

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning , 2023, and ending , 20																	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td><b>C</b> Name of organization <b>CHARITON VALLEY ELECTRIC COOPERATIVE INC</b></td><td><b>D</b> Employer identification number <b>42-0625814</b></td></tr><tr><td>Doing business as</td><td></td></tr><tr><td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2090 HIGHWAY 5 SOUTH</b></td><td><b>E</b> Telephone number <b>(641) 932-7126</b></td></tr><tr><td>City or town, state or province, country, and ZIP or foreign postal code <b>ALBIA, IA 52531</b></td><td><b>G</b> Gross receipts \$ <b>14,017,193</b></td></tr><tr><td><b>F</b> Name and address of principal officer: <b>TROY AMOSS</b> <b>SAME AS C ABOVE</b></td><td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number</td></tr><tr><td><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>12</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td><td></td></tr><tr><td><b>J</b> Website: <b>WWW.CVREC.COM</b></td><td></td></tr><tr><td><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td><td><b>L</b> Year of formation: <b>1945</b> <b>M</b> State of legal domicile: <b>IA</b></td></tr></table>	<b>C</b> Name of organization <b>CHARITON VALLEY ELECTRIC COOPERATIVE INC</b>	<b>D</b> Employer identification number <b>42-0625814</b>	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2090 HIGHWAY 5 SOUTH</b>	<b>E</b> Telephone number <b>(641) 932-7126</b>	City or town, state or province, country, and ZIP or foreign postal code <b>ALBIA, IA 52531</b>	<b>G</b> Gross receipts \$ <b>14,017,193</b>	<b>F</b> Name and address of principal officer: <b>TROY AMOSS</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number	<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>12</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: <b>WWW.CVREC.COM</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>1945</b> <b>M</b> State of legal domicile: <b>IA</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE PUBLIC UTILITY TO ITS MEMBERS.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>28</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,940,243	13,847,779
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,409	107,286
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,454	31,431
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,135,106	13,986,496
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	19,662	25,874
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	669,889	774,785
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	2,368,567	2,481,892
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,944,030	10,199,472
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,002,148	13,482,023
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	132,958	504,473
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	43,233,896	43,885,552
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	28,042,097	27,712,588
			15,191,799	16,172,964

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date			
	<b>KENNY VANDENBERG, BOARD PRESIDENT</b>					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JOE LYNN</b>		<i>JOE LYNN</i>	<b>09/17/2024</b>		<b>P01270416</b>
	Firm's name <b>FORVIS MAZARS, LLP</b>		Firm's EIN <b>44-0160260</b>			
	Firm's address <b>1401 50TH STREET SUITE 350, WEST DES MOINES, IA 50266-5935</b>		Phone no. <b>(515) 223-0159</b>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:  
TO PROVIDE PUBLIC UTILITY TO ITS MEMBERS.
- 
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PROVIDING ELECTRIC SERVICE TO ITS MEMBERS.

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

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 0

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	✓
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b>	✓
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> 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 . . . . .	<b>10</b>	✓
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	✓
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	✓
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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 . . . . .	<b>14b</b>	✓
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b>	✓
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	✓

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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 . . . . .	<b>22</b>	✓
<b>23</b> 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 . . . . .	<b>23</b>	✓
<b>24a</b> 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 . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	
<b>b</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 . . . . .	<b>25b</b>	
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> 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 . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> 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 . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> 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 . . . . .	<b>33</b>	✓
<b>34</b> 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 . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	
<b>37</b> 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 . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	31
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)				Yes	No
<b>2a</b>	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	<b>2a</b>	28		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	13,351,531		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	629,713		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	<b>17</b>			



**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 ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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 on Schedule O.		
<b>1b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b> 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? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		

**Section C. Disclosure**

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

**18** 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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on 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.

**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, (641) 932-7126

**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 any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TROY AMOSS CEO	40.0			✓				142,776	0	47,934
(2) TRUDY GRADE FINANCE MANAGER	40.0			✓				121,912	0	46,830
(3) KILE OVERMEYER LINEMAN	43.0					✓		115,602	0	40,135
(4) JARED SHAW LINE SUPERINTENDENT	42.0					✓		109,740	0	38,682
(5) RYAN ROMANCO LINEMAN	40.0					✓		108,146	0	24,543
(6) KYLE KIRCHNER LINEMAN	40.0					✓		100,879	0	29,793
(7) LEILANI TODD GENERAL MANAGER	40.0			✓				61,933	0	14,750
(8) NORM MAJOR SECRETARY	10.0			✓				9,750	0	0
(9) MARCHELLE BROWN TREASURER	6.0			✓				9,313	0	0
(10) RICHARD WELSH DIRECTOR	5.0	✓						8,000	0	0
(11) KENNETH VANDENBERG PRESIDENT BEG 08/23	4.0			✓				6,813	0	0
(12) WESLEY GREEN DIRECTOR	4.0	✓						6,750	0	0
(13) JOHN HOUSER DIRECTOR	3.0	✓						6,250	0	0
(14) RANDY GOTTSCHALK VICE PRESIDENT	2.0			✓				5,500	0	0

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JERRY DURIAN DIRECTOR	2.0	✓						3,250	0	0
(16) KARLA HEFFRON DIRECTOR	2.0	✓						2,750	0	0
(17) MICHAEL MILLER PRESIDENT END 08/23	1.0			✓				2,500	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								821,864	0	242,667
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								821,864	0	242,667

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 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
CR ENVIRONMENTAL INC, 1847 100TH ST, CORYDON, IA 50060	VEGETATION MANAGEMENT	824,303

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		0			
<b>Program Service Revenue</b>				Business Code			
	<b>2a</b>	ELECTRIC SERVICE	221000	13,272,966	13,272,966		
	<b>b</b>	CAPITAL CREDITS	221000	574,813	574,813		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . .		0	0	0	0
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		13,847,779				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		49,326			49,326
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real (ii) Personal				
	<b>6b</b>	Less: rental expenses					
	<b>6c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . .		29,593		29,593	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>7b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>7c</b>	Gain or (loss) . . . . .		0	57,960		
	<b>d</b>	Net gain or (loss) . . . . .		57,960		57,960	
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
	<b>8b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>9b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		26,187				
<b>10b</b>	Less: cost of goods sold . . . . .		24,349				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		1,838	1,838			
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	0
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			13,986,496	13,849,617	0	136,879

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	25,874			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .	774,785			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	652,746			
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,067,776			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	220,870			
<b>9</b> Other employee benefits . . . . .	383,799			
<b>10</b> Payroll taxes . . . . .	156,701			
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	23,178			
<b>c</b> Accounting . . . . .	115,559			
<b>d</b> Lobbying . . . . .	7,569			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	56,993			
<b>12</b> Advertising and promotion . . . . .	33,556			
<b>13</b> Office expenses . . . . .	176,575			
<b>14</b> Information technology . . . . .	111,072			
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	64,031			
<b>20</b> Interest . . . . .	649,597			
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,014,108			
<b>23</b> Insurance . . . . .	30,213			
<b>24</b> 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.) . . . . .				
<b>a</b> COST OF PURCHASED POWER . . . . .	6,520,121			
<b>b</b> REPAIRS & MAINTENANCE . . . . .	885,080			
<b>c</b> OTHER EXPENSES . . . . .	274,350			
<b>d</b> CUSTOMER ACCOUNTS . . . . .	170,649			
<b>e</b> All other expenses . . . . .	66,821			
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	13,482,023			
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	634,576	<b>1</b>	535,575
	<b>2</b> Savings and temporary cash investments . . . . .	201,053	<b>2</b>	153,797
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,295,933	<b>4</b>	1,333,380
	<b>5</b> 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	6,694,929	<b>7</b>	5,869,255
	<b>8</b> Inventories for sale or use . . . . .	635,094	<b>8</b>	599,552
	<b>9</b> Prepaid expenses and deferred charges . . . . .	65,076	<b>9</b>	73,715
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 40,858,454		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 11,498,979	28,030,190	<b>10c</b> 29,359,475
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	5,503,954	<b>12</b>	5,832,114
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	173,091	<b>15</b>	128,689
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	43,233,896	<b>16</b>	43,885,552	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,557,175	<b>17</b>	1,377,016
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	99,443	<b>19</b>	34,607
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	26,246,386	<b>23</b>	26,163,703
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	139,093	<b>25</b>	137,262
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	28,042,097	<b>26</b>	27,712,588
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	15,191,799	<b>31</b>	16,172,964
<b>32</b> Total net assets or fund balances . . . . .	15,191,799	<b>32</b>	16,172,964	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	43,233,896	<b>33</b>	43,885,552	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,986,496
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,482,023
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	504,473
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	15,191,799
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,049
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	471,643
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	16,172,964

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</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.		

Form **990** (2023)

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

CHARITON VALLEY ELECTRIC COOPERATIVE INC

Employer identification number

42-0625814

Part 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
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.	
a	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 on line 2a . . . . .	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a	Revenue included on Form 990, Part VIII, line 1 . . . . .	\$ . . . . .
b	Assets included in Form 990, Part X . . . . .	\$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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 solicit or receive donations 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? ☐ Yes ☐ No

**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.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**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:

**(i)** Unrelated organizations? ☐ Yes ☐ No

**(ii)** Related organizations? ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**4** 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
<b>1a</b> Land . . . . .	7,596			7,596
<b>b</b> Buildings . . . . .		36,860,584	9,271,467	27,589,117
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		3,921,009	2,209,153	1,711,856
<b>e</b> Other . . . . .		69,265	18,359	50,906
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				29,359,475



**Part VII Investments—Other Securities**

Complete if the organization answered "Yes" on Form 990, 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 valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other . . . . .		
(A) PATRONAGE CAPITAL ALLOCATIONS . . . . .	5,496,086	COST
(B) CAPITAL TERM CERTIFICATES . . . . .	318,545	END OF YEAR MARKET VALUE
(C) ASSOCIATED ORGANIZATIONS . . . . .	17,483	COST
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	5,832,114	

**Part VIII Investments—Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes . . . . .	
(2) CONSUMER DEPOSITS . . . . .	137,262
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	137,262

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 ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part 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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE STATEMENT](#)

## Part XIII

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
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 J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHARITON VALLEY ELECTRIC COOPERATIVE INC

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

42-0625814

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TROY AMOSS CEO	(i) 142,776	(ii) 0	(iii) 0	20,143	27,791	190,710	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	TRUDY GRADE FINANCE MANAGER	(i) 121,912	(ii) 0	(iii) 0	23,218	23,612	168,742	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	KILE OVERMEYER LINEMAN	(i) 115,602	(ii) 0	(iii) 0	14,410	25,725	155,737	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4		(i)	(ii)	(iii)				
		(ii)						
5		(i)	(ii)	(iii)				
		(ii)						
6		(i)	(ii)	(iii)				
		(ii)						
7		(i)	(ii)	(iii)				
		(ii)						
8		(i)	(ii)	(iii)				
		(ii)						
9		(i)	(ii)	(iii)				
		(ii)						
10		(i)	(ii)	(iii)				
		(ii)						
11		(i)	(ii)	(iii)				
		(ii)						
12		(i)	(ii)	(iii)				
		(ii)						
13		(i)	(ii)	(iii)				
		(ii)						
14		(i)	(ii)	(iii)				
		(ii)						
15		(i)	(ii)	(iii)				
		(ii)						
16		(i)	(ii)	(iii)				
		(ii)						

<b>SCHEDULE O (Form 990)</b>  Department of Treasury Internal Revenue Service	<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; margin: 0;">2023</div> Open to Public Inspection
Name of the Organization <b>CHARITON VALLEY ELECTRIC COOPERATIVE INC</b>		Employer Identification Number <b>42-0625814</b>

Return Reference - Identifier	Explanation										
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	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, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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 ORGANIZATION WITH WHICH THE DIRECTOR OR EMPLOYEE IS AFFILIATED OR HAS A FINANCIAL INTEREST.										
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE GENERAL MANAGER REQUESTED SALARY COMPARABILITY DATA FROM NRECA. THE GENERAL MANAGER AND H/R COORDINATOR DISCUSSED SALARY CONSIDERATIONS AND AUTHORIZED THE ANNUAL SALARIES.										
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>PATRONAGE CREDITS ALLOCATED</td><td>774,785</td></tr> <tr> <td>PATRONAGE CREDITS RETIRED</td><td>- 312,474</td></tr> <tr> <td>CHANGE IN OTHER CAPITAL</td><td>9,274</td></tr> <tr> <td>EQUITY EARNINGS A PRIME LLC</td><td>58</td></tr> </table>	(a) Description	(b) Amount	PATRONAGE CREDITS ALLOCATED	774,785	PATRONAGE CREDITS RETIRED	- 312,474	CHANGE IN OTHER CAPITAL	9,274	EQUITY EARNINGS A PRIME LLC	58
(a) Description	(b) Amount										
PATRONAGE CREDITS ALLOCATED	774,785										
PATRONAGE CREDITS RETIRED	- 312,474										
CHANGE IN OTHER CAPITAL	9,274										
EQUITY EARNINGS A PRIME LLC	58										



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHARITON VALLEY ELECTRIC COOPERATIVE INC

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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) .....					

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

**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	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)(SEE STATEMENT)-----									
(2)-----									
(3)-----									
(4)-----									
(5)-----									
(6)-----									
(7)-----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	✓
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	✓
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	✓
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	✓
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	✓
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITON VALLEY SERVICES COMPANY (42-1509588) 2090 HWY 5, SOUTH ALBIA, IA 52531	INVESTMENT	IA	CVEC	C CORPORATION	8	0	100.00	✓	

# TAX RETURN FILING INSTRUCTIONS

Form 990-T

**FOR THE YEAR ENDING**

December 31, 2023

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**Prepared For:**

Chariton Valley Electric Cooperative Inc  
2090 HIGHWAY 5 SOUTH, ALBIA, IA  
52531

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**Prepared By:**

Forvis Mazars, LLP  
1401 50th Street Suite 350  
West Des Moines, IA 50266-5935

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**Amount Due or Refund:**

There is no tax due for the current year.

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**Make Amount Due Using:**

Internal Revenue Service - Electronic Funds Transfer Payment System (EFTPS)

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**Tax Return Processed For:**

Electronic filing

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**E-File Authorization Form Must Be Returned On or Before:**

November 15, 2024

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**Special Instructions:**

This return has been prepared for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to

[efilenw@us.forvismazars.com](mailto:efilenw@us.forvismazars.com)

We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return the signed e-file authorization form to us by November 15, 2024.



**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2023****Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**CHARITON VALLEY ELECTRIC COOPERATIVE INC**

EIN or SSN

**42-0625814**

Name and title of officer or person subject to tax

**KENNY VANDENBERG, BOARD PRESIDENT****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here . . . <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . <input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> <u>0</u>
<b>7a</b> Form 4720 check here . . . <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **FORVIS MAZARS, LLP** to enter my PIN 

2	5	8	1	4
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

4	2	4	3	0	8	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JOE LAMMDate 09/17/2024

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

OMB No. 1545-0047

2023

Department of the Treasury  
Internal Revenue Service

For calendar year 2023 or other tax year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CHARITON VALLEY ELECTRIC COOPERATIVE INC</b>	<b>D</b> Employer identification number <b>42-0625814</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C ) ( 12 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>2090 HIGHWAY 5 SOUTH</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>ALBIA, IA 52531</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year <b>43,885,552</b>	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <b>1</b>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of <b>TRUDY GRADE, 2090 HGHWY 5 SOUTH, ALBIA, IA 52531</b> Telephone number <b>(641) 932-7126</b>			

**Part I Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b>	<b>165</b>
<b>2</b> Reserved	<b>2</b>	
<b>3</b> Add lines 1 and 2	<b>3</b>	<b>165</b>
<b>4</b> Charitable contributions (see instructions for limitation rules)	<b>4</b>	<b>0</b>
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	<b>165</b>
<b>6</b> Deduction for net operating loss. See instructions	<b>6</b>	<b>0</b>
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	<b>165</b>
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	<b>165</b>
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions	<b>9</b>	<b>0</b>
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9	<b>10</b>	<b>165</b>
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	<b>0</b>

**Part II Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21)	<b>1</b>	<b>0</b>
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions	<b>3</b>	<b>0</b>
<b>4</b> Other tax amounts. See instructions	<b>4</b>	<b>0</b>
<b>5</b> Alternative minimum tax	<b>5</b>	<b>0</b>
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions	<b>6</b>	<b>0</b>
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b>	<b>0</b>

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	<b>0</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	<b>0</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	<b>0</b>	
<b>d</b> Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b> <b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	<b>0</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	<b>0</b>	
<b>3a</b> Amount due from Form 4255	<b>3a</b>		
<b>b</b> Amount due from Form 8611	<b>3b</b>		
<b>c</b> Amount due from Form 8697	<b>3c</b>		
<b>d</b> Amount due from Form 8866	<b>3d</b>		
<b>e</b> Other amounts due (see instructions)	<b>3e</b>	<b>0</b>	
<b>f</b> Total amounts due. Add lines 3a through 3e	<b>3f</b>	<b>0</b>	
<b>4</b> <b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here <b>0</b>	<b>4</b>	<b>0</b>	
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	<b>0</b>	

**Part III Tax and Payments** (continued)

<b>6a</b>	Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>		0
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>		0
<b>c</b>	Tax deposited with Form 8868 . . . . .	<b>6c</b>		0
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		0
<b>e</b>	Backup withholding (see instructions). . . . .	<b>6e</b>		0
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		0
<b>g</b>	Elective payment election amount from Form 3800 . . . . .			0
<b>h</b>	Payment from Form 2439 . . . . .	<b>6h</b>		0
<b>i</b>	Credit from Form 4136 . . . . .	<b>6i</b>		0
<b>j</b>	Other (see instructions) . . . . .	<b>6j</b>		0
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		0
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✓
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ . . . . . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
<b>6a</b> Reserved for future use . . . . .		
<b>b</b> Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOE LYNN	JOE LYNN	09/17/2024		P01270416
	Firm's name	Firm's EIN		Firm's address	
	FORVIS MAZARS, LLP	44-0160260		1401 50TH STREET SUITE 350, WEST DES MOINES, IA 50266-5935	
	Phone no.		(515) 223-0159		

Form **990-T** (2023)

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

Go to [www.irs.gov/Form990T](https://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization CHARITON VALLEY ELECTRIC COOPERATIVE INC	<b>B</b> Employer identification number 42-0625814
<b>C</b> Unrelated business activity code (see instructions) 221122	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ELECTRIC COOPERATIVE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0			
b	Less returns and allowances 0 c Balance	1c	0	
2	Cost of goods sold (Part III, line 8)	2	0	
3	Gross profit. Subtract line 2 from line 1c	3	0	0
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	0	0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0	0
c	Capital loss deduction for trusts	4c	0	0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	165	165
6	Rent income (Part IV)	6	0	0
7	Unrelated debt-financed income (Part V)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0
11	Advertising income (Part IX)	11	0	0
12	Other income (see instructions; attach statement)	12	0	0
13	Total. Combine lines 3 through 12	13	165	165

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1	Compensation of officers, directors, and trustees (Part X)	1		0
2	Salaries and wages	2		0
3	Repairs and maintenance	3		0
4	Bad debts	4		0
5	Interest (attach statement). See instructions	5		0
6	Taxes and licenses	6		0
7	Depreciation (attach Form 4562). See instructions	7	0	
8	Less depreciation claimed in Part III and elsewhere on return	8a	0	8b 0
9	Depletion	9		0
10	Contributions to deferred compensation plans	10		0
11	Employee benefit programs	11		0
12	Excess exempt expenses (Part VIII)	12		0
13	Excess readership costs (Part IX)	13		0
14	Other deductions (attach statement)	14		0
15	Total deductions. Add lines 1 through 14	15		0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		165
17	Deduction for net operating loss. See instructions	17		0
18	Unrelated business taxable income. Subtract line 17 from line 16	18		165

For Paperwork Reduction Act Notice, see instructions. Cat. No. 740360 Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	0
<b>2</b>	Purchases . . . . .	<b>2</b>	0
<b>3</b>	Cost of labor . . . . .	<b>3</b>	0
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .				0
<b>4</b> Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .				0

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement) . . . . .				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6 . . . . .				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .				0
<b>9</b> Allocable deductions. Multiply line 3c by line 6 . . . . .				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .				0
<b>11</b> <b>Total dividends — received deductions</b> included in line 10 . . . . .				0

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>				0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7



## Part IX Advertising Income

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A** ☐

**B** ☐

**C** ☐

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . 0

<b>3</b>	Direct advertising costs by periodical . . . .				
----------	--	--	--	--	--

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . 0

<p><b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . .</p>					
--	--	--	--	--	--

<b>5</b>	Readership costs . . . . .				
----------	----------------------------	--	--	--	--

<b>6</b>	Circulation income . . . . .				
----------	------------------------------	--	--	--	--

<b>7</b>	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
----------	---	--	--	--	--

8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . .				
---	--	--	--	--	--

**a** Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

**Total.** Enter here and on Part II, line 1 . . . . . 0

## Part XI Supplemental Information (see instructions)

[illegible]

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
A-PRIME, LLC			
(1) A-PRIME, LLC	165	0	165
Total	165	0	165

**SCHEDULE O  
(Form 1120)**(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form1120) for instructions and the latest information.**

OMB No. 1545-0123

Name <b>CHARITON VALLEY ELECTRIC COOPERATIVE INC</b>	Employer identification number <b>42-0625814</b>
---	---

**Part I Apportionment Plan Information**

- 1** Type of controlled group:
- a** ☒ Parent–subsidiary group
- b** ☐ Brother–sister group
- c** ☐ Combined group
- d** ☐ Life insurance companies only
- 2** This corporation has been a member of this group:
- a** ☒ For the entire year.
- b** ☐ From \_\_\_\_\_, 20\_\_\_\_\_, until \_\_\_\_\_, 20\_\_\_\_\_.
- 3** 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 12/31, 2023, 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 \_\_\_\_\_, 20\_\_\_\_\_, and for all succeeding tax years.
- c** ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d** ☐ 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 \_\_\_\_\_, 20\_\_\_\_\_, and for all 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 plan was:
- a** ☐ Elected by the component members of the group.
- 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 status of the group's apportionment plan (see instructions).
- a** ☐ No apportionment plan is in effect and none is being adopted.
- b** ☐ An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, 20\_\_\_\_\_, 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 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.
- (i)** ☐ The statute of limitations for this year will expire on \_\_\_\_\_, 20\_\_\_\_\_.
- (ii)** ☐ On \_\_\_\_\_, 20\_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_, 20\_\_\_\_\_.
- b** ☐ No. The members may not adopt or amend an apportionment plan.
- 7** ☐ 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.

Cat. No. 48100N

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

Part II

Apportionment (See instructions)

(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	23-12	0	0	0
2 CHARITON VALLEY SERVICES COMPANY	42-1509588	23-12	0	0	0
3					
4					
5					
6					
7					
8					
9					
10					
Total			0	0	0

Schedule K-1  
(Form 1065)

Department of the Treasury  
Internal Revenue Service

2023

For calendar year 2023, or tax year

beginning

ending

Partner's Share of Income, Deductions,  
Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

43-1886242

B Partnership's name, address, city, state, and ZIP code

A-Prime, LLC

2814 South Golden Avenue  
Springfield MO 65807

C IRS Center where partnership filed return:

e-file

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)

42-0625814

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.

Chariton Valley Electric Cooperative  
PO Box 486  
2090 Hwy S. 5 South  
Albia IA 52531

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:

TIN

Name

I1 What type of entity is this partner? Exempt Organization

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	2.173910 %	2.173910 %
Loss	2.173910 %	2.173910 %
Capital	2.173910 %	2.173910 %

Check if decrease is due to:

☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities: Beginning Ending

Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$	\$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions ☐

L Partner's Capital Account Analysis

Beginning capital account	\$	7,900
Capital contributed during the year	\$	
Current year net income (loss)	\$	165
Other increase (decrease) (attach explanation)	\$	
Withdrawals and distributions	\$	( )
Ending capital account	\$	8,065

M Did the partner contribute property with a built-in gain (loss)?

☐ Yes ☒ No If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)

Beginning	\$
Ending	\$

☐ Final K-1

☐ Amended K-1

Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	14	Self-employment earnings (loss)
	-46		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked <input checked="" type="checkbox"/>
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items
5	Interest income		
	211		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19	Distributions
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20	Other information
9c	Unrecaptured section 1250 gain	A	211
10	Net section 1231 gain (loss)	Z *	STMT
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		
22	More than one activity for at-risk purposes*		
23	More than one activity for passive activity purposes*		

\*See attached statement for additional information.

For IRS Use Only

# TAX RETURN FILING INSTRUCTIONS

FORM IA-1120

FOR THE YEAR ENDING  
DECEMBER 31, 2023

---

**Prepared For:**

CHARITON VALLEY ELECTRIC  
COOPERATIVE INC  
2090 HIGHWAY 5 SOUTH,  
ALBIA, IA 52531

---

**Prepared By:**

FORVIS MAZARS, LLP  
1401 50TH STREET SUITE 350,  
WEST DES MOINES, IA 50266-  
5935

---

**Amount Due or Refund:**

NOT APPLICABLE

---

**Make Check Payable To:**

THERE IS NO TAX DUE FOR THE CURRENT YEAR.

---

**Mail Tax Return and Check (if applicable) To:**

NOT APPLICABLE

---

**Signed e-file authorization form must be returned on or before:**

MAY 15, 2024

---

**Special Instructions:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER  
YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND  
ACCURACY, PLEASE SIGN, DATE AND RETURN THE SIGNATURE  
AUTHORIZATION FORM TO:  
FILENW@US.FORVISMZARS.COM

WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO STATE. DO NOT  
SEPARATELY FILE YOUR TAX RETURN WITH THE STATE, RETURN THE  
SIGNATURE AUTHORIZATION FORM TO US BY MAY 15, 2024

For calendar year 2023 or tax year beginning JANUARY 1, 2023, ending DECEMBER 31, 20 23Name: CHARITON VALLEY ELECTRIC COOPERATIVE INC Federal Employer Identification Number (FEIN): 42-0625814**Part I Tax Return Information**

1. Net Income after additions (IA 1120, line 3).....	1.	<u>0</u>
2. Income subject to tax (IA 1120, line 13).....	2.	<u>0</u>
3. Total tax (IA 1120, line 14) .....	3.	<u>0</u>
4. Total amount due (IA 1120, line 23).....	4.	<u>0</u>
5. Overpayment (IA 1120, line 24).....	5.	<u>0</u>

**Part II Declaration of Officer** (Be sure to keep a copy of the tax return.)

6. ☐ I do not want direct deposit or direct debit.
7. ☐ I consent that the corporation's refund be directly deposited as designated below.
- ☐ I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of the corporation's Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To cancel a payment, I must contact IDR at 515-281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that it allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: \_\_\_\_\_

Routing Number 

--	--	--	--	--	--	--	--

 The first two digits must be 01 through 12 or 21 through 32.Account Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Account: Savings ☐ Checking ☐Will this refund go to (or payment come from) an account outside the United States? Yes ☐ No ☐

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined the information on this electronic 2023 Iowa corporation income tax return, including any schedules, attachments, and statements, and certify to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent that this return, including accompanying schedules, attachments, and statements be sent to Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by the Electronic Return Originator (ERO). In addition, by using software to prepare and transmit this return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of this tax return electronically. I authorize IDR to inform the ERO and/or transmitter when this electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and retransmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable penalties and interest. I consent that the corporation's refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of this return, refund, or direct debit is delayed, I authorize IDR to disclose to the ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above corporation's return and that entries on form IA 8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the officer's signature before submitting this return to the IRS. I have provided the officer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-C should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-C relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) Address and zip code				FEIN Phone Number ( )
Paid Preparer Signature <u>JOE LYNN</u>	Date <u>09/17/2024</u>	Check if self- employed <input type="checkbox"/>	Preparer PTIN	
Firm's name (or yours if self-employed) Address and zip code				FEIN Phone Number ( )

## Step 1

Tax Period

▶ 0 1 0 1 2 0 2 3 to ▶ 1 2 3 1 2 0 2 3  
M M D D Y Y Y Y M M D D Y Y Y Y

Amended Return Short Period

Check the box if:

▶ ☐▶ ☐

Legal Name

▶ CHARITON VALLEY ELECTRIC COOPERATIVE INC ▶

Doing Business As Name

Address

▶ 2090 HIGHWAY 5 SOUTH

Address 2

▶

Federal Employer  
Identification Number (FEIN)

▶ 4 2 0 6 2 5 8 1 4

City

▶ ALBIA

State

▶ I A

ZIP

▶ 5 2 5 3 1

NAICS Code

▶ 5 3 2 4 2 0

County No.

▶ 6 8

Is this the first or  
final return?

New Business

Successor

Entering Iowa

First Return

▶ ☐▶ ☐▶ ☐

Reorganized

Merged

Dissolved

Withdrawn

Bankruptcy

Other

Final Return

▶ ☐▶ ☐▶ ☐▶ ☐▶ ☐▶ ☐

## Step 2 Filing Status

Corporation

Limited Liability  
Company

Association

Government

Other

Type of Entity

▶ ☒▶ ☐▶ ☐▶ ☐▶ ☐Separate Iowa/  
Separate FederalSeparate Iowa/  
Consolidated FederalConsolidated Iowa/  
Consolidated FederalFiling  
Status▶ ☒▶ ☐▶ ☐Regular  
Corporation

Cooperative

UBIT

Type of  
Return▶ ☐▶ ☐▶ ☒

Yes

No

Is this an inactive corporation?

▶ ☐▶ ☒Was federal income or tax changed  
for any prior period?▶ ☐▶ ☒

Prior period if yes (MM/DD/YY):

Do you have property in Iowa?

▶ ☒▶ ☐

Do you have employees in Iowa?

▶ ☒▶ ☐



Corporation Name

▶ CHARITON VALLEY ELECTRIC COOPERATIVE INC

FEIN

▶ 4 2 0 6 2 5 8 1 4

Enter Dollars and Cents

**Step 3  
Net Income  
and  
Additions  
to Income**

1. Taxable Income from federal return. See instructions .....	▶ 1		0	00
2. Total additions from Schedule A .....	▶ 2		0	00
3. Net Income after additions. Add lines 1 and 2 .....	▶ 3		0	00

**Step 4  
Reductions  
to Income**

4. Total reductions from Schedule A .....	▶ 4		0	00
5. Net income after reductions. Subtract line 4 from line 3 .....	▶ 5		0	00

**Step 5  
Taxable  
Income**

6. Nonbusiness income from Schedule D, line 17 .....	▶ 6		0	00
7. Income subject to apportionment. Subtract line 6 from line 5 .....	▶ 7		0	00
8. Iowa percentage from Schedule E. See instructions .....	▶ 8		0.0000	%
9. Income apportioned to Iowa. Multiply line 7 by line 8 .....	▶ 9		0	00
10. Iowa nonbusiness income from Schedule D, line 8 .....	▶ 10		0	00
11. Income before Net Operating Loss. Add lines 9 and 10 .....	▶ 11		0	00
12. Net Operating Loss carryforward for losses incurred prior to 2023 .....	▶ 12		0	00
13. Income subject to tax. Subtract line 12 from line 11. Do not enter an amount below \$0 .....	▶ 13		0	00

Check here if the corporation or any member of the consolidated group is claiming P.L.86-272 protection in Iowa.

▶ ☐

**Step 6  
Tax,  
Credits and  
Payments**

14. Total tax. For tax rates, see page 6. <b>Check box if tax is annualized.</b> .....	▶ <input type="checkbox"/>	▶ 14		0	00
15. Credits from Schedule C1, line 5. Do not include estimated tax credit .....		▶ 15		0	00
16. Payments from Schedule C2, line 4 .....		▶ 16		0	00
17. Total credits and payments. Add lines 15 and 16 .....		▶ 17		0	00
18. Net amount. Subtract line 17 from line 14 .....		▶ 18		0	00



► 4 2 0 6 2 5 8 1 4

►19	0	00
►20	0	00
►21	0	00
►22	0	00
►23	0	00

▶24		00
▶25	0	00
▶26	0	00

26c. Account number

## Reductions

► 1			
► 2			
► 3	0 00	0 00	
► 4	00	00	
► 5			
► 6	00	00	
► 7		00	
► 8	0 00	0 00	
► 9	0 00		
► 10			
► 11			
► 12			
► 13		0 00	
► 14		00	
► 15	00	00	
► 16	00	00	

Corporation Name

► CHARITON VALLEY ELECTRIC COOPERATIVE INC

FEIN

► 4 2 0 6 2 5 8 1 4

## Type of Income

## Additions

## Reductions

17. Pre 2023 federal NOL addback. See Instructions .....	►17		00		
18. Charitable Contribution Adjustment from Iowa Credit .....	►18		00		
19. Other. Must include schedule .....	►19	0	00	0	00
20. Totals. Add lines 1-19 .....	►20	0	00	0	00

Enter total on page 2, line 2.

Enter total on page 2, line 4.

## Schedule B - Foreign Dividend Exclusion

## Type of Dividend Income

## Total Dividend

## Exclusion

1. Less than 20% owned .....	► 1		00	x50%		0	00
2. 20% owned .....	► 2		00	x65%		0	00
3. Small Business Investment Company .....	► 3		00	x100%		0	00
4. Qualifying Dividends .....	► 4		00	x100%		0	00
5. Total. Add lines 1 through 4. Enter on Schedule A, line 13 .....	► 5					0	00

## Schedule C1 - Credits

## Amount

1. Fuel Credit. Include IA 4136 .....	► 1		00
2. Total Nonrefundable Credits. Include IA 148 .....	► 2		00
3. Total Refundable Credits, excluding Fuel Credit. Include IA 148 .....	► 3		00
4. Total Composite and PTET Credits. Include Schedule CC .....	► 4		00
5. Total Credits. Add lines 1-4. Enter on page 2, line 15 .....	► 5	0	00

## Schedule C2 - Payments

## Amount

1. Estimated Tax Payments			
a. Credit from prior period .....	► a	0	00
b. First quarter .....	► b		00
c. Second quarter .....	► c		00
d. Third quarter .....	► d		00
e. Fourth quarter .....	► e		00
f. Other .....	► f	0	00
2. Voucher Payment .....	► 2	0	00
3. Other Payments. Include statement .....	► 3		00
4. Total. Add lines 1-3. Enter on page 2, line 16 .....	► 4	0	00



Corporation Name

▶ CHARITON VALLEY ELECTRIC COOPERATIVE INC

FEIN

▶ 4 2 0 6 2 5 8 1 4

**Additional Information**

1. Year business was started in Iowa:

▶ 1 9 4 5  
Y Y Y Y

2. Last period filed as S corporation (if any):

▶ - - - - - to ▶ - - - - -  
M M D D Y Y Y Y M M D D Y Y Y Y

3. Information from the prior period Iowa return:

Corporation Name

FEIN

▶ CHARITON VALLEY ELECTRIC COOP

▶ 4 2 0 6 2 5 8 1 4

Income before net operating loss

▶ 0 00

Corporation Name

FEIN

▶ - - - - - ▶ - - - - -

4. If part of a federal consolidated group, please provide information about the corporate parent:

**Schedule E - Business Activity Ratio (BAR)**  
(see instructions)

**Type of Income**

**Column A  
Iowa Receipts**

**Column B  
Receipts Everywhere**

- 1a. Gross Receipts from sale of tangible personal property .....
- 1b. Gross receipts from performance of services.....
- 1c. Gross receipts from railroad, trucking, aviation, or other transportation activities.....
- 1d. Gross receipts from telecommunication services
- 1e. Gross receipts from radio and television broadcasts .....
- 1f. Gross receipts from printed and electronic media.....
- 1g. Gross receipts from utilities services.....
- 1h. Gross receipts from financial activities.....
- 2. Net Dividends (see instructions).....
- 3. Exempt Interest from Schedule A, line 9 .....
- 4. Accounts Receivable Interest.....
- 5. Other Interest .....
- 6. Rent.....
- 7. Royalties.....
- 8. Capital Gain.....
- 9. Ordinary Gain .....
- 10. Partnership Gross Receipts. Include schedule .....
- 11. Other. Must include schedule .....
- 12. Total. Add lines 1a through 11 .....

▶ a	0	00	0	00
▶ b		00		00
▶ c		00		00
▶ d		00		00
▶ e		00		00
▶ f		00		00
▶ g		00		00
▶ h		00		00
▶ 2		00		00
▶ 3		00		00
▶ 4		00		00
▶ 5		00		00
▶ 6		00		00
▶ 7		00		00
▶ 8		00		00
▶ 9		00		00
▶ 10		00		00
▶ 11		00		00
▶ 12	0	00	0	00

13. Divide column A total by column B total. Enter % on page 2, line 8.  
Round to six decimal places and enter as a percentage. For example, 0.1234505 becomes 12.3451%.

▶ 13 0.0000 %



Corporation Name

▶ CHARITON VALLEY ELECTRIC COOPERATIVE INC

FEIN

▶ 4 2 0 6 2 5 8 1 4

A complete copy of your federal return, as filed with the Internal Revenue Service, must be filed with this return. For federal consolidated filers, you must include pages 1-5 of your consolidated federal return, consolidating income statements, federal 851 (for status 3), Iowa Schedule H and any other forms related to the Iowa return.

Third Party Disclosure Designee. Do you want to allow an individual to discuss this return with the Department? See instructions.

Designee's Name

▶

Mailing address

▶

ID Number (optional)

▶

City

▶

State

▶ I A

ZIP

▶ 5 0 2 6 6

Designee's phone number

▶

Email

▶

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority

Officer's name (Printed)

▶

Title

▶ BOARD PRESIDENT

Phone

▶

Officer's signature

Sign Here

▶

Date

▶ M M D D Y Y Y Y

Signature of preparer if other than taxpayer

Sign Here

▶ JOE LYNN

Date

▶ 0 9 1 7 2 0 2 4  
M M D D Y Y Y Y

Signature must be signed by hand or via a digital signature with a digital certificate. Stamped or typed signatures are not accepted.

Name of preparer or preparer's employer

▶ JOE LYNN

Preparer's phone number

▶ 5 1 5 2 2 3 0 1 5 9

Address of preparer or preparer's employer

▶ 1401 50TH STREET SUITE 350

Preparer's ID

▶ P01270416

City

▶ WEST DES MOINES

State

▶ I A

ZIP

▶ 5 0 2 6 6

**Tax Rates**

If income shown on page 2, line 13 is:

- \$100,000 or less; multiply line 13 by 5.5% (.055).
- Over \$100,000; multiply line 13 by 8.4% (.084) and subtract \$2,900.

If annualizing, include a schedule showing computation.

**To obtain schedules and forms:**

Website: [tax.iowa.gov](http://tax.iowa.gov)

**Tax Research Library:** [itr1.idr.iowa.gov/](http://itr1.idr.iowa.gov/)

**Questions:**

515-281-3114 or 800-367-3388

**Email:** [idr@iowa.gov](mailto:idr@iowa.gov)

**eFile or mail your return to:**

Corporation Tax Return Processing

Iowa Department of Revenue

PO Box 10468

Des Moines, IA 50306-0468



Business Name

► **CHARITON VALLEY ELECTRIC COOPERATIVE INC**Federal Employer  
Identification Number (FEIN)► **4 2 0 6 2 5 8 1 4**

Tax Period

► **1 2 3 1 2 0 2 3**

M M D D Y Y Y Y

If all business is conducted within Iowa, do not complete Schedule D.

The classification of income by the labels customarily given them, such as interest, dividends, rents, and royalties, is of no aid in determining whether that income is business or nonbusiness income.

Provide all documentation to the Department showing why the income must be allocated as nonbusiness income.

	A	B	C	D	E
	Gross Income	Related Expenses	Subtotal*	50% of Applicable Federal Income Tax*	Net Income
Allocated Within Iowa					
			*(Not Applicable for Tax years beginning on or after January 1, 2022)		
1. Net Dividend	00	00	0 00	00	0 00
2. Exempt Interest and Dividends	00		0 00		0 00
3. Other Interest	00	00	0 00	00	0 00
4. Rent	00	00	0 00	00	0 00
5. Royalties	00	00	0 00	00	0 00
6. Capital Gain	00		0 00	00	0 00
7. Other. Include schedule.	0 00	00	0 00	00	0 00
8. Subtotal. Add column E, lines 1 through 7. Enter on IA 1120, line 10, IA 1065, line 27, or IA 1120S, line 26, as applicable.....				► 8	0 00

	A	B	C	D	E
	Gross Income	Related Expenses	Subtotal*	50% of Applicable Federal Income Tax*	Net Income
Allocated Without Iowa					
			*(Not Applicable for Tax years beginning on or after January 1, 2022)		
9. Net Dividend	00	00	0 00	00	0 00
10. Exempt Interest and Dividends	00		0 00		0 00
11. Other Interest	00	00	0 00	00	0 00
12. Rent	00	00	0 00	00	0 00
13. Royalties	00	00	0 00	00	0 00
14. Capital Gain	00		0 00	00	0 00
15. Other. Include schedule.	0 00	00	0 00	00	0 00
16. Subtotal. Add column E, lines 9 through 15.....				► 16	0 00
17. Total. Add column E, lines 8 and 16. Enter on IA 1120, line 6, IA 1065, line 23, or IA 1120S, line 22, as applicable.....				► 17	0 00



Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_ Tax Period: \_\_\_\_\_

This form must be included with your return, even if no underpayment penalty is due.

**Computation of Underpayment****Note:** If you meet any of the exceptions that avoid the underpayment penalty for all quarters (see instructions), skip lines 1 through 8, and go directly to line 9.

1. 2023 tax from IA 1120, line 14, IA 1120F, line 12, IA 1120S, lines 35 and 38, or IA 1065, line 29..... 1. \_\_\_\_\_
2. Credits from IA 1120, line 15, IA 1120F, line 13 and 15, IA 1120S, lines 36 and 39, or IA 1065, line 30 ..... 2. \_\_\_\_\_
3. Balance. Subtract line 2 from line 1 ..... 3. \_\_\_\_\_

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
4. Enter in columns 1 through 4 the installment dates that correspond to the last day of the 4th, 6th, 9th, and 12th months of your taxable year.				
5. Enter 25% of line 3 in columns 1 through 4.				
6. (a) Amount paid or credited for each period				
6. (b) Overpayment of previous installment. An overpayment on line 8 in excess of all prior underpayments is to be applied as a credit against the next installment.				
7. Total of lines 6(a) and 6(b)				
8. Underpayment: Subtract line 7 from line 5 Overpayment: Subtract line 5 from line 7				

**Exceptions that avoid the underpayment penalty; Exceptions 1 and 2 not applicable for initial year filers.**

9. Total cumulative amount paid or credited from the beginning of the taxable year through the installment dates that correspond to the last day of the 4th, 6th, 9th, and 12th months of your taxable year				
10. Exception 1: Prior year's tax	25% of tax	50% of tax	75% of tax	100% of tax
11. Exception 2: Tax on prior year's income using current year's rates	25% of tax	50% of tax	75% of tax	100% of tax
12. Exception 3: Tax on annualized income. Include schedule.	25% of tax	50% of tax	75% of tax	100% of tax

**Computation of Underpayment Penalty**

13. Enter same installment dates used in line 4				
14. Amount of underpayment from line 8				
15. Date of payment. See Instructions.				
16. (a) Number of days from due date of installment to date of payment or 12/31/2023, whichever is earlier				
16. (b) Number of days inclusively from 01/01/2024, or due date of installment, whichever is later, to the date of payment or the last day of the 4th month after the close of the tax year, whichever is earlier				
17. (a) 6% per year on the amount shown on line 14 for the number of days shown on line 16(a). See Instructions.				
17. (b) 10% per year on the amount shown on line 14 for the number of days shown on line 16(b). See Instructions.				
18. Total of lines 17(a) and 17(b).				
19. Penalty: Add the four columns of line 18 and enter here. Also, show the amount on IA 1120, line 20; IA 1120F, line 19; IA 1120S, line 49; or IA 1065, line 40.				

Description	Amount
TOTAL	0



Description	Amount
TOTAL	0