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DLN: 93493317086845

Form **990**

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal		g 01-01-2014 ,and ending 12-31-20	014			
		pplicable	C Name of organization CENTRAL VALLEY ELECTRIC COOPER	ATIVE INC		D Emplo	yer ider	ntification number
Ad	dress cl	hange				85-00	27414	1
	me cha	_	Doing business as					
Ini	tial retu	ırn				E Telepho	ne num	ber
Fir	al urn/ter	mınated	PO BOX 230	aall is not delivered to street address) Room/	/suite	(575)	746-3	571
_	ended		City or town, state or province, cour	othy, and 7ID or foreign postal code		(373)	7 10 3	371
		n pending	ARTESIA NM 88211	icry, and zir or foreign postar code		G Gross r	eceıpts \$	75,379,032
i Vh	pileatio	ii penang			1			
			F Name and address of prir CHARLES PINSON	icipal officer		Is this a group subordinates?	return	for
			PO BOX 230			Saboramaces		, 165, 110
			ARTESIA,NM 88211			Are all subordi	nates	Γ Y es Γ No
T Ta	x-exen	npt status		(insert no) 4947(a)(1) or 527		ıncluded? If "No." attach	a lıst	(see instructions)
			WW CVECOOP ORG			•		
					H(c)	Group exempt	ion nun	mber ►
K For	m of or	ganızatıon	Corporation Trust Associatio	n	L Yea	r of formation 19	37 M	State of legal domicile
Pa	rt I	Sum	ımary					
			escribe the organization's mission	on or most significant activities				
				URAL AREAS AT COST ON A COO	PERATIVE	BASIS		
8								
Ě								
E	,	Chack t	his how W if the organization di	scontinued its operations or disposed	d of more t	han 25% of its	not ac	cots
Governance		CHECK	ins box 🕶 if the organization dis	scontinued its operations of disposed	d of more t	11411 25 70 01 105	net as	sets
න නේ	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			з	7
8				of the governing body (Part VI, line 1			4	6
Ě				calendar year 2014 (Part V, line 2a)			5	103
Activities &	1			ecessary)			6	0
4				art VIII, column (C), line 12			7a	0
	1			rom Form 990-T, line 34			7b	0
						Prior Year		Current Year
	8	Contr	ibutions and grants (Part VIII, li	ne 1 h)			0	0
≗	9			ne 2g)		66,672,	792	74,799,178
Rayenue	10	_		(A), lines 3, 4, and 7d)		401,	-	541,581
걆	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		33,		38,273
	12			(must equal Part VIII, column (A), l	ine			
						67,107,		75,379,032
	13			IX, column (A), lines 1-3)		13,		11,834
	14			X, column (A), line 4)		13,856,	951	12,320,524
Ø	15	Saları 5–10		ee benefits (Part IX, column (A), lines	S	4,898,	915	5,135,807
Expenses	16a		,	column (A), line 11e)			0	0
क ≎	Ь		undraising expenses (Part IX, column (D					
Д	_				•			
	17			lines 11a-11d, 11f-24e)		48,338,		57,910,867
	18			st equal Part IX, column (A), line 25)		67,107,		75,379,032
. 07	19	Kever	iue iess expenses. Subtract line	18 from line 12		inning of 0	0	0
Not Assets or Fund Balances					Beg	inning of Curre Year	nt	End of Year
9 G	20	Total	assets (Part X, line 16)		. 💳	146,552,	725	166,457,362
28 28	21					62,403,		70,866,380
25	22			line 21 from line 20		84,149,		95,590,982
Pa	t II		nature Block					
my k	nowle	dge and		amined this return, including accomp iplete Declaration of preparer (other				
		****	***			2015-11-07		
Sigr	1		ature of officer			Date		
Her		СНУ	RLES PINSON EXECUTIVE VICE PRESIDE	NT				
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check 🔽 ıf	PTIN	.450
Pai	d	<u> </u>	William M Miller	William M Miller	2015-11-07	self-employed	P00439	
	pare		Firm's name F BOLINGER SEGARS GIL	BERT AND MOSS ILP		Firm's EIN 🟲 7	o-088203	3/
	On		Fırm's address 🟲 8215 NASHVILLE AVENU	JE		Phone no (806) 747-38	306
		- w I				I		

le Total program service expenses >

Part IV	Chec	klist of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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			<u></u>
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 52		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0	- 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	i		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	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			
Ea	(FBAR)	5a		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	<u> </u>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		140

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

Se	ection A. Governing Body and Management					
			_		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νo
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, vorganization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not i	requ		even	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not r	requ		leveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?			evenu 10a		
10a			ired by the Internal R s of such chapters,			No
10a b	Did the organization have local chapters, branches, or affiliates?	· · :ivitie on's e	ired by the Internal R s of such chapters, exempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	ivitie on's e	ired by the Internal R s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov	ired by the Internal R s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov orm 9	ired by the Internal R s of such chapters, exempt purposes? erning body before filing	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov orm 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov orm 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov orm 9 y inte	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov form 9 y inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	s gov s gov form s y inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	s gov s gov form s y inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	s gov s gov form s y inte the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	s gov s gov orm s the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	ivitie on's e s gov form 9 the p the p e deli	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►CHARLES PINSON

1403 N 13TH STREET ARTESIA,NM 88211 (575)746-3571

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ♦ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	e than one box, unless corson is both an officer id a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornio	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DARRELL ATKINS PRESIDENT	5 20 0 50	х		х				2,351	0	0
(2) CHARLES WAGNER VICE PRESIDENT	6 40	х		х				26,201	0	0
(3) WESLEY PILLEY SECRETARY/TREASURER	7 70 0 50	х		х				26,307	0	0
(4) JACK CASE DIRECTOR	3 70	х						25,979	0	0
(5) MICHAEL BENNETT DIRECTOR	5 90	х						26,251	0	0
(6) JASON CIEMPA DIRECTOR	5 10	Х						26,146	0	0
(7) LARRY BENEDICT DIRECTOR	6 60	х						26,254	0	0
(8) CHARLES PINSON EXECUTIVE VICE PRESIDENT	45 60 0 50			х				181,490	0	250,974
(9) MICHAEL ANDERSON ASSISTANT MANAGER	40 90					х		134,247	0	207,892
(10) PHILIP RUSSELL MCKEE OPERATIONS ENGINEER	40 00					х		113,909	0	140,958
(11) GARY CONKLIN LINE SUPERINTENDENT	40 00					х		107,372	0	211,486
(12) WADE NELSON	40 00					х		105,447	0	88,126
ENGINEER								·		<u>,</u>

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is l	ne l both	box, an d	officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	. ~	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	801,954	0	899,436
				·

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization -5

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	, 55	No

Section B. Independent Contractors

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
JAYNES CORPORATION 2906 BROADWAY NE ALBUQUERQUE, NM 87107	NEW BUILDING & REMODEL CONTRACTOR	2,890,611
ARC POWER-LINE CONSTRUCTION PO BOX 1745 ARTESIA, NM 88211	CONSTRUCTION CONTRACT - LABOR	2,629,153
DEANS INC 409 COMMERCE ROAD ARTESIA, NM 88210	CONSTRUCTION CONTRACT - LABOR	1,728,144
ATKINSON POWER LLC 11409 BUSINESS PARK CIRCLE LONGMONT, CO 80504	CONSTRUCTION CONTRACT - LABOR	1,613,859
INTERSTATE ELECTRICAL CONTRACTORS INC 12421 W 49TH AVE UNIT 8 WHEAT RIDGE, CO 80033	CONSTRUCTION CONTRACT - LABOR	1,562,540
2 Total number of independent contractors (including but not limited to the	nose listed above) who received more than	

Part V	/ 	Statement o						
		Check If Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
ants	ь	Membership du	ıes 1b					
9 0 1	С	Fundraising ev	ents 1c					
ffs, FA	d	Related organiz	zations 1d					
nila	e	Government grant						
Sir	f							
uti Ter	"	similar amounts no	ons, gifts, grants, and 1f ot included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ions included in lines					
Son	h	Total. Add line:	s 1 a - 1 f	🛌				
				Business Code				
Program Serwce Revenue	2a	ELECTRIC ENERGY	(221000	71,447,787	71,447,787		
- Fe	ь	POWER SUPPLY EC		221000	3,057,733	3,057,733		
- Ce	С	PATRONAGE DIVID	DENDS	221000	293,658	293,658		
řer V	d							
<u>:</u>	е							
Z .	f	All other progra	am service revenue					
Š	g	Total. Add line:	s 2a-2f		74,799,178			
	3		ome (including dividen		541,581			541,581
	4		ar amounts) stment of tax-exempt bond	<u> </u>	0.1,000			,
	5	Royalties .		_ +				
			(ı) Real	(11) Personal				
	6a	Gross rents	4,500	33,773				
	b	Less rental expenses	0	0				
	С	Rental income or (loss)	4,500	33,773				
	d	Net rental inco	me or (loss)		38,273	6,831		31,442
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gaın or (loss)						
	d	Net gaın or (los	ss)					
e n	8a	events (not inc	from fundraising Iuding					
Other Revenue		\$ of contributions See Part IV, lir	s reported on line 1c) ne 18					
her	ь	Less direct ex	penses b					
ŏ	С		(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	.	_	a .					
	b		oods sold b (loss) from sales of inv	entory -				
	_	Miscellaneou		Business Code				
	11a							
	b							
	С	<u></u>						
	d	All other reven	ue					
	е	Total. Add line:	s 11a-11d	🕨				
	12	Total revenue.	See Instructions .	🔎	75,379,032	74,806,009	(573,023

	990 (2014)				Page 10
	Statement of Functional Expenses	- + b		laha asluman (A.)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				<u></u> .
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and		эмрэнэээ	general expenses	опрошесь
	domestic governments See Part IV, line 21	11,834			
2	Grants and other assistance to domestic	,			
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	12,320,524			
5	Compensation of current officers, directors, trustees, and				
_	key employees	591,953			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,085,457			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	339,371			
9	Other employee benefits	873,703			
10	Payroll taxes	245,323			
11	Fees for services (non-employees)	243,323			
a	Management				
b	Legal				
•	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25, column (A)				
3	amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	989,651			
21	Payments to affiliates	505,031			
22	Depreciation, depletion, and amortization	5,060,216			
23	Insurance	3,000,210			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COST OF PURCHASED POWER	47,567,346			
b	DISTRIBUTION EXPENSE	2,138,503			
c	ADMIN AND GEN EXPENSE	1,257,057			
d	CUSTOMER ACCOUNTS	647,536			
e	All other expenses	250,558			
25	Total functional expenses. Add lines 1 through 24e	75,379,032			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Fall	τχ	Check if Schedule O contains a response or note to any line i	n this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			3,461,859	1	6,244,055
	2	Savings and temporary cash investments			5,024,978	2	2,604,580
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,581,350	4	4,365,887
ts	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L		5			
	6	Loans and other receivables from other disqualified persons ($4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul		6	_		
Assets	7	Notes and loans receivable, net			180,509	7	140,264
4	8	Inventories for sale or use			3,161,280		3,165,399
	9	Prepaid expenses and deferred charges			2,673,878		1,637,954
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	161,184,508	2,070,070	-	1,557,554
	ь	Less accumulated depreciation	10b	26,751,726	117,352,941	10c	134.432.782
	11	Investments—publicly traded securities			, ,	11	
	12	Investments—other securities See Part IV, line 11			1,688	12	1,688
	13	Investments—program-related See Part IV, line 11			10,665,288		13,864,753
	14	Intangible assets	.0,000,200	14	15,55 1,155		
	15	Other assets See Part IV, line 11	448,954	15	0		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	146,552,725	16	166,457,362		
	17	Accounts payable and accrued expenses			6,197,171	17	4,065,064
	18	Grants payable			0,137,171	18	4,000,004
	19	Deferred revenue				19	
						20	
	20	Tax-exempt bond liabilities					
es S	21	Escrow or custodial account liability Complete Part IV of Sc				21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua					
펻		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third part			37,675,298	23	46,278,789
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	18,530,614	25	20,522,527		
	26	D			62,403,083	26	70,866,380
——— خ	20	Organizations that follow SFAS 117 (ASC 958), check here			02,100,000	20	70,000,000
ě	27	lines 27 through 29, and lines 33 and 34.				27	
<u>ರ</u>	27	Unrestricted net assets	• •			27	
Fund Balance	28	Temporarily restricted net assets				28	
Ĭ	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	nere •	r ✓ and			
ō	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
S 22	32	Retained earnings, endowment, accumulated income, or othe			84,149,642	32	95,590,982
	33	Total net assets or fund balances			84,149,642	33	95,590,982
Ŋet	34	Total liabilities and net assets/fund balances			146,552,725		
	J4	i otal navnities and net assets/fully valdfices		• •	140,002,725	34	166,457,362

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,3	379,032
2	Total expenses (must equal Part IX, column (A), line 25)	2		75,3	379,032
3	Revenue less expenses Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,:	149,642
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		11,4	441,340
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		95,!	590,982
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** CENTRAL VALLEY ELECTRIC COOPERATIVE INC 85-0027414 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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 If the organization elected, as permitted under SFAS 116 (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 in Form 990, Part VIII, line 1

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 SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included in Form 990, Part VIII, line 1

Part	III Organizations Maintaining Collections	of Art, His	tori	<u>cal Tre</u>	ası	ures, or Oth	<u>er Sin</u>	<u> illar As</u>	sets (c	ontinued)
	Using the organization's acquisition, accession, and othe collection items (check all that apply)	er records, cl	heck	any of the	e fol	lowing that are	a sıgnıf	icant use	of its	
a	Public exhibition	d	Γ	Loan or	exc	hange program	S			
ь	Scholarly research	е	Γ	Other						
c	Preservation for future generations									
	Provide a description of the organization's collections an Part XIII	d explain ho	w the	y further	the	organızatıon's e	exempt	purpose i	ın	
	During the year, did the organization solicit or receive do						mılar		⊏ v	_ N-
Part	assets to be sold to raise funds rather than to be maintain Escrow and Custodial Arrangements. O						Vac" to		Yes	No
rait	Part IV, line 9, or reported an amount on Fo					ii aliswered	165 (3 1 01111 3	790,	
	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?	ıntermedıary	for c	ontributi	ons	or other assets	not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and compl	ete the follo	wing t	able						
								An	nount	
_	Beginning balance									
	Additions during the year					1d				
_	Distributions during the year					1e	+			
	Ending balance					1f				
2a	Did the organization include an amount on Form 990, Pai	₹ X, line 21,	for e	scrow or	cust	todial account l	iability'	7	│ Yes	∏ No
	If "Yes," explain the arrangement in Part XIII Check he					-				J
Part	EV Endowment Funds. Complete if the organ (a)Current		Swer)Prior			Form 990, Pa			(a)Four	ears back
1a	Beginning of year balance	year (D) FIIO	year D	(0)	TWO YEARS BACK (C	i)Tillee y	cars back	(e)i oui	Cars back
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities and programs									
	Administrative expenses									
_	End of year balance									
2	Provide the estimated percentage of the current year end	d balance (lır	ne 1g	, column	(a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment 🗠									
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 10	0%								
	Are there endowment funds not in the possession of the o	organızatıon	that	are held a	anda	admınıstered fo	r the			T
	organization by (i) unrelated organizations							. 3a(Yes	No
	(ii) related organizations		• •		•			. 3a(+
	If "Yes" to 3a(II), are the related organizations listed as		Sched	lule R?			· . · .	. 31		
4	Describe in Part XIII the intended uses of the organizati	on's endowm	nent f	unds					•	
Part	11a. See Form 990, Part X, line 10.	ete if the o					_			
	Description of property			Cost or oth (Investme		(b)Cost or other basis (other)		ccumulated reciation	(d) B	ook value
1a La	and					214,46	3			214,468
b B	uildings					11,411,57	1	1,425,299)	9,986,275
c Le	easehold improvements									
d E	quipment				\Box	138,435,57	3	25,326,427	7 1	13,109,146
• 0	ther		1							
	Add lines 1a through 1e (Column (d) must equal Form 99	<u> </u>				11,122,89	3	. ▶		11,122,893 34,432,782

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 99	0, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year marke	et value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Con	mplete if the organization	n answered 'Yes' to Form 9	90, 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	
See Additional Data Table		,	
Total. (Column (b) must equal Form 990. Part X. col (B) line 13)	12.064.752		
Part IX Other Assets. Complete if the organization	11		990. Part X. line 15
(a) Descrip			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	.)		
Part X Other Liabilities. Complete if the organ			1e or 11f. See
Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED EMPLOYEE COMPENSATED ABSENCES	615,516		
CUSTOMER DEPOSITS UNCLAIMED PATRONAGE CAPITAL CHECKS	101,052 441,326		
ACCRUED TAXES	733,121		
DEFERRED CREDITS	17,180,431		
ACCUMULATED PROVISION FOR PENSIONS AND			
BENEFITS	318,188		
OTHER CURRENT AND ACCRUED LIABILITIES	22,270		
FUEL COST ADJUSTMENT	1,110,623		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	20,522,527		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.				
1		er support per audited financial statements	1	
2		ut not on Form 990, Part VIII, line 12		
а		on investments 2a		
b		acilities		
С		s		
d)		
e	Add lines 2a through 2d .	· 	2e	
3	Subtract line 2e from line 1 .		3	
4		0, Part VIII, line 12, but not on line 1		
а		luded on Form 990, Part VIII, line 7b . 4a		
b)		
С	•		4c	
5		d 4c . (This must equal Form 990, Part I, line 12)	5	
Part		xpenses per Audited Financial Statements With Expenses	per	Return. Complete
		iswered 'Yes' to Form 990, Part IV, line 12a.		
1	Total expenses and losses pe	r audited financial statements	1	
2	Amounts included on line 1 bi	ıt not on Form 990, Part IX, line 25		
а	Donated services and use of t	acılıtıes		
b	Prior year adjustments	<u>2</u> b		
C	Other losses	<u>2</u> c		
d	Other (Describe in Part XIII			
e	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII			
C	Add lines 4a and 4b		4c	
5		nd 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental In	formation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		le any additional
	Return Reference	Explanation		
Part X	, Line 2	THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIO ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS MOR THAT THEIR TAX POSITIONS WILL BE SUSTAINED UPON EXAMINAT REVENUE SERVICE, OR OTHER STATE TAXING AUTHORITY AND THAT ELIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITY.	STAT STAT E LIK TION AT AL	ES OF AMERICA 'US AS A TAX ELY THAN NOT BY THE INTERNAL LL TAX BENEFITS
SCHE	DULE D	Part VII THE AMOUNT OF INVESTMENTS - OTHER SECURITIES ON PART X, LINE 12 DOES NOT EQUAL OR EXCEED 5 PERCENT OF THE 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCINSTRUCTIONS SCHEDULE D, PART VII HAS BEEN LEFT BLANK	FORM TOTA	1 990, PAGE 11, L ASSETS ON FORM

Jenedale 2 (1 31111 33 3) 23 13	i age S	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 85-0027414

Name: CENTRAL VALLEY ELECTRIC COOPERATIVE INC

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CAPITAL CREDITS - COBANK	684,961	С
(2) FEDERATED RURAL ELECTRIC INSURANCE	165,471	С
(3) CAPITAL CREDITS - PVT COOPERATIVE	705	С
(4) CAPITAL CREDITS - NRTC	74,963	С
(5) CAPITAL CREDITS - NRUCFC	24,544	С
(6) CAPITAL CREDITS - LEACO RURAL TELEPHONE	12,805	С
(7) OTHER INVESTMENTS IN ASSOCIATED ORGANIZATIONS	2,111	С
(8) CAPITAL CREDITS - NISC	38,823	С
(9) WFEC G&T - DONATED CAPITAL	12,779,112	С
(10) WFEC G&T	81,258	С

(b) Book Value

1

ACCRUED EMPLOYEE COMPENSATED ABSENCES	615,516
CUSTOMER DEPOSITS	101,052
UNCLAIMED PATRONAGE CAPITAL CHECKS	441,326
ACCRUED TAXES	733,121
DEFERRED CREDITS	17,180,431
ACCUMULATED PROVISION FOR PENSIONS AND BENEFITS	318,188
OTHER CURRENT AND ACCRUED LIABILITIES	22,270
FUEL COST ADJUSTMENT	1,110,623

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability (

Form 990, Schedule D, Part VIII - Investments Program Related

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493317086845 Schedule I OMB No 1545-0047 Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization CENTRAL VALLEY ELECTRIC COOPERATIVE INC 85-0027414 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other)

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
3	Enter total number of other organizations listed in the line 1 table	

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental In	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
IV	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE EACH GRANT, SPONSORSHIP AND/OR DONATION MADE DURING THE YEAR WAS BELOW THE INDIVIDUAL REPORTING THRESHOLD OF PART II

Schedule I (Form 990) 2014

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DLN: 93493317086845

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** CENTRAL VALLEY ELECTRIC COOPERATIVE INC 85-0027414

Pa	rt I Questions Regarding Compensatio	n	·			
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	hat apply				
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions mu	ıst complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		
	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

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 in 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 are not 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 CHARLES PINSON, EXECUTIVE VICE PRESIDENT	(i) (ii)	158,468 0	17,955 0	5,067 0	227,471 0	23,503 0	432,464 0	0
2 MICHAEL ANDERSON, ASSISTANT MANAGER	(i) (ii)	120,071 0	7,805 0	6,371 0	184,659 0	23,233	342,139 0	0 0
3 PHILIP RUSSELL MCKEE, OPERATIONS ENGINEER	(i) (ii)	105,220 0	3,062	5,627 0	129,957 0	11,001 0	254,867 0	0
4 GARY CONKLIN, LINE SUPERINTENDENT	(i) (ii)	97,627 0	4,278	5,467 0	184,209	27,277	318,858	0
	(i) (ii)	97,950 0	4,254 0	3,243	65,178	22,948	193,573 0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART II, COLUMN C	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN
	THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS
	IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS OF
	SERVICE AND THE CURRENT INTEREST RATE ENVIRONMENT IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE
	INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-
	EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL
	STATEMENTS AND REPRESENT THE TRUE COST TO THE COOPERATIVE CHARLES PINSON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN
	\$224,136 401(K) EMPLOYER MATCH 3,335 TOTAL COLUMN C \$227,471 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (224,136)
	ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 44,737 EXPENSE TO COOPERATIVE \$ 48,072 MICHAEL ANDERSON ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN \$182,091 401(K) EMPLOYER MATCH 2,568 TOTAL COLUMN C \$184,659 LESS ACTUARIAL INCREASE
	IN DEFINED BENEFIT PLAN (182,091) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 32,019 EXPENSE TO COOPERATIVE \$ 34,587
	PHILIP RUSSELL MCKEE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$127,843 401(K) EMPLOYER MATCH 2,114 TOTAL COLUMN C
	\$129,957 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (127,843) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN
	26,989 EXPENSE TO COOPERATIVE \$ 29,103 GARY CONKLIN ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$182,077 401(K) EMPLOYER
	MATCH 2,132 TOTAL COLUMN C \$184,209 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (182,077) ADD CASH CONTRIBUTION
	TO DEFINED BENEFIT PLAN 27,447 EXPENSE TO COOPERATIVE \$ 29,579 WADE NELSON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN
	\$ 63,201 401(K) EMPLOYER MATCH 1,977 TOTAL COLUMN C \$ 65,178 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (63,201)
	ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 26,885 EXPENSE TO COOPERATIVE \$ 28,862

Schedule J (Form 990) 2014

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DLN: 93493317086845

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Open to Public Inspection

	rganization ELECTRIC COOPERATIVE	INC						Employ	er ident	ificatio	n numbe	er
							8	35-00	27414			
	ess Benefit Tra											
	plete if the organiza											
1 (a) Nam	ne of disqualified pei	rson (b) i		hıp between dısqua and organızatıon	alified	(c) Desc	ription	ortra	nsaction	'	` '	rected?
				and organization						-+	Yes	No
		1										
4958 . 3 Enter the Part II Loans to an Complete if th	amount of tax incuri	erested F	ersons	mbursed by the or	ganızatı	on	 	· ·	▶ \$			
reported an ar	mount on Form 990,	Part X, line	5, 6, or 2		ie 38a, 0	,		, iiiie z	26, 01 11	the org	anızatıo	n
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loar	n to (e) the pr	Original incipal mount	(f) Balance due	(g) defa	In	(h) Approv	ved d or	(i)Wr agreer	itten
(a) Name of interested	(b) Relationship	(c) Purpose of	(d) Loar	n to (e) the pr	O riginal incipal	(f)Balance	(g)	In	(h) A pprov	ved d or	(i)Wr	itten
(a) Name of interested	(b) Relationship	(c) Purpose of	(d) Loar or from organizat	n to (e) the pr	O riginal incipal	(f)Balance	(g) defa	In ult?	(h) A pprov by boar commit	ved d or tee?	(i)Wr agreer	itten nent?
(a) Name of interested person	(b) Relationship with organization ants or Assista mplete if the organization	(c) Purpose of loan	(d) Loar or from organizat To fiting Ir	n to (e) the pr all from	Original incipal mount	(f)Balance due	(g) defa Yes	In ult?	(h) A pprov by boar commit Yes	ved rd or tee? No	(i)Wr agreer	No

Part IV Business Transactions I					
Complete if the organizatio	<u>n answered "Yes" on I</u>	Form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha of organiz revent	: :atıon's
				Yes	No
(1) DEANS INC	ENTITY MORE THAN 35% OWNED BY FAMILY MEMBER OF DIRECTOR ATKINS		DEANS, INC IS A CONTRACTOR PROVIDING ELECTRICAL DISTRIBUTION LINE CONSTRUCTION AND MAINTENANCE WORK CONTRACTS ARE AWARDED THROUGH A COMPETITIVE BID PROCESS THE RELATED DIRECTOR RECUSES HIMSELF FROM VOTING ON SUCH		No

Part V Supplemental Inform	mation
Provide additional informa	tion for responses to questions on Schedule L (see instructions)
Return Reference	Explanation
	Schedule L (Form 990 or 990-EZ) 2014

CONTRACTS

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DLN: 93493317086845

OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization CENTRAL VALLEY ELECTRIC COOPERATIVE INC	Employer identification number
	85-0027414

Return Reference	Explanation
	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, 2 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, 3 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION, 4 AMENDMENTS TO THE ARTICLES OF INCORPORATION, AND 5 AMENDMENTS TO THE BYLAWS

Return Reference	Explanation
Form 990, Part VI, Section A, line 8b	EXECUTIVE SESSION MINUTES FROM TIME TO TIME THE ENTIRE BOARD WILL GO INTO EXECUTIVE SESSION FOR DISCUSSING ITEMS OF A SENSITIVE AND CONFIDENTIAL NATURE. WHEN THIS OCCURS MANAGEMENT AND OTHERS IN ATTENDANCE ARE REMOVED FROM THE MEETING ROOM. ITEMS DISCUSSED IN EXECUTIVE SESSION ARE NOT DOCUMENTED. HOWEVER, ACTIONS TAKEN BY THE BOARD AFTER EXECUTIVE SESSIONS ARE ADJOURNED ARE FULLY DOCUMENTED IN THE WRITTEN MINUTES.

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE THE FILING OF THE FORM 990

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE BOARD OF DIRECTORS USE A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVES EXECUTIVE VICE PRESIDENT THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEW MEXICO AND THE NATION THE EXECUTIVE VICE PRESIDENT USES A COMPENSATION SURVEY WHEN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEES, IF ANY THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT NEW MEXICO AND THE NATION

Return Reference	Explanation
,	THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF ITS GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS TO ANY MEMBER WHO REQUESTS A COPY OF ANY SUCH DOCUMENT ANNUALLY THE COOPERATIVE MAILS A COPY OF THE AUDITED BALANCE SHEET AND INCOME STATEMENT TO THE MEMBERS OF THE COOPERATIVE WITH THE ANNUAL REPORT

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1	THE COOPERATIVE HAS 7 BOARD MEMBERS, ALL 7 ARE ALLOWED TO VOTE, HOWEVER THE BOARD PRESIDENT ONLY VOTES IN THE CASE OF A TIE

Form 990, Part VII, COIUMN F NORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 2% OF A PARTICIPATING EMPLOYEE'S SALARY ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED	Return Reference	Explanation
	Part VII,	CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 2% OF A PARTICIPATING EMPLOYEE'S SALARY ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS. THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE

Return Reference	Explanation
Form 990, Part VII, Section A	THE BOARD OF DIRECTORS CONSIDER THE EXECUTIVE VICE PRESIDENT TO BE BOTH THE TOP MANAGEMENT OFFICIAL AND THE TOP FINANCIAL OFFICIAL THEREFORE, ONLY THE EXECUTIVE VICE PRESIDENT IS LISTED AS AN EMPLOYEE OFFICER

Return Reference	Explanation
Form 990, Part VIII, Line 2	PATRONAGE DIVIDENDS RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE ORGANIZATION TO ITS MEMBERS

Return Reference	Explanation
Form 990, PART VIII, LINE 2	THE COOPERATIVE AND WESTERN FARMERS ELECTRIC COOPERATIVE (WFEC), A RURAL ELECTRIC GENERATION AND TRANSMISSION COOPERATIVE, HAVE ENTERED INTO A WHOLESALE POWER CONTRACT WHERE WFEC WILL PROVIDE THE COOPERATIVE WITH ELECTRIC POWER AS PART OF THE AGREEMENT THE COOPERATIVE MUST CONTRIBUTE EQUITY TO WFEC IN A MANNER AND AMOUNT SUCH THAT, AS OF JUNE 1, 2026, THE COOPERATIVE HAS CONTRIBUTED EQUITY TO WFEC COMPARABLE TO THE AMOUNT OF EQUITY CONTRIBUTED TO WFEC BY PRIOR EXISTING MEMBERS THE PURPOSE OF THE CONTRIBUTION IS TO OBTAIN A POWER SUPPLY IN ORDER TO MEET THE TERMS OF THE WHOLESALE PURCHASE CONTRACT PURSUANT TO APPROVAL BY THE NEW MEXICO PUBLIC REGULATION COMMISSION, THE EQUITY CONTRIBUTION IS RECOVERED MONTHLY FROM THE MEMBERS THROUGH THE SALE OF ELECTRICITY

Return Reference	Explanation
Form 990, Part IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B ELECTRIC UTILITIES MODIFIED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICE (RUS) THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE WILL BREAK OUT SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 WILL BE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

Return Reference	Explanation
,	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 3,677,410 LESS DIRECTORS FEES REPORTED ON 1099-MISC (159,489) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (250,974) PLUS SALARIES AND WAGES ALLOCATED TO ASSET ACCOUNTS 2,701,919 TOTAL WAGES ACCRUED AND/OR PAID \$ 5,968,866

Return Reference	Explanation
Form 990, Part IX, Line 24	THE FOLLOWING IS A BREAKDOWN OF THE EXPENSES REPORTED AS ADMINISTRATIVE AND GENERAL EXPENSE ON FORM 990, PART IX, LINE 24 OFFICE AND SUPPLIES \$ 121,449 OFFICE EXPENSE - JANITOR 71,321 OUTSIDE SERVICES 92,506 INJURIES AND DAMAGES 74,597 REGULATORY COMMISSION EXPENSE 318,082 DIRECTORS EXPENSES 60,739 ADVERTISING 39,650 ANNUAL MEETING 24,884 DUES & MEMBERSHIP FEES 122,174 CAPITAL CREDITS 3,806 RENTS 22,058 MAINTENANCE OF GENERAL PLANT 43,278 MAINTENANCE OF SCADA EQUIPMENT 43,657 MISCELLANEOUS GENERAL EXPENSE 218,856 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$1,257,057

Return Reference	Explanation
FORM 990, PART IX, LINE 4	THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS PATRONS) SHOULD BE REPORTED ON PART IX, LINE 4. THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS. THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS. THE COOPERATIVE ALLOCATION OF TRUE PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS. THE COOPERATIVE STAX LAW DEFINES "OPERATION ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL). TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAD IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONAGE, AND (3) IN A FAIR AND EQUITABLE MAINTER ON THE BASIS OF PATRONAGE (IE PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERHOD AFTER THE CLOSE OF THE COOPERATIVES YEAR-END OF DECOMBER 31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE ON DENOUS PROPARTIVES YEAR-END OF DECOMBER 31. EACH ONE OF THE COOPERATIVE WILL OPERATE ON A NONPROFIT BASIS, THE COOPERATIVE IS OBLIGATED TO ACCOUNT ON A PATRONAGE BASIS TO ALL ITS PATRONS FOR ALL AMOUNTS RECEIVED AND RECEIVABLE FROM THE FURNISHING OF ELECTRIC ENERGY). (B) THE MARGINS FROM THE PROVISION OF ELECTRIC ENERGY ARE RECEIVED WITH THE UNDERSTANDING THAT THEY ARE FURNISHED BY THE PATRONS OF ALL SUCH MARGINS AND (D) ALL SUCH AMOUNTS CREDIT TO THE CAPITAL ACCOUNT OF ANY PATRONS AS CAPITAL (C) THE COOPERATIVE WILL OPERATE ON A NONPROFIT BASIS, THE COOPERATIVE IS OBLIGATED TO A SCURE THAT THEY ARE FURNISHED BY THE PATRONS ON THE PURNISHING OF ELECTRIC ENERGY). (B) THE MARGINS FROM

Return Reference	Explanation
Form 990, Part XI, line 9	OTHER COMPREHENSIVE INCOME PROVISION FOR PENSIONS & BENEFITS 34,800 PATRONAGE CAPITAL ASSIGNABLE 12,320,524 PATRONAGE CAPITAL RETIRED -913,984

Return Reference	Explanation
	AUDITED FINANCIAL STATEMENTS WERE PREPARED BY AN INDEPENDENT ACCOUNTANT FOR THE COOPERATIVE'S FISCAL YEAR END OF JUNE 30TH THE TAX RETURN HAS BEEN AND CONTINUES TO BE PREPARED BASED ON A CALENDAR YEAR END OF DECEMBER 31 THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR

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OMB No 1545-0047 2014

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization CENTRAL VALLEY ELECTRIC COOPERATIVE INC 85-0027414

Tidentification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (b) (c) Legal domicile (state or foreign country) (d) Total income End-of-year assets Direct controlling entity							
	, ,	Legal domicile (state	` '	, ,	1		
					_		

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	Section (b) (contribute)	n 512 13) olled
						Yes	No
PO BOX 230	SCHOLARSHIPS TO MEMBERS AND CHILDREN TO GO TO NEW MEXICO COLLEGE/UNIVERSITY	NM	501(C)(3)		CENTRAL VALLEY ELECTRIC COOPERATIVE INC	Yes	
ARTESIA, NM 88211 85-0323120							

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											$^{-}$

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	
									ı			

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes No	

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Rec	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	.a		No
b Gıft,	, grant, or capital contribution to related organization(s)	.ь		No
c Gıft,	, grant, or capital contribution from related organization(s)	l c		No
d Loar	ns or loan guarantees to or for related organization(s)	.d		No
e Loar	ns or loan guarantees by related organization(s)	.e		No
f Divi	dends from related organization(s)	lf		No
		.g	\longrightarrow	No
_		.h	\rightarrow	No
		Li	-+	No
	· _ · _ · _ · _ · _ · · · · · · ·	lj	\longrightarrow	No
, Leas		_	-	
k Leas	se of facilities, equipment, or other assets from related organization(s)	.k	\rightarrow	No
I Perfo	ormance of services or membership or fundraising solicitations for related organization(s)	ıı		No
m Perfo	ormance of services or membership or fundraising solicitations by related organization(s)	m		No
n Shar	ring of facilities, equipment, mailing lists, or other assets with related organization(s)	۱n		No
o Sha	ring of paid employees with related organization(s)	.о	Yes	
p Rein	mbursement paid to related organization(s) for expenses	.p		No
q Rein	nbursement paid by related organization(s) for expenses	.q		No
r Othe	er transfer of cash or property to related organization(s)	lr		No
s Othe	er transfer of cash or property from related organization(s)	.s		No
2 Ifth	e 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			

	2 If the diswer to diff of the above is Tes, see the instructions for minimation 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					
7110	CENTRAL VALLEY ELECTRIC EDUCATION FOLINDATION NA . LESS THAN 50000	0		EMPLOYEE HOLIDS Y HOLIDLY DATE					

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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