, in Part XIII, the text of the footnote to its financial statements that des	cation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	
-	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included on Form 990, Part VIII, line 1	> \$
b	ASSELS IIIUIUUEU III FUIIII 330, FAIL A	

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

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections o	of Art, Histo	rical Treasure	es, or O	ther Similar Asse	ts (continued)			
3	Using the organization's acquisition									
	collection items (check all that app									
а	Public exhibition		d	Loan or exc	hange pro	ograms				
b	Scholarly research		e	Other						
С										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.									
5	During the year, did the organization	n solicit or receive	donations o	of art, historical	treasures	, or other similar				
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21.									
1 a	Is the organization an agent, truste									
	included on Form 990, Part X?						. Yes No			
b	If "Yes," explain the arrangement i	n Part XIII and con	nplete the fo	llowing table:						
						Am	ount			
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year				. 1e					
f	Ending balance	<u>.</u>			. 1f					
2a	Did the organization include an am									
	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation has b	een provi	ded on Part XIII				
Pa	rt V Endowment Funds.	otion anawarad "\	Voo" on For	m 000 Dort I\	/ line 10	.				
	Complete if the organiza				wo years ba					
		(a) Current year	(b) Pric	or year (C)	wo years be	ack (d) Three years b	ack (e) Four years back			
1 a	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		r end balanc %	e (line 1g, colum	nn (a)) he	d as:				
a	Board designated or quasi-endown Permanent endowment	Merit ►	70							
b	Temporarily restricted endowment		/							
·	The percentages on lines 2a, 2b, a									
3 a	Are there endowment funds not in	-		ation that are he	ald and a	dministered for the				
Ja	organization by:	the possession of	the organiza	ation that are no	siu ariu a	diffillistered for the	Yes No			
	(i) unrelated organizations									
	(ii) related organizations						3a(ii)			
b	If "Yes" on line 3a(ii), are the relate									
4	Describe in Part XIII the intended u	•	•							
	Complete if the organization									
	Description of property		or other basis estment)	(b) Cost or other (other)	basis (c	Accumulated depreciation	(d) Book value			
1a	Land	,	7,596.	(=:::0:)		1	7,596.			
b	Buildings			30,717,8	308.	7,638,618.	23,079,190.			
c	Leasehold improvements									
d	Equipment			3,213,3	363.	2,170,493.	1,042,870.			
	Other			41,7		18,359.	23,363.			
	I. Add lines 1a through 1e. (Column		orm 990. Part				24,153,019.			

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	"Vos" on Form 000	Part IV line 11h See Form 000	Part V line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion:
(1) Financia	al derivatives		-	
	-held equity interests			
(3) Other				
	RONAGE CAPITAL ALLOCATIONS	4,631,037.	COST	
(B) CAP	ITAL TERM CERTIFICATES	344,643.	FMV	
(C) ASS	OCIATED ORGANIZATIONS	27,714.	COST	
(D)				
(E)				
(F)				
(G)				
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)	5,003,394.		
Part VIII	Investments - Program Related.	3,003,394.		
Part VIII	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 valua Cost or end-of-year mar	
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
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) Des	cription		(b) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8) (9)				
	ımn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)	•	
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	al income taxes			
(2) CONST	JMER DEPOSITS	114,8	835.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			205	
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 114,8	335.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

PAGE 17

Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
2 a b c	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	1	
	Add lines 2a through 2d	2e 3	
a b	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	40	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4c 5 Irn.	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2e	
3 4 a b c	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3 4c 5	
Part 2 Provide 2; Part	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. DULE D, PART X, LINE 2	art V, li	ne 4; Part X, line
LIAB	ILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 - MANAGEMENT HAS		
EVAL	JATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC		
740.	BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL		
	RTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL		
STATI	EMENTS.		

JSA 8E1271 1.000

Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHARITON VALLEY ELECTRIC COOPERATIVE

Employer identification number 42-0625814

Part	Questions Regarding Compensation			ı
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No
ıa	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	1b		
2	explain	10		
2	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 filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only postion F04/5\(\alpha\) F04/5\(\alpha\) and F04/5\(\alpha\)			
_	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:			
•	The organization?	5a		
a b	Any related organization?	5b		
b	If "Yes" on line 5a or 5b, describe in Part III.	36		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation 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		1

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

CHARITON VALLEY ELECTRIC COOPERATIVE 42-0625814

Schedule J (Form 990) 2018 Page 2

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
BRYON STILLEY	(i)	142,045.	0.	668.	27,345.	22,383.		0.
1GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

CHARITON VALLEY ELECTRIC COOPERATIVE 42-0625814

Schedule J (Form 990) 2018

Part | 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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 42-0625814

CHARITON VALLEY ELECTRIC COOPERATIVE

FORM 990, PART VI, SECTION A, LINE 6

CVEC'S ARTICLES OF INCORPORATION, ARTICLE VII OUTLINES MEMBERSHIP IN THE

COOPERATIVE. MEMBERS AGREE TO PURCHASE ELECTRIC ENERGY AND COMPLY WITH

THE ARTICLES AND BYLAWS OF THE COOPERATIVE. A MEMBERSHIP CERTIFICATE IS

ISSUED UPON BOARD APPROVAL TO EACH NEW MEMBER OR TO JOINT MEMBERS. THERE

IS CURRENTLY NO MEMBERSHIP FEE.

FORM 990, PART VI, SECTION A, LINE 7A

CVEC'S 9 MEMBER BOARD OF DIRECTORS IS DIVIDED INTO 5 DISTRICTS.

MEMBERS VOTE FOR ELIGIBLE CANDIDATES BY MAIL-IN BALLOT OR SECRET

BALLOT AT THE ANNUAL MEETING OF MEMBERS HELD IN AUGUST.

FORM 990, PART VI, SECTION A, LINE 7B

THE COOPERATIVE MAY NOT SELL, MORTGAGE, LEASE, OTHERWISE DISPOSE OF OR

ENCUMBER ALL OR ANY SUBSTANTIAL PORTION OF PROPERTY UNLESS AUTHORIZED AT

A MEETING OF MEMBERS THEREOF BY THE AFFIRMATIVE VOTE OF NOT LESS THAN

TWO-THIRDS OF ALL THE MEMBERS OF THE COOPERATIVE.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990

IS THEN REVIEWED BY MANAGEMENT. ANY QUESTIONS OR CONCERNS MANAGEMENT

HAS ARE ADDRESSED AND CORRECTIONS OR CLARIFICATIONS ARE MADE. THE

FINAL 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING

MEMBERS OF THE BOARD PRIOR TO FILING.

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

ANNUALLY, AND OTHERWISE UPON THE SEATING OF ANY NEW BOARD MEMBER OR

HIRING OF ANY NEW EMPLOYEE, A DISCLOSURE OF CONFLICT OF INTEREST

STATEMENT WILL BE SIGNED BY EACH DIRECTOR OR EMPLOYEE.

IT WILL BE THE RESPONSIBILITY OF THE BOARD PRESIDENT TO ADDRESS ANY

CONFLICTS OF INTEREST AND TAKE APPROPRIATE ACTION IF ANY DIRECTOR OF THE

COOPERATIVE HAS BEEN DEEMED NOT ADHERING TO THIS POLICY.

IT WILL BE THE RESPONSIBILITY OF THE GENERAL MANAGER TO ADDRESS ANY

CONFLICTS OF INTEREST AND TAKE APPROPRIATE ACTION IF ANY EMPLOYEE OF THE

COOPERATIVE HAS BEEN DEEMED NOT ADHERING TO THIS POLICY.

A DIRECTOR OR EMPLOYEE SHALL REMOVE HIMSELF OR HERSELF FROM ANY DECISION INVOLVING ANOTHER ENTITY OR ORGANIZATION WITH WHICH THE DIRECTOR OR EMPLOYEE IS AFFILIATED OR HAS A FINANCIAL INTEREST.

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

THE BOARD PRESIDENT REQUESTED SALARY COMPARABILITY DATA AND THE GENERAL MANAGER PROVIDED THE REQUESTED INFORMATION. THE FULL BOARD OF DIRECTORS CONDUCTED A PERFORMANCE REVIEW, DISCUSSED SALARY CONSIDERATIONS AND AUTHORIZED THE ANNUAL SALARY INCREASE.

FORM 990, PART VI, SECTION C, LINE 19

CVEC'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT

OF INTEREST POLICY IS PROVIDED ANNUALLY TO DIRECTORS AND EMPLOYEES.

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization

CHARITON VALLEY ELECTRIC COOPERATIVE

Employer identification number

42-0625814

FINANCIAL STATEMENTS ARE AVAILABLE UPON MEMBER REQUEST, ARE

INCORPORATED INTO THE ANNUAL REPORT AND ARE MADE AVAILABLE TO EACH

VOTING MEMBER PRIOR TO THE ANNUAL MEETING.

FORM 990, PART XI, LINE 9

PATRONAGE CREDITS ALLOCATED TO MEMBERS \$ 443,411

PATRONAGE CREDITS RETIRED (452,072)

OTHER CHANGES IN PATRONAGE CAPITAL 7,596

EQUITY EARNINGS IN SUBSIDIARY (292)

EQUITY EARNINGS A PRIME LLC 64

TOTAL \$ (1,293)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TOM'S TREE SERVICE 1313 S MAIN ST ALBIA, IA 52531	VEGETATION MGMT	691,500.
HIGHLINE CONSTRUCTION 16124 OLD LAKE RD PAYNESVILLE, MN 56362	SYSTEM IMPROVEMENTS	985,315.
TOTH AND ASSOCIATES 830 E PRIMROSE ST SUITE 200 SPRINGFIELD, MO 65807-5211	ENGINEERING CONSULT	178,928.

SCHEDULE R (Form 990)

Part I

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

CHARITON VALLEY ELECTRIC COOPERATIVE

42-0625814

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity		Р	(b) rimary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling		
_(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the second secon	Complete if th he tax year.	e orga	anization answ	vered "Yes" on Fo	orm 990, Part IV,	/, line 34, because it had				
(a) Name, address, and EIN of related organization	(b) Primary activi	ity	(c) Legal domicile (sta or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?		
<u>(1)</u>							Yes	No		
(2)	-									
(3)										
(4)	-									
(5)										
(6)										
(7)	-									

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

Schedule R (Form 990) 2018 Page 2

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	Share of end-of- year assets		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		Code V - UBI amount in box 20 of Schedule K-1		eral or aging	(k) Percentage ownership
		oounity)					Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
<u>(7)</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 country)	(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	512(t	i) etion o)(13) rolled :ity?
								Yes	No
(1) CHARITON VALLEY SERVICES COMPANY 42-1509588									
2090 HWY 5 SOUTH ALBIA, IA 52531	INVESTMENT	IA	CVEC	C-CORP	8.	16,580.	100.0000	х	
(2)									
(3)									
(4)									_
(5)									_
(6)									
(7)	_								

Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 [During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
	Sift, grant, or capital contribution to related organization(s)				1b	X
	Sift, grant, or capital contribution from related organization(s)				1c	X
	oans or loan guarantees to or for related organization(s)				1d	X
	oans or loan guarantees by related organization(s)				1e	X
f [Dividends from related organization(s)				1f	Х
g S	Cale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s)				1h	Х
	xchange of assets with related organization(s)				1i	Х
j L	ease of facilities, equipment, or other assets to related organization(s)				1j	X
						_
	ease of facilities, equipment, or other assets from related organization(s)				1k	Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
o S	Sharing of paid employees with related organization(s)				10	X
						7.7
	Reimbursement paid to related organization(s) for expenses				1p	X
q F	Reimbursement paid by related organization(s) for expenses				1q	^
_						X
	Other transfer of cash or property to related organization(s)				1r	X
2	Other transfer of cash or property from related organization(s)	this line including cov	arad ralationahina and trans	ootion thro	1s	
	(a)	(b)	(c)		(d)	5.
	Name of related organization	Transaction type (a-s)	Amount involved	Method amou		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)				1		

JSA

Schedule R (Form 990) 2018 Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organia	partners tion (c)(3) rations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)												_	
(14)													
(15)												_	
(16)													
(10)													

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A.	2019 Estimated Tax	Α	
B.	Enter 100 % of Line A Enter 100 % of tax on 2018 FORM 990-T C 1,261.		
C.	Enter 100 % of tax on 2018 FORM 990-T C 1,261.		
	Required Annual Payment (Smaller of lines B or C)	D	1,261.
	Income tax withheld (if applicable)		
	Balance (As rounded to the nearest multiple of		1,264.

Record of Estimat	Record of Estimated Tax Payments										
Payment number	(a) Date	(b) Amount	(c) 2018 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))							
1	04/15/2019		335.	335.							
2	06/17/2019		335.	335.							
3	09/16/2019		335.	335.							
4	12/16/2019		334.	334.							
Total			1,339.	1,339.							

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

(and proxy tax a			0000(0))	
2018 or other tay year beginning	01/01	2018	and ending	12/

OMB No. 1545-0687

		For cale	ndar year 2018 or other tax year begin	ning _	$0 \perp / 0 \perp$, 2018, and	d endin	$g = \frac{12/31}{}$, 20	0 <u> </u>	2018
	of the Treasury		► Go to www.irs.gov/Form990						Open to Public Inspection for
nternal Reve	heck box if	▶ Do	not enter SSN numbers on this form a Name of organization (Check be		y be made public if you me changed and see inst		T T		501(c)(3) Organizations Only yer identification number
1 1	ddress changed		Name of organization (Check bo)X II IIai	ne changed and see msi	liuctions	5.)		yees' trust, see instructions.)
B Exempt	under section		CHARITON VALLEY ELEC	TTRT	C COOPERATIVE	₹.			
	(C)(12)	Print	Number, street, and room or suite no. I					42-06	525814
408(or	,				İ		ted business activity code
408		Туре	2090 HIGHWAY 5 SOUTE	H				(See ins	structions.)
529((a)		City or town, state or province, country	, and Z	IP or foreign postal code)			
	ue of all assets		ALBIA, IA 52531						
at end of	ryear	F Gro	up exemption number (See instructi	ons.) l	>				
36,	570,391.	G Che	ck organization type X 501	(c) co	rporation	501(c)	trust	401(a) 1	trust Other trust
H Enter t	the number of	the orga	nization's unrelated trades or busine	sses.			Describe	the only	(or first) unrelated
	or business her						•		than one, describe the
			end of the previous sentence, cor	nplete	Parts I and II, comple	ete a So	chedule M for eac	h addition	al
	or business, th	•							, V V
-			corporation a subsidiary in an affili	_		idiary c	ontrolled group?		Yes X No
	•		identifying number of the parent cor	poration		onhon	e number ▶ 643	1 _ 932_	7126
			or Business Income		(A) Income	ерпоп	(B) Expens		(C) Net
	ss receipts or		Dusiness income		(A) IIICOIIIC		(Б) Ехрепа	.	(O) Net
	returns and allowa		c Balance ▶	1c					
			ule A, line 7)	2					
			2 from line 1c	3					
			ttach Schedule D)	4a					
			Part II, line 17) (attach Form 4797)	4b					
	•		rusts	4c					
			r an S corporation (attach statement)	5					
				6					
			come (Schedule E)	7					
			nts from a controlled organization (Schedule F)	8					
			1(c)(7), (9), or (17) organization (Schedule G)	9					
10 Exp	loited exempt	activity in	ncome (Schedule I)	10					
			lule J)	11					
			tions; attach schedule)	12					
13 Tot	al. Combine li	nes 3 thr	ough 12	13		0.			
Part II	Deductio	ns Not	Taken Elsewhere (See instr	uctic	ns for limitations	on d	eductions.) (E	xcept fo	or contributions,
			be directly connected with t						1
14 Cor	mpensation of	officers,	directors, and trustees (Schedule K)					. 14	
								I .	
								I .	
			(see instructions)					I .	
			See instructions for limitation rules)		1 1	 I		. 20	
			4562)						
			on Schedule A and elsewhere on re					22b	
			compensation plans						
			compensation plans						
			Schedule I).						
			chedule J)						
			chedule)					I .	
			s 14 through 28						
			le income before net operating						
			g loss arising in tax years beginning						
		•	e income. Subtract line 31 from line	•		- ,500		. 31	

PAGE 32

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iling of this	Torm, visit www.irs.gov/e-me-providers/e-me-	ior-crianiles	s-апи-поп-ргонts.				
Automatio	6-Month Extension of Time. Only subm	it original	(no copies needed).				
All corporat	ions required to file an income tax return other orm 7004 to request an extension of time to	er than For	m 990-T (including 112				
	Name of exempt organization or other filer, see in	nstructions.		Enter filer's identifyin			nstructions
Гуре or	Traine or exempt organization or early see in			Employer Identification fie		1 (2114) 01	
orint	CHARITON VALLEY ELECTRIC COOP	ERATIVE		42-062581	4		
File by the lue date for iling your	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)		
eturn. See nstructions.	City, town or post office, state, and ZIP code. Fo ALBIA, IA 52531	r a foreign ad	ldress, see instructions.				
Enter the R	eturn Code for the return that this application	is for (file	a separate application f	or each return)			0 7
Application	1	Return	Application				Return
s For		Code	Is For				Code
orm 990 c	r Form 990-EZ	01	Form 990-T (corpora	tion)			07
orm 990-E	SL .	02	Form 1041-A				80
	(individual)	03	Form 4720 (other tha	an individual)			09
Form 990-P		04	Form 5227			\longrightarrow	10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-1	(trust other than above) TRUDY GRADE	06	Form 8870				12
Telephor If the org If this is for the who a list with th	te No. ► 641 932-7126 In an a Group Return, enter the organization's for a Group, check this box The names and EINs of all members the extensions.	business ir our digit Gro If it is for pa sion is for.	Fax No. ▶ n the United States, che pup Exemption Number art of the group, check	(GEN)this box ▶ [If this and attac	is ch
for the	est an automatic 6-month extension of time use organization named above. The extension is calendar year 20 18 or tax year beginning	s for the org	ganization's return for:				i return
	tax year entered in line 1 is for less than 12 m Change in accounting period	nonths, ched	ck reason: Initial ı	eturn Final return	า		
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	tentative tax, less any			
	fundable credits. See instructions.				3a	\$	2,600.
	application is for Forms 990-PF, 990-T					ĺ.	
	ated tax payments made. Include any prior year				3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include		ieni with this form, if re	equirea, by using EFTPS		_	2 600
	ronic Federal Tax Payment System). See instru		it) with this Farm 0.000 -	00 Form 9452 FO and F	3c		2,600.
•	ou are going to make an electronic funds withdrawa	ai (direct deb	ni) with this FORM 8868, S	ee foiii 8453-EU and Form	ı öö	19-EO 101	payment
nstructions.	Act and Paperwork Reduction Act Notice, see inst	ructions			Form	n 8869 /F	Rev. 1-2019)
or invacy	not and I apermork headcholl Act Notice, see list	. 40110113.			1 011	5556 (1	(CV. 1-2019)

Form 990-T (2018) Page **2**

Par	t III	Total Unrelated Business Taxable Income								- 5 -
33		of unrelated business taxable income computed from	all unrelated	trades	or businesses (s	see				
		ions)			,		3			
34		s paid for disallowed fringes							7.0	006.
		on for net operating loss arising in tax years be					+		.,	
35							_			
		ions)					-			
36		of unrelated business taxable income before specific dec								006
		33 and 34					6			006.
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for	exceptions)			3	7		1,0	000.
38		ed business taxable income. Subtract line 37 from line								
	enter th	e smaller of zero or line 36				- 3	В		6,0	006.
Par	t IV	Tax Computation								
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.2	1)			. ▶ 3	9		1,2	261.
40	Trusts	Taxable at Trust Rates. See instructions for								
-			•				0			
44			,	,						
41		ax. See instructions								
42		tive minimum tax (trusts only)								
43		Noncompliant Facility Income. See instructions					_		1 /	0.61
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies				4	4		⊥,,	261.
Par	t V	Tax and Payments								
45 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form	1116)	45a						
b	Other o	redits (see instructions)		45b						
С	Genera	I business credit. Attach Form 3800 (see instructions)		45c						
		or prior year minimum tax (attach Form 8801 or 8827)								
		redits. Add lines 45a through 45d				45	ie			
46		et line 45e from line 44				· · —	_		1,2	261.
47		xes. Check if from: Form 4255 Form 8611 Form 869				_				
						_			1 ′	261.
48		x. Add lines 46 and 47 (see instructions)								
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II		1 1		49	9			
		nts: A 2017 overpayment credited to 2018				_				
b	2018 e	stimated tax payments • • • • • • • • • • • • • • • • • • •		50b						
С	Tax dep	osited with Form 8868		50c	2,6	00.				
d	Foreign	organizations: Tax paid or withheld at source (see instructions)		50d						
е	Backup	withholding (see instructions)		50e						
		or small employer health insurance premiums (attach Form 894		1						
a	Other c	edits, adjustments, and payments: Form 2439	•							
9		orm 4136 Other	Total ▶	50g						
51		ayments. Add lines 50a through 50g		009		5	1		2.6	600.
	•	ed tax penalty (see instructions). Check if Form 2220 is attache				5	_			
52		,			▶					
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter a				▶ 5			1 1	220
54	•	yment. If line 51 is larger than the total of lines 48, 49, and 52	-	overpaid		<u> 5</u>			⊥,.	339.
55		e amount of line 54 you want: Credited to 2019 estimated tax >1			Refunded		5			
Par	t VI	Statements Regarding Certain Activities an	d Other Inf	forma	t ion (see instruc	tions)				
56	At any	time during the 2018 calendar year, did the organizat	ion have an i	interest	in or a signature	or otl	ner aut	thority	Yes	No
	over a	financial account (bank, securities, or other) in a fore	ign country?	If "Yes,	the organization	may	have t	o file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Acc	counts. If "Yes	s," ente	r the name of	the for	eign co	ountry		
	here >						_			Х
57	•	the tax year did the organization receive a distribution from a	r was it the are	antar of	or transferor to	foreign	truot?			Х
57	Ū	the tax year, did the organization receive a distribution from, or	· ·	antor of,	or transieror to, a	ıor c ıgıı	uol!			
E 0		see instructions for other forms the organization may have to f								
<u>58</u>		ne amount of tax-exempt interest received or accrued during the noter penalties of perjury, I declare that I have examined this return, including		chedules :	and statements and to	the heat	of my la	nowlodae :	and hall	iof it i-
٥.	tr	nder penalties of perjury, I declare that I have examined this return, includir ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on				me Dest	oi itiy KN	iowieage a	ııu Deli	eı, ii is
Sigr) 			•		May t	he IRS	discuss	this r	eturn
Her		11/15/				_ with t	the prep	parer sh	own b	
	S	ignature of officer Date	Title			(see ins	tructions)?	. •	s	No
.		Print/Type preparer's name Preparer's signa	ature	Da	ate	Check	if	PTIN		
Paid		MICHAEL J ENGLE				self-empl		P0048	3283	4
	arer	Firm's name ▶ BKD, LLP				Firm's EIN		4-0160	0260	
Use	Only	Firm's address ▶ 1201 WALNUT, SUITE 1700, KA	NSAS CITY	Z, MO			• •			

Form **990-T** (2018)

Form 990-T (2018)								Page 3
Schedule A - Cost of G	oods Sold. Er	ter method	of invento	ory valuation 1	-			
1 Inventory at beginning of						ar	6	
2 Purchases	2					ld. Subtract line		
3 Cost of labor						iter here and in		
4a Additional section 263A c	osts			Part I, line	2		7	
(attach schedule)	4a					section 263A (w	ith respect to	Yes No
b Other costs (attach schedu				property	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through	′ -					<u> </u>		Х
Schedule C - Rent Income	e (From Real P	roperty ai	nd Persor	nal Property	Leased V	Vith Real Proper	ty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accrue	ed					
(a) From personal property (if the	percentage of rent	(b) F	rom real and	personal property	(if the	3(a) Deductions di	rectly connected with t	he income
for personal property is more th	nan 10% but not	percenta	age of rent fo	r personal property	exceeds		a) and 2(b) (attach sche	
more than 50%)	50% or	if the rent is	based on profit or	income)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c	olumns 2(a) and 2(b). Enter				(b) Total deduction Enter here and on		
here and on page 1, Part I, line 6	` '	,				Part I, line 6, colun		
Schedule E - Unrelated D			e instruction	ons)				
			2. Gross	income from or	3. [Deductions directly con		e to
1. Description of de	bt-financed property		allocable t	o debt-financed	(a) Straigh	debt-finance	(b) Other deduc	
			pı	roperty		ch schedule)	(attach sched	
(1)								
(2)								
(3)								
(4)								
4. Amount of average	5. Average adju		6	Column			8. Allocable dedu	ıctions
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4	divided		income reportable n 2 x column 6)	(column 6 x total of	fcolumns
property (attach schedule)	(attach sche		by o	column 5	(ooiuiiii	n 2 x column c)	3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						e and on page 1,	Enter here and or	
					Part I, lin	ne 7, column (A).	Part I, line 7, colu	mn (B).
Totals								
Total dividends-received deduct	lions included in co	olumn 8		,		<u> </u>		

Form **990-T** (2018)

Page 4

Schedule F-Interest, Ann	uities, Royalties				m Contro			i ons (see	instruction	ons)	
Name of controlled organization	2. Employer identification numb		3. Net	unrelat	ted income structions)	4. Total	of specified	included	f column 4 the in the control	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc				otal of specifi yments made		includ	rt of column ed in the co ation's gros	ntrolling		1. Deductions directly nnected with income in column 10
(1)											
(2)											
(3)											
(4)											
Totals		tion 50	01(c))(7), (9), or (17	. ′) Orga	Enter Part I	columns 5 a here and on , line 8, colui	page 1, mn (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).
1. Description of income	2. Amount of				3. Deduction directly contact (attach sci	ctions nnected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
<u>(1)</u>											
(2)											
(3)											
(4)											
Tarala	Enter here and Part I, line 9, c										Enter here and on page 1 Part I, line 9, column (B)
Schedule I – Exploited Ex		come	Othe	r Tha	n Advert	ieina Ir	come (coo inetru	etione)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Each di conne	xpense rectly ected w uction related	s vith of	4. Net incor from unrela or business 2 minus co If a gain, c cols. 5 thr	me (loss) ted trade (column lumn 3). ompute	5. Gros from ac is not t	s income tivity that unrelated as income	6. Expe	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
											,
(1)											
(2)											
(3)											
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter h page line 10	1, Part	t I,							Enter here and on page 1, Part II, line 26.
Schedule J- Advertising I	ncomo (oco instr	uotiona)									
Part I Income From Per				naali	datad Ba	nio.					
Part Income From Fer	louicais Report	eu on a	a CO	nson	uateu Da	515					
1. Name of periodical	2. Gross advertising income	3. adverti	Direct ising co	osts	4. Adver gain or (los 2 minus c a gain, co cols. 5 thre	ss) (col. ol. 3). If mpute	l	culation ome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

Form **990-T** (2018)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

ii ie-by-iii ie bask	o. <i>)</i>				
2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
	2.	Title	3. Percent of time devoted to business		
			%		
			%		
	2. Gross advertising income Enter here and on page 1, Part I, line 11, col (A).	advertising income Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B). n of Officers, Directors, and Tr	2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B).	2. Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. Enter here and on page 1, Part I, line 11, col (A). In of Officers, Directors, and Trustees (see instructions) 2. Title 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income	2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 2 minus col. 3). If a gain, compute cols. 5 through 7. Enter here and on page 1, Part I, line 11, col (A). In of Officers, Directors, and Trustees (see instructions) 2. Title 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute costs 5. Circulation income 6. Readership costs 4. Compensation unrelated to business

Form **990-T** (2018)

%

%

ATTACHMENT 1

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
REBECCA DE TAR 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	TREASURER	0	0.
RANDY GOTTSCHALK 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	DIRECTOR	0	0.
WESLEY GREEN 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	DIRECTOR	0	0.
NORM MAJOR 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	DIRECTOR	0	0.
MICHAEL MILLER 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	PRESIDENT	0	0.
VIRGIL MOORE 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	DIRECTOR	0	0.
KENNETH VANDENBERG 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	SECRETARY	0	0.
RICHARD WELSH 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	VICE-PRESIDENT	0	0.
BRYON STILLEY 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	GENERAL MANAGER	0	0.
MARCHELLE BROWN 2090 HIGHWAY 5 SOUTH ALBIA, IA 52531	DIRECTOR	0	0.

ATTACHMENT 1 (CONT'D)

BUSINESS

SCHD.	Κ,	FORM	990-T,	COMPENSATION	OF	OFFICERS,	DIRECTORS,	&	TRUSTEES
-------	----	------	--------	--------------	----	-----------	------------	---	----------

TITLE NAME AND ADDRESS PERCENT COMPENSATION

TOTAL COMPENSATION

0.

SCHEDULE 0 (Form 1120)

(Rev. December 2018)

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

OMB No. 1545-0123

Department of the Treasury ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

Employer identification number

	CHARITON VALLEY ELECTRIC COOPERATIVE	42-0625814					
Pa	art I Apportionment Plan Information						
1	Type of controlled group:						
а	∑ Parent-subsidiary group						
b							
c							
d							
•	a End indurance companies only						
2	This corporation has been a member of this group:						
	X For the entire year.						
b							
L.	, until						
2	This corporation concents and represents to:						
3							
а	a X Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the						
	current tax year which ends on $\frac{12/31/2018}{12/31/2018}$, and for all succeeding tax years.						
b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted							
	plan, which was in effect for the tax year ending, and for all su	icceeding tax years.					
C	Terminate the current apportionment plan and not adopt a new plan. All the other members	pers of this group are not adopting					
	an apportionment plan.						
C	Terminate the current apportionment plan and adopt a new plan. All the other members of						
	apportionment plan effective for the current tax year which ends on	, and for all					
	succeeding tax years.						
4	If you checked box 3c or 3d above, check the applicable box below to indicate if the termin	ation of the current apportionment					
	plan was:						
а							
b	Required for the component members of the group.						
5	If you did not check a box on line 3 above, check the applicable box below concerning the s	tatus of the group's apportionment					
	plan (see instructions).						
а	No apportionment plan is in effect and none is being adopted.						
b	D An apportionment plan is already in effect. It was adopted for the tax year ending	, and for					
	all succeeding tax years.						
6	If all the members of this group are adopting a plan or amending the current plan for a tax year a	after the due date					
	(including extensions) of the tax return for this corporation, is there at least one year remaining	on the statute of limitations					
	from the date this corporation filed its amended return for such tax year for assessing any resulti	ng deficiency?					
	See instructions.						
а	Yes.						
	(i) The statute of limitations for this year will expire on						
	(ii) On, this corporation entered into an agreement with the	Internal Revenue Service to					
	extend the statute of limitations for purposes of assessment until						
b	No. The members may not adopt or amend an apportionment plan.						
	, i manifestation						
7	If the corporation has a short tax year that does not include December 31, check the box. S	ee instructions.					
•							
For	Paperwork Reduction Act Notice, see Instructions for Form 1120.	Schedule O (Form 1120) (Rev. 12-2018)					

Schedule O (Form 1120) (Rev. 12-2018) Page 2

Part II Apportionment (See instructions)					<u> </u>
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1					
CHARITON VALLEY ELECTRIC COOPERATIVE, INC.	42-0625814	2018-12	NONE	NONE	NONE
CHARITON VALLEY SERVICES COMPANY	42-1509588	2018-12	NONE	NONE	NONE
3	12 2505500	2010 12	non2	10112	1012
4					
5					
6					
7					
8					
9					
10					
Total			NONE	NONE	NONE

Schedule O (Form 1120) (Rev. 12-2018)