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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

ation may have to use a copy of this return to satisfy state

Open to Public

			nue Service		<u>_</u>	tii					. <u> </u>			-
						ear beginning	July		2008, and			e 30	, 20 09 oyer identification n	umber
	ВС	heck if	applicable	Please use IRS		nization Ohio Ru	ıraı Eleçtr	ic Coop.,	inc./Cou	ntry Livi	ng mag.	•	•	
		Address	change	label or	Doing Busine			44	·> [=			51	: 0174617	<u>/</u>
	\square	lame c	hange	print or type	Number and str	eet (or PO box if mail	is not delivered	d to street add	iress) H	loom/suite				
	☐ Ir	nitial re	strial return See Specific P.O. Box 26036									(614	846-575	<u> </u>
	□т	ermina	tion	Instruc-	1 '	state or country, an								
		mende	ided return tions. Columbus, OH 43226-0036							G Gross	receipts \$ 5,81	8,878		
		Application pending F Name and address of principal officer Anthony J. Ahern H(a) Is this								H(a) Is this	a group retu	rn for affiliates?□ Yes	✓ No	
				P.O. E	Box 26036, Co	olumbus, OH 4	3226-0036	<u> </u>			H(b) Are a	II affiliates	included? Yes	□No
	1	Tax-ex	empt statu:	s 📝 5	501(c) (6) ⊲ (in	sert no) 🔲 494	7(a)(1) or {	527			If "No	o," attach	a list (see instruction	1 s)
	J	Webs	ite: ► N/	Α							H(c) Group e	xemption n	umber ► N/A	<u> </u>
	K	Type of	organization	✓ Corpo	ration 🗌 Trust 🗀	Association Oth	ner 🕨		L Year of	formation	1941	M State	of legal domicile OF	1
	Pa	rt I	Summ											
		1	Briefly d	escribe	the organizat	tion's mission o	r most sig	ınıfıcant a	ctivities.	The pur	poses of	the org	anization is to a	id,
	_		promote	e and a	ssist, a prog	ram of rural ele	ectrification	n in the	State of C	hio by r	endering	service	s to rural	
	JC		electrifi	cation	corporations	and association	ons organ	ized und	er the law	s of the	State of 0	Ohio; to	aid and assist	
	E		in the d	issemi	nation of info	rmatin relating	to rural e	electrifica	tion; to e	ngage	(Conti	nued o	n Schedule O)	
	ove	2				zation discontinue								
	Ğ				_	of the governing						3	}	24
	SS				-	ng members of			-			4		24
	VIE	1			-	Part V, line 2a)	-		(, =,, -,,			5		32
	Activities & Governance	l				estimate if nece						6		0
	`					ss revenue from		Re-12 C	olluma (C)			7a	50	8,049
						le income from				. '		. 7b	(44	1,563)
2010							0			SC	Pnor Ye	ar	Current Yea	r
20	_	8	Contribu	tions ai	nd grants (Pa	rt VIII, line 1h)	151	MAY 2	4 2010	Ö		0		0
6	nue	ı				rt VIII, line 2g)			2010	SO	2,2	283,845	2,31	4,387
₩	Revenue					column (A), line	es/3, 4, an	nd~7dh		ો હૈં		31,345	1	7,539
	Œ	11	Other re	venue (Part VIII, colu	mn (A), lines 5,	6 d, 8c, 9	-10c, an	date		3,5	530,096	3,48	6,952
JUL		12	Total reve	enu e - a	dd lines 8 thro	ough 11 (must e	qual Part V	III, column	(A), line 1	2)	5,8	345,286	5,81	8,878
		13	Grants a	nd sımı	lar amounts i	paid (Part IX, co	olumn (A).	lines 1-3)				0		0
SCANNED		ì				ers (Part IX, co					-	0		0
Z	Expenses	ł		•		employee benefi		-). lines 5–1	(0)	2,5	573,401	2,64	9,378
Z	ĕ	1			-	(Part IX, column	•	-		·		0		0
S	Ext	l .			-	art IX, column (D)								
Š		,		_		ımn (A), lines 1					3,0	79,372	3,03	2,349
				-	•	17 (must equa			A). line 25)	, . <u> </u>	5,6	552,773	5,68	1,727
						act line 18 from			· · · · · · · · · · · · · · · · · · ·			192,513		7,151
	c or										Beginning o	f Year	End of Year	•
	Assets Baland	20	Total ass	sets (Pa	art X, line 16)						3,9	952,411	4,19	4,980
	Ass J Ba	l			Part X, line 26			•	•			81,953		7,370
	Net Fu					Subtract line 2	21 from line	e 20 .				370,458		7,610
	Pa	rt II		ature					 			,		
			Under pe	enalties of	perjury, I declare	that I have examine	ed this return.	, including a	ccompanying	schedules	s and stateme	ents, and	to the best of my kno	wledge
			and belie	ef, it is tru	e correct, and c	omplete Declaratio	n of preparer	(other than	officer) is ba	ased on all	information of	of which p	preparer has any kno-	wledge
	Sig	ın		K"(I	Lim C	1 Kalur	\overline{X}				,	5/ ľ	7/10	
	He		Sign	ature of	officer ^	12		\(\doldo\)			Date			
			\ \ \	M.'M	lian Hi	Nobert	کہ	VY-	-fina	n ce	HCF	\mathbb{C}		
			Тур	e or print	name and title									
			Preparer	·. \		-			Date	Chec			identifying number	
	D~:~	ì	signature						1	self- emple	oyed ▶ 🔲	(see instru	ctions)	
	Paid													
	•	oarer's		ame (or ye	ours L						EIN	>	:	
	use	Only	if self-en address.	nployed), and ZIP	+ 4						Phone no	> ()	
	May	y the				he preparer she	own above	e? (see in:	structions) .			. 🗌 Yes 🗸	No

Form **990** (2008)

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission See Form 990, Part I, Question 1
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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: N/A) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A) 1) Country Living Magazine is published monthly and provides valuable information to cooperative members about rural electrification as well as other aspects of rural living.
4h	(Code: N/A) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A)
	2) Legislative and Governmental Affairs provides a unifed presence to the state government and economies of scale
	to all of the distribution cooperatives throughout the state of Ohio to ensure the cooperatives' voice is heard.
4c	(Code: N/A) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A)
	3) Member Information and Education provides training courses throughout the year for electric cooperative trustees and employees as well as youth and scholarship programs for distribution cooperative members.
	4) Safety and Loss control provides safety training and industry information to electric distribution cooperative employees around the state of Ohio, mainly those working in the field.
	an possess around the state of employments those nothing in the new.
4d	Other program services (Describe in Schedule O) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A)
40	Total program conice expenses & NIA (Must equal Part IX Line 25 column (R))

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open spart the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Yes, complete Schedule D, Part III Did the organization hold assets in term, permanent, or quisi-endowments? If "Yes," complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quisi-endowments? If "Yes," complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quisi-endowments? If "Yes," complete Schedule D, Parts XI, XII, and XIII Did the organization hold assets in term, permanent, or quisi-endowments? If "Yes," complete Schedule D, Parts XI, XII, and XIII Did the organization hold assets in term, permanent, or quisi-endowments? If "Yes," complete Schedule E Did the organization a sc	3 dete 4 3 dete 4 3 dete 6 dete 6 dete 6 dete 7 dete 7 dete 7 dete 7 dete 8 dete 8 dete 9 det	Yes	No
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 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complet Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any accounts where donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open spart the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in PX, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes complete Schedule D, Part IV. 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV. 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule Parts VI, VII, VIII, VX, or X as applicable 12 Did the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 14 Did the organization as a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F, Part II. 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraisin business, and pr	3 dete 4 3 dete 4 3 dete 5 dete 6 dete 6 dete 7 dete 8 dete 8 dete 9 det		✓ ✓
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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule Parts VI, VII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this retire that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	· —		✓
 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this retic that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the U S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to a organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistant to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule G, Part II Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I			✓
 Did the organization receive an audited financial statement for the year for which it is completing this retic that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to a organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistant to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part II Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule I, Parts I and Did the organization have a tax-exempt bond issue with an outstanding principal amount of more th \$100,000 as of the last day of the year, that was issued after	D, 11	1	
 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	urn	_	
 Did the organization maintain an office, employees, or agents outside of the U.S.?	12	✓	
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the U S.? If "Yes," complete Schedule F, Part I 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to a organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistant to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question 	13		<u> </u>
 business, and program service activities outside the U S.? If "Yes," complete Schedule F, Part I	14a		✓
 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistanto individuals located outside the United States? If "Yes," complete Schedule F, Part III. Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part II Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question 	ing, 14b		✓
to individuals located outside the United States? If "Yes," complete Schedule F, Part III	any 15		✓
 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part II Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question 	nce 16		1
 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more th \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question 			✓
 Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more th \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question 			<u> </u>
 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more th \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question. 			√
 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more the \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question. 	20		-/
 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J			-/ -
Schedule J	d III 22		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more th \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question	22	1	
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer question	23	-	
	ons 24a		1
			`
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	ear 24c		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			√
25a Section 501(c)(3) and 501(c)(4) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualification person from a prior year? If "Yes," complete Schedule L, Part I			
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	LOCK		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part	, or		

Part IV	Checklist o	f Required	Schedules	(continued)

			res	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			-
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	,	1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		✓

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	√	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	/	ļ
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)?	4 a		1
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		
h	\$75?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1
	required to file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
e	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?	9b		1
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?. Section 501(c)(7) organizations. Enter	56		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	3		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	, , , , , , , , , , , , , , , , , , , ,			
Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
_	circumstances, processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body. 1a 24			
1a	The the hamber of voting members of the governing body			
b	Littles the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
_	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	İ	./
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		-
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	1	
6	Does the organization have members or stockholders?		<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a	1	
L	of the governing body?	7b		<u> </u>
				Ė
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following The governing body?	8a	1	
a b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a	Does the organization have local chapters, branches, or affiliates?	9a		$\overline{\checkmark}$
J	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	√	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		./
500	tion B. Policies			<u> </u>
<u> </u>	tion b. r olicies		Yes	No
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
U	rise to conflicts?	12b	✓	
_				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14_	√	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		/	
а		15-		
	The organization's CEO, Executive Director, or top management official?	15a	·/	
b	The organization's CEO, Executive Director, or top management official?	15a 15b	√	
	The organization's CEO, Executive Director, or top management official?		√	
	The organization's CEO, Executive Director, or top management official?	15b	√	
16a	The organization's CEO, Executive Director, or top management official?		√	✓
16a	The organization's CEO, Executive Director, or top management official?	15b	√	✓
16a	The organization's CEO, Executive Director, or top management official?	15b 16a	✓	✓
16a b	The organization's CEO, Executive Director, or top management official?	15b	∀	✓
16a b Sec	The organization's CEO, Executive Director, or top management official?	15b 16a 16b		✓
16a b <u>Sec</u> 17	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed None	15b 16a 16b		✓
16a b <u>Sec</u> 17	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	15b 16a 16b		✓ ————————————————————————————————————
16a b Sec	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ition C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection.	15b 16a 16b		✓ —
16a b <u>Sec</u> 17 18	The organization's CEO, Executive Director, or top management official?	16a 16b	only)	✓ ————————————————————————————————————
16a b <u>Sec</u> 17	The organization's CEO, Executive Director, or top management official?	16a 16b	only)	✓ ————————————————————————————————————
16a b Sec 17 18	The organization's CEO, Executive Director, or top management official?	16a 16b	only)	V
16a b <u>Sec</u> 17 18	The organization's CEO, Executive Director, or top management official?	16a 16b	only)	/

Part VII 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. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co		any c	offic			ctor,	trus			
(A)	(B)	_		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1) S. Kim Wells Chairman	2	/		1				2,400	1,800	0
2) Edward P. Sanders Vice Chairman	4	/		/				1,500	0	0
3) William A. Oedy Secretary/Treasurer	2	1		√				1,350	0	0
4) Harold E. Cooper Trustee	8	1						1,200	0	0
5) Donald Holton Trustee	2	1						0	0	0
6) Marinelle P. Jeffers Trustee	6	1						0	0	0
7) Thomas McQuiston Trustee	2	1						0	0	0
8) Robert McCort Trustee	5	1						900	0	0
9) Donald McCracken Trustee	2	1						600	1,350	0
10) Jack L. Kitchel Trustee	2.5	1						900	0	0
11) Daniel McNaull Trustee	4.5	1						600	900	0
12) Shirley J. Stutz Trustee	6	✓						1,350	0	0
13) James Demler - (Served 7/1/08 - 5/31/09) Trustee	2	1						0	0	0
14) David Corbin - (Replaced James Demler) Trustee	2	1						0	0	0
15) Larry D. Martin Trustee	3	1		_				900	0	0
16) Jack Schmidt, Jr. Trustee	2.3	1						0	0	0
17) C. Emerson Snapp Trustee	1	1						600	0	0

Part VII Section A. Officers, Directors, Tre	ustees, Key	/ Emp	oloye	ees,	an	d Hig	hes	t Compensate	d Employees (co.	ntınued)
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
18) James R. McConnell Trustee	2	_						750	0	0
19) Eugene Royer Trustee	3	· ✓						600	0	0
20) Ned A. Doering Trustee	2	1						1,350	2,400	0
21) Dennis W. Schindler Trustee	4	1						750	0	0
22) Larry Zeedyk Trustee	2	1						750	600	0
23) Robert Hastedt - (Serv. 7/1/08 - 12/31/08) Trustee	2	1						0	0	0
24) Lawrence Weirich Trustee	3	√						0	0	0
25) Jeff Wilson Trustee	2.3	1						0	0	0
26) Jody Parrish-Polen Trustee	3	1						2,550	0	0
27) Anthony J. Ahern CEO & President	10			1				95,112	380,448	79,276
28) Bobby L. Daniel CFO & V.P. Finance	10			,				50,539	202,156	45,368
29) David A. Berger V.P. Administration & Operations	26			<u></u>				104,568	85,555	38,064
30) Ken A. Keylor V.P. Statewide Services	48			1				180,935	0	38,023
1b Total		•		. v	•	1	•	Continued	on Schedule J	-2

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 2

3	Did the organization list any former officer, director or trustee, key emp	ployee,	, or	highest	cor	mpensa	ated
	employee on line 1a? If "Yes," complete Schedule J for such individual						

- 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
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

		Yes	No
t			
	3	✓	
1			
1			
	4	✓	
r	*		
•	5		1

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.

(A) Name and business address	(B) Description of services	(C) Compensation
Thompson Hine, LLP	Legal	156,532
41 South High Street, Columbus, OH 43215-6101		
Federated Rural Electric Insurance Exchange	Lineman Crew Inspection	150,000
11875 W. 85th St., PO Box 15147, Lenexa, KS 66285-5147		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 2

Part	VIII	Statement of Re	venue		_	-		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
grants nounts	1a	Federated campaigns	. 1a		-			
tributions, gifts, grants other similar amounts		Membership dues	1b	3,486,952				
ts, am		Fundraising events .	1c					
gif		Related organizations	1d					
ns, ii		Government grants (contri	ibutions). 1e					
er si		All other contributions, gifts, g						
년 원		and similar amounts not inclu	ded above 1f					
Contributions, gifts, and other similar an		Noncash contributions include	ed in lines 1a-1f 💲 _					
0 8	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	<u> ▶</u>	3,486,952			
e e				Business Code				
ven	2 a	Advertising Revenue		541800	508,049		508,049	
æ	b	Subs./Pub. Rev Tra	de Mag.	<u>.</u>	1,806,338	1,806,338		
Š	С					<u> </u>		
Ser	d			····				
ag	e						_	
Program Service Revenue	f	All other program servi						
_	g	Total. Add lines 2a-2f		<u> ▶</u>	2,314,387	·		
	3	Investment income (inc	luding dividends	s, interest, and	47 500			47.500
		other similar amounts)			17,539			17,539
		Income from investment of	of tax-exempt bone	d proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	_		(i) Heai	(ii) Fersonal				
		Gross Rents						
		Less: rental expenses						
		Rental income or (loss) Net rental income or (loss)	L	<u> </u>				
		` i	(i) Securities	(II) Other				_
	7a	Gross amount from sales of assets other than inventory	(i) Gecuriles	(ii) Other				
		·						
	b	Less cost or other basis						
	_	and sales expenses .		-				
		Gain or (loss) Net gain or (loss)		•				
				· · · ·				
Revenue	8a	Gross income from events (not including \$	fundraising					
Š		of contributions reported						
		See Part IV, line 18	a on line roj.					
Other	b	Less: direct expenses		•••				
₹		Net income or (loss) fro		vents.				
			•			1		
	78	Gross income from gam See Part IV, line 19	ing activities			i ·		
	b	Less: direct expenses				•		
	С	Net income or (loss) fro	om gaming activ	ities .				
	10a	Gross sales of inve	entory less)		
		returns and allowances			i	e £		
	b	Less: cost of goods so				Mary 1		
	С	Net income or (loss) from	n sales of invento	ory >				
		Miscellaneous Reve		Business Code		3	ering and the control of the control	anders (d.) 1181 (1184) Literatur
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-1	1d , , , ,	•		***********		
		Total Revenue. Add lin						
		9c 10c and 11e	J ,		5 818 878			

Part IX Statement of Functional Expenses

Section 501(c)(3)	and 501(c)(4) organizations must complete	all columns.
All other organizations must comple	ete column (A) but are not required to com	plete columns (B), (C), and (D)

			t required to com		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			-	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			-	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			-	
4 5	Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees	428,600			
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	1,345,057			
8	Pension plan contributions (include section 401(k)	E44.007			
_	and section 403(b) employer contributions)	514,697 230,225		+	
9	Other employee benefits	130,799			
10 11	Payroll taxes	100,100			
	Management				
b	Legal	196,632			
С	Accounting	30,500			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		. •	112 100	
f	Investment management fees	79,108		-	
g	Other	79,106			
12	Advertising and promotion	192,993			
13 14	Office expenses	14,751		<u> </u>	
15	Royalties				
16	Occupancy	104,297			
17	Travel	209,819			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	446.700		-	
22	Depreciation, depletion, and amortization.	116,720 16,437		<u> </u>	
23	Insurance	10,757	· ·		
24	Other expenses, Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Magazine Printing	955,084			
a b	Magazine Postage Expense	554,063			
c	Mag. Exp Add. Pgs, Inserts, & Returns	244,904			
d	Education Program	60,119			
е	Dues and Subscriptions	36,799			
f	All other expenses Miscellanous	220,123			
25	Total functional expenses. Add lines 1 through 24f	5,681,727			
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	775,643	1	766,832
	2	Savings and temporary cash investments	1,455,932	2	1,626,687
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	604,935	4	553,401
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		8	
1SS	8	Inventories for sale or use	50.004	9	40 472
4	9	Prepaid expenses and deferred charges	50,001	9	40,472
	10a	Earle, beliefings, and oddipmont: odd: basis			
	b	1401 4 574 6061	506,655	100	649,899
	١	Tall the concedio 5	300,033	11	
	11	Investments—publicly traded securities	25,500	12	25,500
	12	Investments—other securities. See Part IV, line 11	20,000	13	20,000
	13 14	Investments—program-related. See Part IV, line 11		14	•••
	15	Other assets. See Part IV, line 11	533,745		532,189
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,952,411		4,194,980
	17	Accounts payable and accrued expenses	926,986		923,786
	18	Grants payable		18	
	19	Deferred revenue	5,370	19	6,179
	20	Tax-exempt bond liabilities		20	
es	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			1
=		persons. Complete Part II of Schedule L	·	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	1,149,597	25	1,257,405
	26	Total liabilities. Add lines 17 through 25	2,081,953	26	2,187,370
alances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	_	27	
Œ	28	Temporarily restricted net assets		28	
Fund	29	Permanently restricted net assets	9 · 10	29	45.4
Net Assets or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		
ets	30	Capital stock or trust principal, or current funds	675	30	675
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	1,869,783	32	2,006,935
it /	32	Retained earnings, endowment, accumulated income, or other funds	1,870,458		2,007,610
ž	33 34	Total net assets or fund balances	3,952,411	34	4,194,980
Pa	art XI		0,002,411	<u> </u>	
		Thansa Satomone and Hoperang	· · · · · ·		Yes No
1		counting method used to prepare the Form 990. Cash Accrual			00
2		re the organization's financial statements compiled or reviewed by an inc		t?	2a 🗸
		re the organization's financial statements audited by an independent acc			2b ✓
C		'es" to lines 2a or 2b, does the organization have a committee that assumes			2c 🗸
_	the	audit, review, or compilation of its financial statements and selection of an in	audit or audits as ast	l' Liforthim	-
Já		a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?			3a ✓_
t		Yes," did the organization undergo the required audit or audits?			3b

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization			Employer ide	ntification number
Ohi	Rural Electric Cooperatives, Inc. / Cou	ntry Living Magazine		51 :	0174617
Pai	Organizations Maintaining Do the organization answered "Ye	onor Advised Funds or Other Similar s" to Form 990, Part IV, line 6.	Fun	ds or Acco	ounts. Complete if
		(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year .				
5		d donor advisors in writing that the assets bject to the organization's exclusive legal o			rised Yes No
6	Did the organization inform all grantees, used only for charitable purposes and no impermissible private benefit?	donors, and donor advisors in writing that of the benefit of the donor or donor adv	grant usor c	funds may to or other	oe . ∏ Yes ∏ No
Da		nplete if the organization answered "Yes	" to F	orm 990 P	
				01111 000, 1	art iv, into i.
2	 Preservation of land for public use (e. Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization he 	· _	ion of tion o	f certified his	y important land area storic structure vation easement
	on the last day of the tax year			н	eld at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation	easements		2b	
С	Number of conservation easements on a	certified historic structure included in (a)		2c	
đ	Number of conservation easements inclu			2d	
3	Number of conservation easements mod the taxable year ►	fied, transferred, released, extinguished, or	r term	ninated by th	e organization during
4	Number of states where property subject	to conservation easement is located ▶			
5	enforcement of the conservation easeme				. Yes No
6		toring, inspecting, and enforcing easement			
7		ng, inspecting, and enforcing easements d			·
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirement			. Yes No
9		n reports conservation easements in its re- the text of the footnote to the organization vation easements.			
Pai		llections of Art, Historical Treasures, on swered "Yes" to Form 990, Part IV, line 8		her Similar	Assets.
1a	art, historical treasures, or other similar as	under SFAS 116, not to report in its revenu sets held for public exhibition, education, or ote to its financial statements that describe	resea	arch in furthe	
b	historical treasures, or other similar asset provide the following amounts relating to (i) Revenues included in Form 990, Part	VIII, line 1	reseai	rch in further	ance of public service,
2	If the organization received or held work	s of art, historical treasures, or other simi	lar as		\$ ncial gain, provide the
		d under SFAS 116 relating to these items			<u>ሱ</u>
a	Revenues included in Form 990, Part VIII		•		\$ \$
b	Assets illuluded in FORM 990, Part X .				Ψ

Page	- 2

Par	t III Organizations Maintaining Co	llections of Art, Hi	storical Treasures,	or Other Similar Ass	ets (continued)
3	Using the organization's accession and otitems (check all that apply):	her records, check a	iny of the following the	hat are a significant use	e of its collection
а	Public exhibition	d	Loan or exchai		
b	Scholarly research	е	Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization's Part XIV.	collections and expl	ain how they further	the organization's exen	npt purpose in
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	o be maintained as pa	art of the organization'	s collection?	Yes No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an ar			n answered "Yes" to F	orm 990,
	Is the organization an agent, trustee, custo included on Form 990, Part X?			ons or other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part X	IV and complete the	following table.	Δ	
				 	ount
С	Beginning balance			1c	·
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance	· · · · · · · · · · · · · · · · · · ·		1f	
	Did the organization include an amount on If "Yes," explain the arrangement in Part X	(IV		· · · · · ·	∐ Yes ∐ No
Pai	t V Endowment Funds. Complete				
	(a) Cu	urrent year (b) Prior	r year (c) Two years I	back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
þ	Contributions ,				
С	Investment earnings or losses .				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f g	Administrative expenses End of year balance		A Section 1		•
2	Provide the estimated percentage of the year	ear end balance held	l as:		
а	Board designated or quasi-endowment ▶	%			
b	Permanent endowment ▶ %				
С	Term endowment ▶ %				
3а	Are there endowment funds not in the posse	ession of the organiza	ation that are held and	d administered for the	Yes No
	organization by:				r
	(i) unrelated organizations				3a(i)
	(ii) related organizations		t on Cohodula D2		3a(ii) 3b
4	Describe in Part XIV the intended uses of				
	t VI Investments—Land, Building			rt X line 10	
1801		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
			78,733		78,733
	Land		1,166,515	769,369	397,146
b	Buildings		1,100,010	700,000	301,140
C	Leasehold improvements		37,331	34,087	3,244
d	Equipment		942,006	771,230	170,776
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colum		171,230	649,899
- 5.0		ooo, ran n, coluit	(3), , 0(0) /		340,000

Part VII Investments - Other Securitie	s. See Form 990, Part X	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
Financial derivatives and other financial products			
Closely-held equity interests			
Other Corporate Stock - ORESC	25,500	Cost	
			·
			
		 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		· · · · · · · · · · · · · · · · · · ·	
Part VIII Investments – Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-ye	
	 	 	
		 	
	1		
		 	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, col (B) line 13) ►	net V line 15		
Part IX Other Assets. See Form 990, Fa	(a) Description		(b) Book value
Membership Fees & Patronage	(a) Description		44,526
Membership Stock - Energy Corp, Inc.			4,075
Other Regulatory Asset - SFAS 158 - OREC	· · · · · · · · · · · · · · · · · · ·		401,528
Accumulated Deferred Income Tax			22,500
Patronage Capital CADPC			658
Other Regulatory Asset - SFAS 158 - CLM			58,902
		-	
Total. (Column (b) should equal Form 990, Part X, co	ol (B) line 15)		> 532,189
Part X Other Liabilities. See Form 990	, Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes		0	
Accumulated Postretirement Benefits	1,248,62		
Prepaid Revenue	8,78	32	
	 		
	 		
	-		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	1,257,40	05	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

chec	dule D (Form 990) 2008		Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement		
1		1	5,818,878
2	Total revenue (Form 990, Part VIII, column (A), line 12)	2	5,681,727
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	137,151
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	
Ō	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	137,151
Par	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per l	Return
1	Total revenue, gains, and other support per audited financial statements	1	5,818,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,818,878
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5		5	5,818,878
Par	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expens	es pe	r Return
1	Total expenses and losses per audited financial statements	1	5,683,977
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b		_ ,	
С		_	
d	Other (Describe in Part XIV))	
е	Add lines 2a through 2d	2e	2,250
3	Subtract line 2e from line 1	3	5,681,727
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) .	5	5,681,727
Par	rt XIV Supplemental Information		
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a at 2b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	nd 4; Pa	art IV, lines 1b
Par	rt X - Footnote from organization's financial statements regarding FIN 48		
The	e Cooperative has elected to defer the application of Financial Accounting Interpretation No.		
for	Uncertainty in Income Taxes, until June 30, 2010. The Cooperative annually evaluates tax po		as part of the
pre	eparation of its tax accrual. This process includes an analysis of whether tax positions the Co	рорега	live takes with
reg	gard to a particular item of income or deduction would meet the definition of an uncertain tax	positio	n under FIN 48.

The impact of FIN 48 has not been assessed by management at the present time.

Schedule D (For	orm 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
Part XIII - L	Line 2d	
Federal Inc	come Tax Benefit = \$2,250	

•••••		

SCHEDULE J (Form 990)

Part I Questions Regarding Compensation

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 51 : 0174617 Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
	Discretionary spending account Telepolitar services (e.g., maid, chadicar, chery			
L	If the days shocked and the exceptation follows a written policy regarding navment or reimburgement or			
D	If line 1a is 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	1b		
^	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
2	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.			
	☑ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	D. J. H. L. S. G. COO. D. LVIII. October A. Prop. Acc.			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a	4a		7
	Receive a severance payment or change of control payment?	4b		<u></u>
b		4c		<u></u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	10		
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart in.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:		٠.	
а		5a		
b	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, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of.			
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, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		i i	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
		(b) Breakdown C	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(b)(a)	reported in prior Form 990 or Form 990-EZ
1) Anthony Aborn	€		0	3,991	13,499	2,356	110,967	275,081
	€	364,483	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	15,965	53,997	9,424	443,869	275,081
2) Patrick O' Loughlin	Θ			893	1,900	828	16,451	15,805
		1) 243,770	0	16,942	36,100	15,713	312,525	300,305
3) Bobby Daniel	Ξ			3,558	6,974	2,100	59,613	44,013
	: E		0	14,232	27,894	8,400	238,450	249,407
4) David A Berger	ε	760,76	1,100	6,371	14,766	6,170	125,504	122,694
	(ii)		900	5,212	12,080	5,048	102,683	100,385
5) Ken A Keylor	(1)	168,290		12,645	25,589	12,434	218,958	213,700
1	(II)		0	0	0	0	0	0
6) Richard Byrne	Ξ	0		0	0	4,344	4,344	4,442
	Ξ		0	0	0	4,344	4,344	4,442
7) Robert Cleveland	(1)	0	0	0	0	2,452	2,452	2,699
	(ii)	0 (!	0	0	0	2,453	2,453	2,699
8) Myron Kempfer	(9)	0	0	0	0	0	0	
	(E)	0 (0	17,618	0	4,849	22,467	25,507
9) Charlie Jack	(9)	0	0	0	0	0	0	
ı	(E)	0 (1	0	0	0	2,570	2,570	2,439
10) Louise Freeland	<u> </u>	0	0	0	0	1,285	1,285	1,220
	(ii)	0 (0	0	0	1,285	1,285	1,220
	€ €							
	ε							
	(ii)							9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	(i)	0						
	E E							
	(E)	0						
	E E	0						
							Sche	Schedule J (Form 990) 2008

Page 3

Schedule J (Form 990) 2008 Page 3 Page 4
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
N/A
Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Employer Identification number

Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine

51 0174617

(A)	(B)			((C)		·	(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Continued from 990, Part VII.										
31) Patrick O'Loughlin COO - Buckeye Power	2				1			13,723	260,712	54,54
32) L. James Walker, Jr. Director, Power Delivery Eng. & Plan.	0					1		0	139,016	44,33
33) Thomas M. Alban Director, Power Generation	2					✓.		6,235	118,465	41,13
34) Herbert E. Caldwell, Jr. Director, Ld. Mgmt. Comm. & Comp.	2					1		12,487	112,382	41,10
35) Teresa Staats Director, Marketing	5					1		12,230	110,069	31,37
36) Craig Grooms Director, Resource Scheduling	0					1		0	114,384	36,8
37) Richard Byrne Former CEO & President	0						1	0	0	8,6
38) Robert Cleveland Former CEO & President	0						1	0	0	4,90
39) Myron Kempfer Former CFO & V.P. Finance	0						1	0	17,618	4,8
40) Charlie Jack Former V.P. Engineering	0						1	0	0	2,5
41) Louise Freeland Former Board Officer	0				_		1	0	0	2,5
Total								494,879	1,547,855	473,6

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ohio Rura	I Electric Cooperatives, Inc. / (Country	Living	Magazine			5	<u>1 :</u> .		01	7461	7	
Part I	Excess Benefit Transactions To be completed by organizations	(section	501(c)(3) and sect					n 990-	-EZ, P	art V,	line 4	0b.
				- <u>-</u>								(c) Con	rected'
1 ———	(a) Name of disqualified person			-	(b) (Description of	transaction					Yes	No
						-							
•				-									
												<u>.</u>	
under	the amount of tax imposed on section 4958							ng the	year	▶ \$			
3 Enter	the amount of tax, if any, on lin	e 2, abo	ve, reim	bursed by	the orga	anization .				▶ \$			
Part II	Loans to and/or From Intere To be completed by organizations	sted Per	rsons. wered "Y	es" on Form	n 990, Pa	rt IV, line 26	, or Form 9	990-E	z, Part	t V, lin	e 38a		
(a) Nam	ne of interested person and purpose		to or from anization?	(c) Ong principal a		(d) Balan	ce due	(e) In o	default?	by bo	proved pard or nittee?	(g) W agree	ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
		-					.,						
rotal	<u> </u>		· · ·		. ▶ \$					Ĺ		1, 1	•
Part III	Grants or Assistance Benefit To be completed by organizat	-			on Form	990. Part I	V. line 27						
(a) Name of interested person			between inte	rested per				of grant	t or typ	e of a	ssistano	е
				Organizati									
		 											
										-			
		<u> </u>					<u> </u>					<u> </u>	
Part IV	Business Transactions Invol- To be completed by organizat				on Form	990 Part I	V line 28	la 28	h or				
(a) Na	ame of interested person	(b) R	elationshi	p between on and the	(c) A	mount of saction	1		on of tra		ion	(e) Sha organa rever	
	<u></u>										_	Yes	No
1) Harold	Cooper		ee of O			<u> 19,098</u>	Insuran	ce Po	olicy -	· DO	/	L	1
		Bd. M	ember	Region IV		<u> </u>						<u> </u>	
		of Fed	derated										
		-					 					 	
		1			•		1					1	

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Name of the organization							Employe	er ident	tificatio	n num	ber				
Ohio Rural Electric Cooperatives, Inc. / C	ountry	Living	· · · · · · · · · · · · · · · · · · ·								17				
Part I Excess Benefit Transactions To be completed by organizations								m 990	-EZ, P	art V,	line 40	0b.			
1 (a) Name of disqualified person				(6)	Description of	•	tion				(c) Con	rected?			
1 (a) Name of disqualified person				(6)	Description of	transac					Yes	No			
					-										
				- -											
2 Enter the amount of tax imposed on the under section 4958			-		alıfied pers		_	e yeaı 							
3 Enter the amount of tax, if any, on line	2, abo	ve, rein						•	▶ \$						
Part II Loans to and/or From Interes To be completed by organizations			es" on Forr	n 990, Pai	rt IV, line 26,	or Fo	rm 990-E	Z, Par	t V, lın	e 38a					
(a) Name of interested person and purpose		to or from	(c) Ori principal		(d) Balanc	e due	(e) In	default?	by bo	proved pard or nittee?	(g) W agree	ritten ment?			
	То	From					Yes	No	Yes	No	Yes	No			
Total			l	▶ \$			200 * 100			7 77 7		ar of pa			
Part III Grants or Assistance Benefitt	ing Inte	erested	Persons.	·			07	Maria de d	liadenciaño de el	in the second					
To be completed by organization	1		between inte) Amount	of gran	t or two	o of ac					
(a) Name of interested person	(b) Ne		organizat		son and the		, Amount	or gran	t Or typ	e or as	Sistant				
							•								
			- 												
Part IV Business Transactions Involv To be completed by organization				on Form	990. Part IV	V. line	28a. 28	b. or	28c.						
(a) Name of interested person	(b) R	elationshi	p between on and the	(c) Ar	mount of saction		Description			on	organiz	aring of zation's nues?			
											Yes	No			
2) Tony Ahern, Patrick O'Loughlin,		rs or K EC and	ey empl.		179,786					ofite		✓			
Bob Daniel, David Berger, & Ken Keylor	RESC		<u> </u>				C for sa								
			· ·												

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. OMB No 1545-0047

Employer identification number

Open To Public

Name of the organization Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine 0174617 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (g) Written (b) Loan to or from (d) Balance due (e) In default? ff) Approved (a) Name of interested person and purpose (c) Original agreement? by board or the organization? principal amount committee? То From Yes No Yes No Yes No Total \$ • Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (c) Amount of grant or type of assistance (a) Name of interested person organization **Business Transactions Involving Interested Persons.** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (d) Description of transaction (e) Sharing of (a) Name of interested person (b) Relationship between (c) Amount of interested person and the transaction organization's organization revenues? No National reimburse OREC 3) Tony Ahern, Patrick O'Loughlin, Officers or key emp. Bob Daniel, David Berger, & Ken Keylor for payroll and benefits of OREC and National Power Cooperative, Inc. National reimburse OREC 41,787 for general office costs

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons ► Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

OMB No 1545-0047

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Employer identification number

20 U8	
Open To Public Inspection	

Name of the organization	·						Employe	r ident	ificatio	n num	ber			
Ohio Rural Electric Cooperatives, Inc. / Co	ountry	Living	Magazine				51		01	7461	7			
Part I Excess Benefit Transactions (a To be completed by organizations to								n 990	-EZ, P	art V,	line 40	Ob.		
		_	<u> </u>								(c) Cori	ected?		
1 (a) Name of disqualified person	_			(b) (Description of t	ransac	tion				Yes	No		
														
 2 Enter the amount of tax imposed on the under section 4958 3 Enter the amount of tax, if any, on line 							uring the	e year	▶ \$					
Part II Loans to and/or From Interest To be completed by organizations to			es" on Forr	n 990, Par	rt IV, line 26,	or Fo	rm 990-E	Z, Part	t V, lın	e 38a				
(a) Name of interested person and purpose		to or from	(c) Ori principal		(d) Balanc	e due	(e) In o	default?		oroved ard or uttee?	(g) W agreei			
	То	From					Yes	No	Yes	No	Yes	No		
							grapes.		A. S. Laffers					
Total				. ▶ \$			see see is	he at	Econolis.	فإلمعموا				
Part III Grants or Assistance Benefitti To be completed by organization	_			on Form	000 Part IV	/ line	27							
								. 4						
(a) Name of interested person	(D) HE	elationsnip	between inte organizat		son and the	(C	:) Amount	or gran	t or typ	e or as	sistanc	æ		
						-								
						. <u> </u>								
David W. David and Taxable and the state of			D											
Part IV Business Transactions Involvi To be completed by organization	_			on Form	990, Part I	/, lıne	28a, 28	b, or	28c					
(a) Name of interested person			p between son and the ation		mount of saction	(d)) Description	on of tra	ansactı	on	organiz	aring of ration's nues?		
A) Tony Aborn Patrick O'l aughlin	Office	re or k	ey emp.		75,831	OPF	C pays S	Sales	Corn		Yes	No		
4) Tony Ahern, Patrick O'Loughlin, Bob Daniel, David Berger, & Ken Keylor		EC and		<u> </u>	13,031		or payro							
Dob Damer, Barra Derger, & Ken Keylor			c Sales				ral offic							
		(Sales					ling cos							
	<u> </u>				_									

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Employer identification number

Onio Rurai Electric	Cooperatives, Inc. / Country Living Magazine	
Form 990, Part I, C	uestion 1 (Continued from Page 1)	•
in any activity n	ecessary, convenient and proper to the economic distribution of electric energy to the inhabitants of	
rural areas in the S	tate of Ohio; to establish, maintain and finance service agencies for the benefit of rural electrification	
corporations and	ssociations in the State of Ohio; and do all things necessary or incident to the above mentioned	
purposes.		
Form 990, Part VI	Section A	
Question 6 - Ohio	Rural Electric Cooperatives, Inc. (OREC) has 24 Members which consist of 24 rural electric	
distri	oution cooperatives serving Ohio.	
Qustion 7a - Ea	ch of the 24 Members of OREC has the right to appoint one person to the Board of Trustees.	
Question 10 - T	ne 990 is prepared/reviewed internally and a copy is provided to the Trustees for comments before filin	ıg.
Form 990, Part VI	Section B	
Question 12c -	OREC annually submits questionnaires to officers, directors, trustees, and key employees	
*****	asking them appropriate questions to determine if any conflicts exist.	
Questions 15a	and 15b	
(compensation for the CEO and employees are reviewed on an annual basis at a minimum.	
	compensation study and survey is obtained. The information for the CEO is reviewed	
l	y the Executive Committee and ultimately approved by the Board of Trustees. A percent	_
i	ncrease in total salary for the employees (excluding the CEO) is approved by the Board of	
•	rustees but the actual allocation to the indivual employess is determined by the CEO.	
Form 990, Part VI	Section C	
,		-

Question 19 - The information is available upon request.

Schedule O (Form 990) 2008		Page 2
Name of the organization Ohio Rural Electric Cooperatives, Inc.	/ Country Living Magazine	Employer identification number 51 0174617
- The Hard Electric Geoperatives, inc.	, county and game	
Form 990, Part VII		
Average Hours/Week Devoted to Relat	ted Organizations	
1) Edward P. Sanders = 3	2) Robert McCort = 0.1	3) Jack L. Kitchel = 0.2
4) Daniel McNaull = 1.8	5) Larry D. Martin = 0.2	6) Dennis W. Schindler = 0.1
7) Anthony J. Ahern = 38	8) Bobby L. Daniel = 38	9) David A. Berger = 22
10) Patrick O'Loughlin = 46	11) Thomas M. Alban = 38	12) Herbert E. Caldwell, Jr. = 43
13) Teresa Staats = 43		
Form 990, Part VII, Schedule J, & Sche	edule J-2	
Compensation is based on calenda	or year 2008 information . In the prior year c	ompensation was based on the fiscal
year July 1, 2007 - June 30, 2008. T	Therefore, there is some overlap in the comp	pensation reported in the current year
and the prior year numbers.		

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine

Identification of Disregarded Entities

Part I

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

Open to Public Inspection

Employer identification number

0174617

51

(F)
Direct controlling
entity (F) Direct controlling ٧X ۷ Z ٨ ٧X 356,321,889 0 Public charity status (if section 501(c)(3)) End-of-year assets Œ 0 38,665,469 (D) Exempt Code section 501(c)(12) (D) Total income Legal domicile (state or foreign country) Legal domicile (state or foreign country) Ō ᆼ HO F **Currently No Activity** Acq. Electric Power Gen. & Trans. Elect. Primary activity Primary activity <u>@</u> ·····reported above are accounted for on Buckeye Power's books. --4} - Buckeye Power-Generating II, LLC - EIN: -31-0676582 ---------....... are related entities through their affiliation to Buckeye Power,.. Identification of Related Tax-Exempt Organizations Buckeye-Power, Inc. - EIN: -31-0676582----------------------------.-1} - Buckeye Power-Generating, - L.L.C - EIN: - 31-0676582 - - -Inc. (Ruckeye). All income and end of year assets (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity 6677 Rusch Blvd Columbus OH 43229 6677 Busch Blvd Columbus OH 43229 6677 Busch Blvd Columbus OH 43229 Part II

Schedule R (Form 990) 2008

Cat No. 50135Y

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

Schedule R (Form 990) 2008 Part III

Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes No				
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	*				
(H) Disproportionate allocations?	Yes No				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign country)					
(B) Primary activity					
(A) Name, address, and EIN of related organization		-N/A			

(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
-1). National Power-Cooperative, IncEIN:31-16708656577 Busch Blvd. Columbus. OH 43229	Peaking Plant	ЮН	N/A	C Corp	15,283,527	165,768,048	100
-2)-Ohio Rural Electric Sales-CorpEIN:-31-4390808 6677 Busch Blvd Columbus OH 43229	Sales to Coops	ОН	N/A	C Corp	13,827	322,144	100
-3)-Rural-Electric-Supply-Coop.,-IncEIN:-31-0682496- 6677 Busch Blvd Columbus, OH 43229	Elect. Supplies	ОН	N/A	Subchapter T	0	0	0
4)- Gooperative Power, IncEHN:-31-0981961	Fut. Plant Site	Ю	N/A	C Corp	0	0	0
-Note: -Org1-&-2 above-file separate Form-1120s and _therefore their income and assets are not on this 990			·				

Identification of Related Organizations Taxable as a Corporation or Trust

Schedule R (Form 990) 2008

Transactions With Related Organizations Schedule R (Form 990) 2008 Part V Transaction

41.10 D (Com 000) 2008	School	
n=28,343 q=2,049	n&q	Ohio Rural Electric Sales Corporation (OREC pays the amount in column (c)) Note: Transaction "o" is included in n & q. (6)
m=127,292 r=2,133	п&г	Ohio Rural Electric Sales Corporation (OREC pays the amount in column (c)) Note: Transaction "o" is included in m & r.
9,585	۵	Ohio Rural Electric Sales Corporation (OREC receives the amount in column (c))
74,401	ב	Ohio Rural Electric Sales Corporation (OREC receives the amount in column (c))
41,787	Ь	National Power Cooperative, Inc. (OREC receives the amount in column (c))
83,440	u	(1) National Power Cooperative, Inc. (Ohio Rural Electric Cooperatives, Inc. (OREC) receives the amount in col
(C) Amount involved	(B) Transaction type (a–r)	(A) Name of other organization(s)
insaction thresholds.	relationships and tra	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
19 <		 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)
1p /		p Reimbursement paid by other organization for expenses
10 /		o Reimbursement paid to other organization for expenses
1n <		n Sharing of paid employees
- T		m Sharing of facilities, equipment, mailing lists, or other assets
÷ =		k Performance of services or membership or fundraising solicitations for other organization(s)
1)		j Lease of facilities, equipment, or other assets from other organization(s)
- 1i -		i Lease of facilities, equipment, or other assets to other organization(s)
14	 	
19		a Purchase of assets from other organization(s)
1		Sale of assets to other organization(s)
1e /		e Loans or loan guarantees by other organization(s)
1d /		
1c ~		
16		a neception (i) interest (ii) annumes (iii) royantes (iv) rem nom a controlled entity
67	1 in Parts II–IV?	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?
Yes No		Note Complete line 1 if any entity is listed in Darte II III or IV

Part VI

Unrelated Organizations Taxable as a Partnership

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.

or gloss revenue) may was not a related organization. See instructions regarding excussion or certain investment parties simps.	Instructions regarding excit	משוטון וטו כפונמון ווו	אבאווובווי	partificialinps.		-	9	[
(A)	(B)		(a)	(E)	(+)		(5)	- 9	(H)
Name, address, and Env of envy	רוווימוץ מכניעון	(state or foreign country)	section 501(c)(3) organizations?		allocations?		amount in box 20 of Schedule K-1 (Form 1065)	man	managing partner?
			Yes	No	Yes No	۶ گ		Yes	٤
WA									
				•					
									,
						-			
					•				
			-						
						_			

Schedule R (Form 990) 2008