990

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization CHARITON VALLEY ELECTRIC COOPERATIVE Address change Doing business as 42-0625814 Number and street (or P.O. box if mail is not delivered to street address) Name change 2090 HIGHWAY 5 SOUTH (641) 932-7126 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 13,152,940. F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X TROY AMOSS No 090 HIGHWAY 5 SOUTH, ALBIA, IA 52531 Yes H(b) Are all subordinates included? If "No," attach a list. See instructions. Tax-exempt status: 501(c)(3) X 501(c) (12) (insert no.) 4947(a)(1) or WWW.CVREC.COM H(c) Group exemption number L Year of formation: 1945 M State of legal domicile: Form of organization: X Corporation Trust Association Other Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE PUBLIC UTILITY TO ITS MEMBERS. Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)....... 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) NONE NONE Revenue 9 12,277,069. 12,940,243. 34,960 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 159,409. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,044 35,454. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,135,106. 12,344,073. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,662. 14 Benefits paid to or for members (Part IX, column (A), line 4) 534,195 669,889. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 2,196,607. 2,368,567. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,944,030. 9,048,249. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,802,930 3,002,148. 541,143. 132,958. 5 Beginning of Current Year End of Year 43,573,528. Total assets (Part X, line 16) 43,233,896. 20 28,879,538. Total liabilities (Part X, line 26) 28,042,097. Net assets or fund balances. Subtract line 21 from line 20. 22 14.693.990. 15,191,799. Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature Check if Paid self-employed JOE R LYNN P01270416 JOE R LYNN 10/23/202 Preparer FORVIS, LLP 44-0160260 Firm's name Firm's EIN Use Only Firm's address 515-223-0159 1401 50TH STREET, SUITE 350 WEST DES MOINES, IA 50266-5935 Phone no.

For Paperwork Reduction Act Notice, see the separate instructions.

X Yes Form **990** (2022)

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

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4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
ŀc	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

) (Revenue \$

including grants of \$

4d Other program services (Describe on Schedule O.)

(Expenses \$

4e Total program service expenses

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Form 9	90 (2022)		F	age :
Part	IV Checklist of Required Schedules			
	1. 11. 12. 12. 12. 12. 12. 12. 12. 12. 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		ļ ,,
2	complete Schedule A	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		- 21
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
7	"Yes," complete Schedule D, Part I.	6		X
′	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	– ′		Δ.
·	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI	11a	X	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa	Δ.	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1111		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		l
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-	X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		X
h	Schedule D, Parts XI and XII	12a		Λ
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			,,
46	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	"		<u></u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)			
22	Did the arganization report more than \$5,000 of grants or other assistance to or far demostic individuals on		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			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		,,
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			21
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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			١
0.4	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,	34	X	
35.2	or IV, and Part V, line 1	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	- 21	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pari				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1-	v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	990	(202

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Par	tV 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 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	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.)	40-		
	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.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
L-	Note: See the instructions for additional information the organization must report on Schedule O.			
a	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			
_	10			
	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
ם 15		- 15		
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Vec " complete Form 6060			

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	.		
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	Х	
_	stockholders, or persons other than the governing body?	7.0	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		- 11	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406	.,	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	Х	
14 15	Did the organization have a written document retention and destruction policy? 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on 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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedIA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	(sect	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	finter	est n	olicy
	and financial statements available to the public during the tax year.		υσι μ	oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and records TRUDY GRADE 2090 HGHWY 5 SOUTH ALBIA, IA 52531	5		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

	Check this box if neither	the organization nor an	y related organization com	pensated any current of	officer, director, or trustee.
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(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LEILANI TODD	40.00									
GENERAL MANAGER	NONE	1		X				176,021.	NONE	57,195.
(2) TRUDY GRADE	40.00			-			\vdash	2.0,0221		0,72001
FINANCE MANAGER	NONE	1		X				116,896.	NONE	42,547.
(3) TROY AMOSS	40.00							,		,
OPERATIONS MANAGER	NONE	1				Х		101,984.	NONE	42,680.
(4) KILE OVERMEYER	43.00									
LINEMAN	NONE	1				X		108,246.	NONE	35,944.
(5) JARED SHAW	42.00									
LINE FOREMAN	NONE	1				X		107,807.	NONE	34,759.
(6) KYLE KIRCHNER	42.00									
LINEMAN	NONE					X		103,052.	NONE	34,626.
(7) TIM SCOTT	41.00									
LINEMAN	NONE					X		98,698.	NONE	35,941.
(8) NORM MAJOR	10.00									
SECRETARY	NONE			Х				8,000.	NONE	NONE
(9) RICHARD WELSH	5.00									
DIRECTOR	NONE	X						7,750.	NONE	NONE
(10) KENNETH VANDENBERG	5.00									
DIRECTOR	NONE	X						7,125.	NONE	NONE
(11) MARCHELLE BROWN	3.00									
TREASURER	NONE			Х				6,250.	NONE	NONE
(12) RANDY GOTTSCHALK	4.00									
VICE PRESIDENT	NONE			Х				5,750.	NONE	NONE
(13) JOHN HOUSER	4.00									
DIRECTOR	NONE	X						5,500.	NONE	NONE
(14) WESLEY GREEN	4.00									
DIRECTOR	NONE	X						4,750.	NONE	NONE
										Form 990 (2022)

2E1041 2.000

9384ME L45J 10/19/2023 10:45:50 V22-7.2F 1167386

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ıplo	yee	es, a	and H	ligl	nest Compensat	ed Employees	continued)
(A) Name and title	(B) Average hours per week (list any hours for	not ch unles er and	s pe l a d	ition more rson irect	than or is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5) MICHAEL MILLER PRESIDENT	3.00 NONE			Х				4,500.	NON	E NON
6) JERRY DURIAN DIRECTOR	3.00 NONE	Х						3,500.	NON	E NON
	 									
b Sub-total	ection A						>	865,829. NONE	NON NON	· · · · · ·
d Total (add lines 1b and 1c)	limited to t				oove			865,829. ceived more than	NON \$100,000 of	E 283,692
Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo				e, I	key e				Yes No
For any individual listed on line 1a, is the organization and related organizations gr individual	eater than									4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y									on or individual	5
Complete this table for your five highest compensation from the organization. Report of year.										
(A) SEE SCHEDULE O Name and business add	dress							(B) Description of se	rvices	(C) Compensation
Total number of independent contractors (i)							L			

Par	t VIII	Statement of Revenue Check if Schedule O contain	s a respor	nse or note to an				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-5
ts,	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
Ě	С	Fundraising events	1c					
a E	d	Related organizations	1d					
Ţ	е	Government grants (contributions)	1e					
Sig.	f	All other contributions, gifts, grants	s,					
- E		and similar amounts not included above	e . 1f					
5	g	Noncash contributions included in						
9		lines 1a-1f						
, e	h	Total. Add lines 1a-1f			NONE			
				Business Code				
Revenue	2a	ELECTRIC SERVICE		221000	12,726,878.	12,726,878.		
e e	b	CAPITAL CREDITS		221000	213,365.	213,365.		
. E	С							
Re	d							
<u>"</u>	е							
-	f	All other program service revenue						
	g	Total. Add lines 2a-2f			12,940,243.			
	3	Investment income (including	,	· · · · · · · · · · · · · · · · · · ·				
		other similar amounts)			48,129.			48,12
	4	Income from investment of tax-ex			NONE			
	5	Royalties	(i) Real	(ii) Personal	NONE			
			.,					
	6a	Gross rents 6a	36,710.					
	b	Less: rental expenses 6b	3,605.					
	C	Rental income or (loss) 6c	33,105.					
	d 7-	Net rental income or (loss)	Securities	(ii) Other	33,105.			33,10
	7a	STOCK WITHOUT TOTAL	securiues	(II) Other				
		sales of assets		111 000				
_		other than inventory 7a		111,280.				
enne	b	Less: cost or other basis						
<u> </u>		and sales expenses 7b						

Other Reve c Gain or (loss) 7c d Net gain or (loss) 111,280. 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 8a 1c). See Part IV, line 18 b Less: direct expenses 8b NON NONE c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b NONE c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances 10a

Business Code

b _

Form **990** (2022)

192,814.

300.

c Net income or (loss) from sales of inventory.

d All other revenue e Total. Add lines 11a-11d

11a ALL OTHER MISC REVENUE

2,049.

12,942,292.

2,049.

300.

300.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part $\mathsf{IX}\$. (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 19,662 2 Grants and other assistance to domestic individuals. See Part IV, line 22 NONE 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 NONE 4 Benefits paid to or for members 669,889. Compensation of current officers, directors, trustees, and key employees 1,149,521. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE 684,653. 135,820. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 247,425. 9 Other employee benefits 151,148. 11 Fees for services (nonemployees): a Management NONE 22,182. 114,134. c Accounting 18,473. d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees $\boldsymbol{g}\ \, Other.$ (If line 11g amount exceeds 10% of line 25, column 31,377. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 28,355. 141,942. Information technology....... 127,439. 14 Royalties.... NONE 15 NONE 16 Occupancy NONE Payments of travel or entertainment expenses NONE for any federal, state, or local public officials 19 Conferences, conventions, and meetings 47,508. 611,658. 21 Payments to affiliates...... NONE 971,836. 22 Depreciation, depletion, and amortization 28,764. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 6,151,907. a COST OF PURCHASED POWER b REPAIRS & MAINTENANCE 755,590. c OPERATING EXPENSES 404,013. d CUSTOMER ACCOUNTS 188,911. 299,941. e All other expenses _ 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the 13,002,148. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

JSA

following SOP 98-2 (ASC 958-720)

Form **990** (2022)

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	375,069.	1	634,576.
2	Savings and temporary cash investments	1,329,989.	2	201,053.
3	Pledges and grants receivable, net	NONE	3	NON
4	Accounts receivable, net	815,050.	4	1,295,933
5	Loans and other receivables from any current or former officer, director,	·		
-	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
7	Notes and loans receivable, net	7,594,128.	7	6,694,929
8	Inventories for sale or use	505,968.	-	635,094
9	Prepaid expenses and deferred charges	61,498.	9	65,076
	Land, buildings, and equipment: cost or other	01,130.		00,010
104	basis. Complete Part VI of Schedule D 10a 39,042,987.			
h	Less: accumulated depreciation	27,090,869.	10c	28,030,190.
11	Investments - publicly traded securities.	NONE		NON!
12	Investments - other securities. See Part IV, line 11	5,514,925.		5,503,954.
13	Investments - program-related. See Part IV, line 11.	NONE		NON:
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	286,032.		173,091
16	· · · · · · · · · · · · · · · · · · ·	43,573,528.		43,233,896
_	Total assets. Add lines 1 through 15 (must equal line 33)			
17	Accounts payable and accrued expenses	1,420,408.		1,557,175.
18	Grants payable	NONE		NON
19	Deferred revenue	275,659.		99,443
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE		NON:
23	Secured mortgages and notes payable to unrelated third parties	27,040,937.	23	26,246,386.
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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	142,534.	25	139,093.
26	Total liabilities. Add lines 17 through 25	28,879,538.	26	28,042,097.
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	NONE	29	NON
30	Paid-in or capital surplus, or land, building, or equipment fund	NONE		NON
31	Retained earnings, endowment, accumulated income, or other funds	14,693,990.	31	15,191,799
32	Total net assets or fund balances	14,693,990.	32	15,191,799
33	Total liabilities and net assets/fund balances	43,573,528.	33	43,233,896.

Form 990 (2022)

Part XI Reconciliation of Net Assets . . Х Check if Schedule O contains a response or note to any line in this Part XI 13,135,106. 1 2 <u>13,002,148</u>. 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 14,693,99<u>0</u>. -7,437. 5 6 7 8 372,288 Other changes in net assets or fund balances (explain on Schedule O). 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 15,191,799. 10 Part XII Financial Statements and Reporting Yes Nο Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Consolidated basis Both consolidated and separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.... 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b

Form 990 (2022)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

1	RITON VALLEY ELECTRIC COOPERATIVE			À 1	
	Organizations Maintaining Donor Ad			Accounts.	
	Complete if the organization answere				
		(a) Donor advised	funds	(b) Funds and other account	ts
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor	or advisors in writing that	the assets held	in donor advised	
	funds are the organization's property, subject to the	ne organization's exclusive	legal control?	Yes	L No
	Did the organization inform all grantees, donors,	and donor advisors in wri	ting that grant f	unds can be used	
	only for charitable purposes and not for the ben	efit of the donor or donor	advisor, or for a	any other purpose	
	conferring impermissible private benefit?			Yes	No
2	t Conservation Easements.				
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 7.		
	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (for examp	le, recreation or education)	Preservation	of a historically important lan	d area
	Protection of natural habitat	, [of a certified historic structure	
	Preservation of open space	_			
	Complete lines 2a through 2d if the organization	held a qualified conservation	on contribution in	the form of a conservation	
	easement on the last day of the tax year.	7		Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easemer			2b	
c	Number of conservation easements on a certified			2c	
d	Number of conservation easements included in (. ,	20	
u	a historic structure listed in the National Register	, ,	,	2d	
	Number of conservation easements modified, tr				lurina t
	•	ansierieu, releaseu, exting	juisileu, or term	mated by the organization t	iuiling t
	tax year				
	Number of states where property subject to cons				
	Does the organization have a written policy re				
	violations, and enforcement of the conservation e				
	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violation	ns, and enforcing	conservation easements during	the yea
	Amount of expenses incurred in monitoring, inspe	cting, handling of violations	, and enforcing c	onservation easements during	g the yea
	Does each conservation easement reported on line				
	and section 170(h)(4)(B)(ii)?				∟ N
	In Part XIII, describe how the organization r			•	
	halance cheet and include if annlicable the te		organization's fir	nancial statements that desc	
	The state of the s		0		cribes tr
	organization's accounting for conservation easem	ents.			cribes tr
	organization's accounting for conservation easement III Organizations Maintaining Collection	ents. is of Art, Historical Trea	sures, or Othe	r Similar Assets.	cribes tr
	organization's accounting for conservation easem	ents. is of Art, Historical Trea	sures, or Othe	r Similar Assets.	cribes th
Pa	organization's accounting for conservation easem Tt III Organizations Maintaining Collection Complete if the organization answere	ents. ns of Art, Historical Trea d "Yes" on Form 990, Pa	sures, or Othe art IV, line 8.		
Pa	organization's accounting for conservation easem Tt III Organizations Maintaining Collection Complete if the organization answere	ents. ns of Art, Historical Trea d "Yes" on Form 990, Pa	sures, or Othe art IV, line 8.		
Pa a	organization's accounting for conservation easem Telli Organizations Maintaining Collection Complete if the organization answere If the organization elected, as permitted under F of art, historical treasures, or other similar ass service, provide in Part XIII the text of the footnote	ents. Is of Art, Historical Trea d "Yes" on Form 990, Pa FASB ASC 958, not to rep ets held for public exhib e to its financial statements	esures, or Othe art IV, line 8. Fort in its revenu- tion, education, that describes t	e statement and balance sh or research in furtherance hese items.	eet worl
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2	Provide the estimated	percentage of	the current vear	end balance (lir	ne 1a.	column (a)) held as:
-	i ionao mo oomiatoa	porconnago or	ine carroni jear	0114 24141100 (111	9,	001a11111 (a)) 1101a a01

- a Board designated or quasi-endowment
- **b** Permanent endowment
- c Term endowment ____

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a	Are there endowment funds not in the possession of the organization that are held and administered for the		
	organization by:		Yes
	(i) Unrelated organizations	3a(i)	
	(ii) Related organizations	3a(ii)	

If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?...... b Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.												
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value								
1a Land	7,596.			7,596.								
b Buildings		35,254,474.	8,867,736.	26,386,738.								
c Leasehold improvements												
d Equipment		3,726,500.	2,126,703.	1,599,797.								
e Other		54,418.	18,359.	36,059.								
Total. Add lines 1a through 1e. (Column (d) must	t equal Form 990, Part	X, column (B), line 10	Oc.)	28,030,190.								

Schedule D (Form 990) 2022

No

Part VII Investments - Other Securities. Complete if the organization answered		Part IV. line 11b. See Form 990	. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuar Cost or end-of-year mark	tion:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PATRONAGE CAPITAL ALLOCATIONS	5,157,219.	COST	
(B) CAPITAL TERM CERTIFICATES	318,545.	FMV	
(C) ASSOCIATED ORGANIZATIONS	28,190.	COST	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	5,503,954.		
Part VIII Investments - Program Related. Complete if the organization answered	l "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 valuar Cost or end-of-year mark	tion:
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
	scription	, 1 41117, 1110 114. 000 1 01111 000	(b) Book value
(1)	зеприон		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15)		
Part X Other Liabilities. Complete if the organization answered	·		m 990 Part X
line 25.		, , a.c.iv, iiilo 110 01 111. 000 1 01	
	otion of liability		(b) Book value
(1) Federal income taxes			
(2)CONSUMER DEPOSITS			139,093
(3)			

1. (a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)CONSUMER DEPOSITS		139,093.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. ((B) line 25.)	139,093.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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chedule D (Form 990) 2022 CHARITON VALLEY ELECTRIC COOPERATIVE	42-0625814 Page
art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in EE SUPPLEMENTAL PAGE	nformation.

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 42-0625814

CHAI	RITON VALLEY ELECTRIC COOPERATIVE 42	-0625814							
Part	Questions Regarding Compensation								
		_		Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person lister	d on Form							
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel Housing allowance or residence for personal use								
	Travel for companions Payments for business use of personal residence								
	Tax indemnification and gross-up payments Health or social club dues or initiation fees								
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding or reimbursement or provision of all of the expenses described above? If "No," complete F explain	Part III to	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurre								
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked	,							
	1a?		2						
3	Indicate which, if any, of the following the organization used to establish the compensation of the		_						
Ü	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used	bv a							
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	·							
	Compensation committee Written employment contract								
	Independent compensation consultant X Compensation survey or study								
	Form 990 of other organizations X Approval by the board or compensation cor	nmittee							
4									
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filir organization or a related organization:	.g							
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 F	art III.							
	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 a	ccrue any							
	compensation contingent on the revenues of:								
а	The organization?		5a						
b	Any related organization?		5b						
	If "Yes" on line 5a or 5b, describe in Part III.								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or a	ccrue anv							
	compensation contingent on the net earnings of:	,							
а	The organization?		6a						
b	· ·		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 s								
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes,"								
	in Part III		8						
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure de-								
	Regulations section 53.4958-6(c)?		9						

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

Schedule J (Form 990) 2022

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(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
LEILANI TODD	(i)	176,021.	NONE	NONE	31,403.	25,792.	233,216.	
1 GENERAL MANAGER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
TRUDY GRADE	(i)	116,896.	NONE	NONE	21,153.	21,394.	159,443.	
2 FINANCE MANAGER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i) (ii)							
	+							
45	(i) (ii)							
15								
46	(i) (ii)							
16	(II)							

Schedule J (Form 990) 2022

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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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CHARITON VALLEY ELECTRIC COOPERATIVE

Employer identification number 42-0625814

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.

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 THEROF 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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2022)

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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.

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

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

CHARITON VALLEY <u>ELECTRIC COOPERATIVE</u>

Employer identification number 42-0625814

INTEREST AND TAKE APPROPRIATE ACTION IF ANY DIRECTOR OF THE

COOPERATIVE HAS BEEN DEEMED NOT ADHEARING 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 ORGANIZATION WITH WHICH THE

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

THE GENERAL MANAGER REQUESTED SALARY COMPARABILITY DATA FROM NRECA. THE GENERAL MANAGER AND H/R COORDINATOR DISCUSSED SALARY CONSIDERATIONS AND AUTHORIZED THE ANNUAL SALARIES.

DIRECTOR OR EMPLOYEE IS AFFILIATED OR HAS A FINANCIAL INTEREST.

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

THE BOARD PRESIDENT REQUESTED SALARY COMPARABILITY DATA FROM NRECA. THE FULL BOARD OF DIRECTORS CONDUCTED A PERFORMANCE REVIEW, DISCUSSED SALARY CONSIDERATIONS AND AUTHORIZED THE ANNUAL SALARIES.

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.

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 \$ 669,889

PATRONAGE CREDITS RETIRED (296,681)

OTHER CHANGES IN PATRONAGE CAPITAL (714)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2022)

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 42-0625814

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.

CHARITON VALLEY ELECTRIC COOPERATIVE

EQUITY EARNINGS A PRIME LLC

EQUITY EARNINGS IN SUBSIDIARY

86 -----

(292)

372,288 TOTAL

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2022)

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Schedule O (Form 990 or 990-EZ) 2022 Page 2

Name of the organization Employer identification number 42-0625814 CHARITON VALLEY ELECTRIC COOPERATIVE

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES	T PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HIGHLINE CONSTRUCTION INC 16124 OLD LAKE RD PAYNESVILLE, IA 56362	SYSTEM IMPROVEMENTS	145,522

VEGETATION MANAGEMEN

Schedule O (Form 990 or 990-EZ) 2022 JSA

CR ENVIRONMENTAL INC 1847 100TH ST CORYDON, IA 50060

558,417.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

CHARITON VALLEY ELECTRIC COOPERATIVE

Employer identification number 42-0625814

Part I	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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II (a)
Name, address, and EIN of related organization (c) Legal domicile (state (g) Section 512(b)(13) controlled entity? Direct controlling Primary activity Public charity status Exempt Code section or foreign country) (if section 501(c)(3)) entity Yes No (1) (2) (3) (4) (5) (6) (7)

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

Schedule R (Form 990) 2022

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

boodado kitad ono or moro rolatod organizationo trodica do a partiformip daring 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	Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(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)	Gene man part	i) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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)		(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		i) ction b)(13) rolled tity?
								Yes	No
(1) CHARITON VALLEY SERVICES COMPANY 42-1509588								1 1	
2090 HWY 5 SOUTH ALBIA, IA 52531	INVESTMENT	IA	CVEC	C-CORP	8.	16,613.	100.0000	Х	
(2)									
	1								
(3)								П	_
	1								
(4)								П	_
7.7	1								
(5)									_
1-7	1								
(6)								П	_
	1								
(7)								\Box	_
1.1	1								

Schedule R (Form 990) 2022

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Not	te: 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 listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a		Х
b	Gift, grant, or capital contribution to related organization(s)		1b		Х
	Gift, grant, or capital contribution from related organization(s).		1c		X
	Loans or loan guarantees to or for related organization(s)		1d		Х
	Loans or loan guarantees by related organization(s)		1e		Х
f	Dividends from related organization(s)		1f		
			1g		Х
	Purchase of assets from related organization(s).		1h		Х
i	Exchange of assets with related organization(s).		1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).		1j		Х
•	, , ,				
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)		11		Х
m	n Performance of services or membership or fundraising solicitations by related organization(s).		1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х	
	Sharing of paid employees with related organization(s)		10		Х
	3 (,,				
р	Reimbursement paid to related organization(s) for expenses.		1p		Х
	Reimbursement paid by related organization(s) for expenses		1q		Х
•					
r	Other transfer of cash or property to related organization(s)		1r		Х
	Other transfer of cash or property from related organization(s).		1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans	action thre	shold	ls.	
	(a) (b) (c) Name of related organization Transaction Amount involved	14-15-4	(d)		
	Name of related organization Transaction Amount involved type (a - s)	Method	unt inv		ıg
(1)					
(2)					

(6) JSA 2E1309 1.000

(4)

Schedule R (Form 990) 2022

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

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

	(a) 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 sections 512 - 514)	Are all sec 501(organiz		(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)	Gene	i) eral or aging ner?	(k) Percentage ownership
				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)														

Schedule R (Form 990) 2022

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Eor	99()-T	E>	(en	npt Organiza					rn	L	OMB No. 1545-0047		
FUI	III 3 3 3	•	For cale	ndar v	(and pro) year 2022 or other tax yo	xy tax under s		•		2022	2	2022		
	artment of th					Form990T for instruct				_	_	Open to Public Inspection for 501(c)(3)		
_	rnal Revenue		Do	_	enter SSN numbers on th						<u>Ļ</u>	Organizations Only		
A Check box if address changed.				Name of organization (Check box if name changed and see instructions.)							Employer identification number			
_			Duint	-	ARITON VALLEY					_		625814		
	xempt unde		Print or	(se						oup exemption number e instructions)				
Σ	501(C)(12)	Type	<u> </u>	O TRUDY GRADE							,		
	408(e)	220(e)	••	City	or town, state or province	ce, country, and ZIP or for	eigr	postal code						
	408A	530(a)		ALI	BIA, IA 52531					F		Check box if an amended return.		
	529(a)	529A	C Boo	k valu	ue of all assets at end of ye	ear	<u></u>		43233896.	<u>L</u> ,		an amonada rotam.		
		janization t	, ,	Х	501(c) corporation	501(c) trust		401(a) trust	Other trus	t	St	tate college/university		
		iling only to			Claim credit from Fo			Claim a refund						
1	Check if a	501(c)(3)	organiza	ation	filing a consolidated r	return with a 501(c)(2) titl	eholding corporation	on					
J	Enter the	number of	attached	Sche	edules A (Form 990-T)	<u> </u>								
K	During the	e tax year,	was the	corpo	oration a subsidiary in	ı an affiliated group or	ар	arent-subsidiary co	ntrolled group?			Yes X N		
	If "Yes," e	nter the na	ame and	ident	tifying number of the p	parent corporation								
L	The books	are in care	of]	rrui	DY GRADE			Telephone	number 64	1-9	32-	7126		
			2	2090	0 HGHWY 5 SOUT	ГН								
			I	ALBI	IA, IA 52531									
P	arti To	tal Unre	lated E	Busi	ness Taxable Inco	ome								
1	Total	of unrelat	ed busir	ness	taxable income co	mputed from all u	nre	lated trades or	businesses (s	ee				
	instruc	tions)								[1			
2	Reserv	ed								[2			
3	Add lin	es 1 and 2								[3			
4	Charita	able contrib	utions (s	see ir	nstructions for limitation	n rules)				[4			
5	Total u	nrelated bi	usiness t	axab	ole income before net	operating losses. Subtr	ract	line 4 from line 3		[5			
6	Deduct	ion for net	operatin	g los	ss. See instructions					[6			
7	Total	of unrelat	ed busir	ness	taxable income be	fore specific deduc	tion	and section 1	99A deduction	n.				
	Subtra	ct line 6 fro	m line 5								7			
8	Specifi	c deductio	n (gener	ally \$	1,000, but see instruc	ctions for exceptions) .				[8			
9	Trusts.	Section 1	99A dedi	uction	n. See instructions					[9			
10	Total o	leductions.	Add line	s 8 a	and 9					[10			

Part | Tax Computation

NONE Form **990-T** (2022)

4

5

6

7

NONE

NONE

Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041).

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	990-1 (2)	·			42-0625	DI4 Page 2
Par		Tax and Payments				
1a	Foreign	n tax credit (corporations attach Form 1118; trusts att	ach Form 1116) 1a			
b	Other of	credits (see instructions)	1b	1		
С	Genera	Il business credit. Attach Form 3800 (see instructions)	1c	:		
d	Credit f	for prior year minimum tax (attach Form 8801 or 882)	') <u>1</u> d			
е	Total c	redits. Add lines 1a through 1d			1e	
2	Subtrac	ct line 1e from Part II, line 7			2	NONE
3		mounts due. Check if from: Form 4255 Form 86	611 Form 8697 Form	8866	2	
	T-4-14				3	
4		ax. Add lines 2 and 3 (see instructions) Check	, ,			NONE
_		1294. Enter tax amount here			. 4	NONE
		t net 965 tax liability paid from Form 965-A, Part II, co	1.	1	5	
	-	nts: A 2021 overpayment credited to 2022				
		stimated tax payments. Check if section 643(g) elect				
		posited with Form 8868				
	-	organizations: Tax paid or withheld at source (see in				
		withholding (see instructions)		_		
		for small employer health insurance premiums (attach				
g	Other c	redits, adjustments, and payments: Form 2439				
	F	orm 4136 Other	Total _6g			
7	Total p	ayments. Add lines 6a through 6g			7	
8	Estima	ted tax penalty (see instructions). Check if Form 2220	is attached		8	
9		e. If line 7 is smaller than the total of lines 4, 5, and 8				NONE
10	Overpa	yment. If line 7 is larger than the total of lines 4, 5, a	and 8, enter amount overpaid.		10	
11	Enter th	e amount of line 10 you want: Credited to 2023 estimated t		Refunde		
Par	l IV	Statements Regarding Certain Activ	ities and Other Inform	nation (see instruc	tions)	
1	At any	time during the 2022 calendar year, did the	organization have an intere	st in or a signature	e or other authori	ty Yes No
	over a	financial account (bank, securities, or other) i	n a foreign country? If "Ye	es," the organization	n may have to fi	ie
	FinCEN	Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," e	nter the name of t	the foreign count	ry
	here _					_ X
2	During	the tax year, did the organization receive a distrib	oution from, or was it the gr	antor of, or transfero	r to, a foreign trust	t? X
	If "Yes,	" see instructions for other forms the organization ma	y have to file.			
		he amount of tax-exempt interest received or accrued				_
4	Enter a	vailable pre-2018 NOL carryovers here \$	Do not include	any post-2017 NOL ca	arryover	
	shown	on Schedule A (Form 990-T). Don't reduce	the NOL carryover shown	here by any ded	uction reported o	n
	Part I, Ii	ne 6.				
5	Post-20	017 NOL carryovers. Enter the Business Activi	ty Code and available pos	st-2017 NOL carryo	overs. Don't reduc	e
	the am	ounts shown below by any NOL claimed on any Sche	dule A, Part II, line 17 for the ta	ax year. See instruction	IS.	_
		Business Activity Code		Available post-201	17 NOL carryover	_
			\$			_
			\$			_
			\$			_
			\$			
6a	Did the	organization change its method of accounting? (see	instructions)			. X
b	If 6a	is "Yes," has the organization described the	change on Form 990, 990)-EZ, 990-PF, or Fo	orm 1128? If "No	ı,"
	explain	in Part V				-
Part		Supplemental Information				
Provid	de the ex	xplanation required by Part IV, line 6b. Also, provide a	ny other additional information	See instructions.		
		der penalties of perjury, I declare that I have examined this				
Sign	1 Dell	ef, it is true, correct, and complete. Declaration of preparer (o	ther than taxpayer) is based on all r	mormation of which prep	May the IRS disc	
Here					with the preparer	
		nature of officer Di	ate Title		(see instructions)? X	
			arer's signature	Date	Check if PTIN	
Paid		JOE R LYNN	JOE R LYNN			1270416
Prep		Firm's name FORVIS, LLP				160260
Use	Only		TE 350, WEST DES M		Phone no. 515-223	
JSA			ID 550, WEST DES II	OIMED, IN J		990-T (2022
2X274	1 1.000				FOIII	200-1 (2022

FEDERAL FOOTNOTES

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC $\S512$ (A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

STATEMENT 1

SCHEDULE O (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. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number CHARITON VALLEY ELECTRIC COOPERATIVE 42-0625814 Part I Apportionment Plan Information Type of controlled group: a X Parent-subsidiary group b Brother-sister group Combined group Life insurance companies only This corporation has been a member of this group: X For the entire year. From ____ , until _ This corporation consents and represents to: a 🐰 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 $\underline{12/31/2022}$, and for all succeeding tax years. Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted ____, and for all succeeding tax years. plan, which was in effect for the tax year ending_ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan. Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on ___ succeeding tax years. 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment Elected by the component members of the group. Required for the component members of the group. If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions). No apportionment plan is in effect and none is being adopted. An apportionment plan is already in effect. It was adopted for the tax year ending 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 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 resulting deficiency? See instructions. a Yes. The statute of limitations for this year will expire on ___ (i) , this corporation entered into an agreement with the Internal Revenue Service to (ii) extend the statute of limitations for purposes of assessment until No. The members may not adopt or amend an apportionment plan. If the corporation has a short tax year that does not include December 31, check the box. See instructions. For Paperwork Reduction Act Notice, see Instructions for Form 1120. Schedule O (Form 1120) (Rev. 12-2018)

JSA

				Apportionment				
(a) Group member's nam employer identification i	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other				
CHARITON VALLEY ELECTRIC COOPERATIVE, INC.	42-0625814	2022-12	NONE	NONE	NONE			
CHARITON VALLEY SERVICES COMPANY	42-1509588	2022-12	NONE	NONE	NONE			

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

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