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SCANNED JUN 2 1 2011

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	e 2009 ca	alendar	year, or tax year beginnin		, 2009, and end		ne 30	, 20 10	
В	Check if a	pplicable	Please	C Name of organization Ohio	Rural Electric Coop	., Inc./County L	iving Mag.	D Employe	r identification r	ıumber
	Address	change	use IRS label or	Doing Business As				51	017461	7
	Name ch		print or	Number and street (or P.O. box	f mail is not delivered to street a	ddress) Room/s	suite	E Telephor	e number	
_	Initial ret		type. See	P.O. Box 26036				(614)	846-575	7
			Specific	City or town, state or countr	ry, and ZIP + 4					
	Terminat		Instruc- tions.	Columbus, OH 43226-	=			G Gross reco	oints \$	
	Amende		F Nar	ne and address of principal office		<u></u>	1	d		
ш.	Application	n pending				11			or affiliates? Yes	
_	T			Box 26036, Columbus, C					cluded? Yes	
1		mpt status		501(c) (6) < (insert no.) □	4947(a)(1) or 527				st. (see instructio	
<u>J</u>		te: ► N/				1		exemption num		
<u>K</u>	Form of	organization:	∠ Corp	oration 🔲 Trust 🔲 Association [Other ▶	L Year of form	ation: 1941	M State of I	egal domicile. O	<u>H</u>
P	art I	Summ								
	1 1	Briefly de	escribe	the organization's missi	on or most significant	activities: The	purposes of	f the organ	ization is to	aid,
		promote	and a	ssist, a program of rura	I electrification in the	State of Ohio	by rendering	g services	to rural	
Governance				corporations and assoc						:
E.				nation of information re						
Š				if the organization disconting						
Ğ	١.,			ng members of the gover			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		24
•ජ ග	3 1			_			 1b)	4		24
Activities &	4 [pendent voting members	7 -	ay (Fart VI, line	10)	5		30
흃	5			f employees (Part V, line	1 17.	· · · · ·		. 6		
ĕ				f volunteers (estimate if r	10000004777	E/VER		7a		92,735
	7a	Total gro	ss unre	elated business revenue	from Hard VIII, column	(C), like 12	7			
	l pu	Net unre	iated b	elated business revenue usiness taxable income t	rom Form 99071, line	34.	Prior Y	. 7b	Current Ye	<u>2,280)</u>
						3 2011 /8/	/ Prior 1		Current re-	
Ф	8 (Contribu	tions a	nd grants (Part VIII, line	1h) (/ / / / / / / / / / / /	<u> </u>	0		
쿭	9 1	Program	service	e revenue (Part VIII, line :	2g) . THE COLET	. اچي ارسياري ا	2	,314,387	2,27	70,175
Revenue	10 1	Investme	nt inco	ome (Part VIII, column (A)	, lines 3, 4, and 7d)	'U7: `.*/ .		17,539		8,581
Œ	11 (Other rev	venue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c,	and 11e) / .	3	,486,952	3,50	05,428
	12	Total reve	enue-a	add lines 8 through 11 (mu	ist equal Part VIII, colur	nn (A), line 12)	5	,818,878	5,78	<u>84,184</u>
	13 (Grants a	nd sim	ilar amounts paid (Part I)	X. column (A), lines 1-	3)		0		0
				or for members (Part IX				0		0
es	15			ompensation, employee be		(A) lines 5–10)	2	,649,378	2,7	52,875
Expenses	162			draising fees (Part IX, col				0		
X	l loa i			g expenses (Part IX, colum			-, 3, 5, 5	8 3,12 1	4.53	為非常
_	1 ~			(Part IX, column (A), line				,032,349		B1,096
				. Add lines 13–17 (must				,681,727		33,971
				penses. Subtract line 18 f		(A), iiile 25)		137.151		50,213
<u> </u>		neveriue	ICSS CX	penses. Subtract line 10 i	1011111110 12		Beginning of C		End of Yea	
Net Assets or	<u> </u>						<u> </u>	,194,980		39,364
538	20		•	art X, line 16)						
¥ 5	21			(Part X, line 26)				,187,370		05,309
				und balances. Subtract li	ne 21 from line 20.	 		,007,610	2,3.	<u>34,055</u>
	art II			Block		<u> </u>			Ab - b - ab -d le	
		and belie	enatties o ef. it is tri	f penury, I declare that I have ex ue, correct, and complete Decl	kamined this return, including aration of preparer (other th	g accompanying scri an officer) is based (iedules and state on all information	ments, and to n of which pre	parer has any kn	nowledge
		. 11	$i \circ i$	1.00		·			,	
Si	gn	$ \mathbf{r} = \overline{\nu}$	<u>v v</u>	ver Ulan	<u>~~,~</u>			5/16/	/ //	
He	ere	Sign	ature of	officer \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$+$ \wedge $+$	τ	Da	ite		
			<u>11, V</u>	Jam H. Rob	12H 2/19	reasurer	• 			
_		Тур	e or print	name and title				,		
		Preparer	's			Date	Check if self-		entifying number	
D-:	A	signature					employed ▶ 🗌	(see instructi	UIS)	
Pai										
	parer's		ame (or y	ours			EIN	> :		
US	e Only	if self-en	nployed), and ZIP					no ▶ ()	
14	v tha			s return with the prepare	r shown above? (see	instructions)	1, 110116			√ No
IVIC	Ay LITE	11 TO GISC	นออ เเป	a roturn with the prepare	" CHOWN ADDAG: JOCE			<u> </u>		<u></u>

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Form	990	(2009)

Page 2

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See Form 990, Part I, Question 1
	Did the annual state and at the annual state and a significant program converse during the year which were not listed on
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
3	services?
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.
	(On the NIA) (Finance & MIA) including greats of & MIA) (December & MIA)
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.
4b	(Code: N/A) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A)
	2) Legislative and Governmental Affairs provides a unified 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.
	NIA
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,
	employees around the state of only, mainly those working in the new,
	`
4d	Other program services. (Describe in Schedule O.) (Expenses \$ N/A including grants of \$ N/A) (Revenue \$ N/A)
	Total average controls N/A

FEI	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	I	✔

Pai	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	√	
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 25.	24a		1
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	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	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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 IV	28a	<u> </u>	✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
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 301.7701-37 <i>If "Yes," complete Schedule R, Part I</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	1	
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	 ✓	
			-	

Par	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 Beturns, Enter -0- if not applicable			AL SECTION
b	U.S. Information Returns. Enter -0- if not applicable			**
	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 2a 30 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	√	
	If "Yes," has it filed a Form 990-T for this year? If "No," 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		✓
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.			Á
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		
C	Prohibited Tax Shelter Transaction?	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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
п	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	π ο		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	dagle an	Salvan v
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
D 1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		数数	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	7.27	1	13.00
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	/ 15 A.	

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

<u>Sec</u>	tion A. Governing Body and Management			,
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter 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			
-	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			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4		4		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		7
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	1	<u> </u>
6	Does the organization have members or stockholders?	•	. •	
7a	,	7.	1	
_	of the governing body?	7a	V	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	<u>8a</u>	V	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			١,
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>		_ ✓
	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Hev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	ĺ		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			ŀ
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c	✓	
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	The organization's CEO, Executive Director, or top management official	15a	\	
	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. va	with a taxable entity during the year?	16a		√
D	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)), 990, 990, 990, 990, 990, 990, 990, 9)(J)S	orny)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► William A. Roberts			
	6677 Busch Blvd., Columbus, OH 43229 Phone# (614) 846-5757			

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. 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, 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	cum	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Post Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		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 (served 7/1/2009-7/31/2009)	2.0	1		1				1,950	0	0
2) Edward P. Sanders Chairman (Starting 8/1/2009)	5.0	1		1				3,750	0	0
3) William A. Oedy Vice Chairman	4.0	1		1				1,350	0	0
4) Dennis W. Schindler Secretary/Treasurer	3.5	√		1				1,650	0	0
5) Robert Wise Trustee (Replaced S. Kim Wells 8/29/2009)	2.0	1						0	0	0
6) Harold E. Cooper Trustee	8.0	1						900	0	0
7) Donald Holton Trustee	2.0	1						0	0	0
8) Marinelle P. Jeffers Trustee	3.0	√						0	0	0
9) Thomas McQuiston Trustee	4.0	1						900	0	0
10) Robert McCort Trustee	7.5	1						750	0	0
11) Donald McCracken Trustee	3.0	1						900	900	0
12) Jack L. Kitchel Trustee	2.5	1						1,050	0	0
13) Daniel McNaull Trustee	4.4	1						0	900	0
14) Shirley J. Stutz Trustee	5.0	1						2,100	0	0
15) David Corbin Trustee	2.0	1						0	0	0
16) Larry D. Martin Trustee	3.0	1						0	0	0

Part VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (co	ntınued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and trtle	Average hours per week	Po Individual trustee or director	nstitutional trustee	Officer	ন্ত 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
17) Jack Schmidt, Jr.	0.4							000		
Trustee	2.4	✓_				l		900	0	0
18) C. Emerson Snapp Trustee	1.0	1						1,200	0	0
19) James R. McConnell Trustee	6.0	1						1,200	0	0
20) Eugene Royer Trustee	3.0	1						0	0	0
21) Ned A. Doering Trustee	2.0	1						750	900	0
22) Larry Zeedyk Trustee	3.0	/						0	0	0
23) Lawrence Weirich Trustee	3.5	1						0	0	0
24) Jeff Wilson Trustee	2.3	1						0	0	0
25) Jody Parrish-Polen Trustee	3.0	1						2,550	0	0
26) Anthony J. Ahern CEO & President	10.0			1				100,652	402,607	54,415
27) Patrick O'Loughlin COO & Vice President, Engineering Pwr	3.0				/			14,546	276,377	50,744
28) Bobby L. Daniel CFO and V.P. Finance (Retired 8/25/2009)	10.0			1				49,963	199,854	10,943
29) James J. Palmisano Interim CFO - (Starting 8/26/2009)	5.0			✓				26,454	105,817	17,231
1b Total							•	Continued	on Schedule J	-2
2 Total number of individuals (including but reportable compensation from the organizer)		to th	ose	list	eda	above	e) wl	no received mo	ore than \$100,00	00 in

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated			
•	employee on line 1a? If "Yes," complete Schedule J for such individual	3		✓
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	✓	

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

	res	NO
3		✓
4	✓	
5		✓

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.

(A) Name and business address	(B) Description of services	(C) Compensation
Thompson Hine, LLP	Legal	205,128
41 South High Street, Columbus, OH 43215-6101		
Federated Rural Electric Insurance Exchange	Lineman Crew Inspection	127,500
11875 W. 85th St., PO Box 15147, Lenexa, KS 66285-5147		

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

Part	VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns 1a Membership dues 1b	3,505,428				
s, g am		Fundraising events 1c					į
gift lar		Related organizations 1d					i
ns, imi		Government grants (contributions). 1e					
er s	f	All other contributions, gifts, grants,					
흥등		and similar amounts not included above 11					1
S Pue	_	Noncash contributions included in lines 1a-1f: \$		3,505,428			ļ
	n	Total. Add lines 1a-1f	Business Code	3,303,420		· · · · · · · · · · · · · · · · · · ·	
an a	2a	Advertising Revenue - Gross	541800	492,735		492,735	
Ř	Za b	Subs./Pub Rev Trade Mag.	900099	1,777,440	1,777,440	<u>, </u>	
<u>.2</u>	C						
Serv	d						
Ë	е						
Program Service Revenue	l	All other program service revenue .					
	g	Total. Add lines 2a-2f		2,270,175			
	3	Investment income (including dividends, other similar amounts)	🕨	8,581			8,581
	4 5						
	ŀ	Royalties	(ii) Personal				
	6a	Gross Rents					
	ь	Less: rental expenses					
	C	Rental income or (loss)					
	i	Net rental income or (loss)				· · · · · · · · · · · · · · · · · · ·	
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
		Gain or (loss)					
		Net gain or (loss)	🕨				
venue	8a	Gross income from fundraising events (not including \$					
Other Re		of contributions reported on line 1c). See Part IV, line 18 a					
ğ	b c	Less: direct expenses b Net income or (loss) from fundraising ever	ents ►			· · · · · · · · · · · · · · · · · · ·	
	1	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b	es >				
		Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventor					
	_		Business Code				ļ
	þ						
	۲ 2	All other revenue					-
		Total. Add lines 11a–11d					
_	12	Total revenue. See instructions.	.	5,784,184			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to com	piete columns (B),	(C), and (D).
	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					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	441,195			
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	1,361,206			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	528,377			
0	Other employee benefits	269,906			
9	' '	152,191			
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	191.556	·-··		
	Legal	24,542			
	Accounting	24,542			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	404.444			
g	Other	104,414		<u> </u>	
12	Advertising and promotion				
13	Office expenses	154,248			
14	Information technology	11,525			
15	Royalties				
16	Occupancy	107,568			<u> </u>
17	Travel	174,423			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		<u> </u>		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	106,222			
23	Insurance	16,974			
24	Other expenses. Itemize expenses not			1	
	covered above. (Expenses grouped together	į		\$	
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Magazine Printing	899,048			
b	Magazine Postage Expense	535,800			
c	Mag. ExpAdd.Pgs, Inserts, & Returns	195,716			
d	Education Program	53,959			
e	Dues and Subscriptions	32,539			
f	All other expenses Miscellanous	176,189			
25	Total functional expenses. Add lines 1 through 24f	5,633,971			
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				

. .

art X	Balance Sheet	/A\		(B)
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	766,832	1	869,437
2	Savings and temporary cash investments	1,626,687	2	1,854,830
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	553,401	4	645,284
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. 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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9		40,472	9	4,753
10a	Prepaid expenses and deferred charges			
	other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation 10b 1,738,682	649,899	10c	651,801
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	532,189		313,259
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,194,980		4,339,364
17	Accounts payable and accrued expenses	923,786		803,06
18	Grants payable		18	
19	Deferred revenue	6,179	19	5,83 ⁻
20	Tax-exempt bond liabilities		20	
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
	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 to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	1,257,405	25	1,196,413
26	Total liabilities. Add lines 17 through 25	2,187,370,	26	2,005,309
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► ☑ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund	675	31	675
31		2,006,935	32	2,333,380
31	Retained earnings, endowment, accumulated income, or other funds.			
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	2,007,610	33	2,334,055

Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		7
	Were the organization's financial statements audited by an independent accountant?	2b	1	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits explain why in Schedule Q and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number Name of the organization 51 : 0174617 Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine 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 contributions to (during year) Aggregate 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 Yes No 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? 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 pleasure) 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 Tax Year 2a a Total number of conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06 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 ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 In Part XIV, 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. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items: Assets included in Form 990, Part X

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Page	

Schedule	D /Form	agni	2000

Par	t III Organizations Maintaining	Collections of Art, H	istorical Treasures	, or Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and other reco	rds, check any of the	e following that are a	significant use of its
а	Public exhibition	d		ange programs	
b	Scholarly research	e	Other		
C	Preservation for future generations	;			
4	Provide a description of the organization Part XIV.	n's collections and exp	olain how they further	the organization's e	xempt purpose in
5	During the year, did the organization solic assets to be sold to raise funds rather that	in to be maintained as p	art of the organization	s collection?	
Par	rt IV Escrow and Custodial Arrai			answered "Yes" to F	Form 990, Part
	Is the organization an agent, trustee, cuincluded on Form 990, Part X?			ons or other assets i	not
b	If "Yes," explain the arrangement in Par	t XIV and complete the	following table:		
					Amount
C	Beginning balance			. 1c	
d	Additions during the year			. 1d	 _
е	Distributions during the year			. <u>1e</u>	
f				, 1f	
	If "Yes," explain the arrangement in Par	t XIV.			. Yes No
Par	rt V Endowment Funds. Compl				
	(a	a) Current year (b) Pno	or year (c) Two years	back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				
ь	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs	ĺ			
f g	Administrative expenses End of year balance				
2	Provide the estimated percentage of the	e year end balance held	d as:		
a	Board designated or quasi-endowment		a ao.		
b	Permanent endowment ▶				
c	Term endowment ▶%	,,			
3a	Are there endowment funds not in the po	nesession of the organiz	ration that are held an	nd administered for th	Α
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(II), are the related organiz	ations listed as require	d on Schedule R?		. 3b
4	Describe in Part XIV the intended uses				
Par	rt VI Investments—Land, Buildi	ngs, and Equipmen	t. See Form 990, P	art X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		85,125		85,125
b	Buildings		1,247,249	864,314	382,935
c	Leasehold improvements				
d	Equipment		71,127	39,182	31,945
e	Other		986,982	835,186	148,796
Tota	al. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part X	, column (B), line 10(c)		651,801

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests			
Other			
			<u> </u>
	L		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			····
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va	luation:
(a) Description of investment type	(b) Book value	Cost or end-of-year n	
			
			
			
			
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	AV 5 - 45	<u> </u>	· - · · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
Membership Fees & Patronage			49,264
Membership Stock - Energy Corp, Inc.			4,075
Other Regulatory Asset - SFAS 158 - OREC			219,868
Other Miscellaneous Assets			40,052
Total. (Column (b) must equal Form 990, Part X, col.		<u> </u>	313,259
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
Accumulated Postretirement Benefits	1,161,59	9	
Prepaid Revenue	8,78	2	
Other Miscellaneous Liabilities	26,03	2	
		7	
	- · · · · · · · · · · · · · · · · · · ·		
		7	
		7	
	 	-	
	 		
Total (Column (h) must estal form 000 Deat V and (D) line 051 h	4 400 44	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	1,196,41	<u> </u>	

2. FIN 48 Footnote. 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.

Pai	Reconciliation of Change in Net Assets from Form 990	to Audited Financ	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	5,784,184
2	Total expenses (Form 990, Part IX, column (A), line 25)			5,633,971
3	Excess or (deficit) for the year. Subtract line 2 from line 1		. 3	150,213
4	Net unrealized gains (losses) on investments		. 4	
5	Donated services and use of facilities			
6	Investment expenses		. 6	
7	Prior period adjustments		. 7	
8	Other (Describe in Part XIV.)		. 8	
9	Total adjustments (net). Add lines 4 through 8		9 10	450.040
10 Pot	Excess or (deficit) for the year per audited financial statements. Comb t XII Reconciliation of Revenue per Audited Financial Sta			150,213
	•			5,784,184
1	Total revenue, gains, and other support per audited financial statemen	าเร	11.00	3,704,104
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)	1	2e	
e	Add lines 2a through 2d		3	5,784,184
3	Subtract line 2e from line 1			5,764,164
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		· ·	5,784,184
	t XIII Reconciliation of Expenses per Audited Financial St			
1	Total expenses and losses per audited financial statements		1 1	5,633,971
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		*200	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)		22,500	
e	Add lines 2a through 2d		2e	22,500
3	Subtract line 2e from line 1		3	5,611,471
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	7.57	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)		196	
C	Add lines 4a and 4b	<u> </u>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	· · 	5,611,471
Pai	t XIV Supplemental Information			
and	plete this part to provide the descriptions required for Part II, lines 3, 5 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4l part to provide any additional information.			
Pai	t X - Footnote from organization's financial statements regarding F	IN 48		
Du	ing 2010, the Cooperative adopted Financial Accounting Standards	Codification (FASC), Accounting for	Uncertainty
in i	ncome taxes recognized in an enterprise's financial statements. Th	e standard prescrib	es a recognition (hreshold
and	measurement attribute for the financial statement recognition and	measurement of a t	ax position taken	or expected
to I	pe taken in a tax return. The standard also provides guidance on de	e-recognition, classi	fication, interest,	and penalties,
acc	ounting in interim periods, disclosure, and transition accounting.	The Cooperative's o	pen audit periods	are
200	7 - 2009. Management has not yet measured the impact of the new	standard on the fina	ancial statements	

Schedule D (Form 990) 2009

Page 4

Schedile D (Form 990) 2009	Page 3
Part XIV Supplemental Information (continued)	
Part XIII - Line 2d	
Federal Income Tax Expense = \$22,500	
•	
	•••••
	,
·	

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 200

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

51 0174617 Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine **Questions Regarding Compensation**

			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 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
b	Receive a severance payment or change-of-control payment?	4a 4b 4c		√ √ √
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. 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: The organization?	5a 5b		
6 a	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: The organization?	6a		
	Any related organization?	6b		
7	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 in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(G)(I)(B)	reported in prior Form 990 or Form 990-EZ
A. A	9	96,070	02	4,512	8,527	2,356	111,535	110,967
1) Anthony J. Anern	: E	384,278	280	18,049	34,107	9,425	466,139	443,869
	€	13,454	147	945	1,716	821	17,083	16,451
2) Patrick O'Lougniin	: : :	255,621	2,803	17,953	32,612	15,595	324,584	312,525
	9	46,745	0	3,219	0	2,188	52,152	59,613
3) Bobby L. Daniel		186,978		12,875	0	8,755	208,608	238,450
Seuten orzazunan	5	100.522	742	6,643	1,546	620'9	115,532	125,504
4) David A. Berger	: : : :	82,246	809	5,435	1,265	4,973	94,527	102,683
	6	174.210	2,350	15,033	53,707	12,098	257,398	218,958
5) Ken A. Keylor		0	0	0	0	0	0	0
	5	0	0	0	0	0	0	0
b) L. James Walker, Jr.	: : (E	142,134	350	8,962	6,592	15,026	173,064	183,346
	ε	6,512	11	338	208	824	8,199	8,292
/) Inomas W. Alban	2 (2	123,720	333	6,426	9,658	15,647	155,784	157,547
	8	12,574	35	1,070	2,422	029	16,771	15,367
o) leresa Stadts	E	113,164	315	9,632	21,802	6,027	150,940	138,305
	=	12,572	35	176	2,336	1,568	17,482	16,597
9) nerben E. Caldwell, Jr.	: E	113,149	315	8,738	21,021	14,116	157,339	149,374
	8	0	0	0	0	0	0	
io) craig grooms	: E	117,150	350	6,081	8,986	16,320	148,887	151,195
	€							
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	ε							
	(1)							
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							Sch	Schedule J (Form 990) 2009

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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Employer identification number

Ohio Rural Electric Cooperatives, Inc., / Country Living Magazine 0174617 Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees			-	_		•	-	, -	•	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	-	on (•		that ap		Reportable	Reportable	Estimated amount of
	per week	유	ls:	Officer	<u>₹</u>	e H	Former	compensation from	compensation from related	amount of other
•		Individual trustee or director	₹	g	Key employee	ploy	mer	the	organizations	compensation
		학교	S _a		횽	8 5		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		I I	쿻		yee	g	l	,,]	and related
		8	Institutional trustee			Highest compensated employee	1			organizations
]	L		L	fed				
Continued from 990, part VII.							ł			
		ļ		<u> </u>	_		<u> </u>			
30) David A. Berger		1		١,			1		_ ;	
Administration and Operations	20.0	ļ	_	✓		<u> </u>	ļ	107,908	88,288	13,863
31) Ken A. Keylor	ļ	1		١.			į			
Vice President, Statewide Services	40.0	ļ	<u> </u>	✓		-	<u> </u>	191,593	0	65,805
32) L. James Walker, Jr.					ĺ	_	1		,	
Director, Power Delivery Eng. & Plan	0.0	 	<u> </u>	<u> </u>	<u> </u>	✓	ऻ_	0	151,446	21,618
33) Thomas M. Alban					ĺ	_ ا				
Director, Power Generation	5.0	ļ ——	ļ		<u> </u>	✓	ļ	6,867	130,479	26,637
34) Teresa Staats	Į					١.	ļ]	
Director, Marketing	5.0	ļ	ļ	<u> </u>	<u> </u>	✓	<u> </u>	13,679	123,111	30,921
35) Herbert E. Caldwell, Jr.										
Director, Ld. Mgmt. Comm. & Comp.	2.0	<u> </u>			_	✓	ļ	13,578	122,202	39,041
36) Craig Grooms							1			
Director, Resource Scheduling	0.0	ļ			<u> </u>	✓	<u> </u>	0	123,581	25,306
	į						ĺ			
Total				<u> </u>	⊢	ł	<u> </u>	547,140	1,726,462	356,524
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Transactions With Interested Persons

► Complete if the organization 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. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 0174617 Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine 51 : Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (b) Description of transaction (a) Name of disqualified person 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 . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (e) In default? (a) Name of interested person and purpose (b) Loan to or fror (c) Onginal (d) Balance due by board or agreement? the organization? principal amount committee? To From Yes No Yes No Yes No Total **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (a) Name of interested person (c) Amount and type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng of (d) Description of transaction (a) Name of interested person (b) Relationship between (c) Amount of organization's interested person and the transaction revenues? organization Yes No 19,098 Insurance Policy - DOM 1) Harold Cooper **Trustee of OREC & Bd. Member Region IV** of Federated

Transactions With Interested Persons

► Complete if the organization 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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ohio Ru	ıral Electric Cooperatives, Inc. / C	ountry	Living	Magazine			5	1		01	74617	,	
Part I	Excess Benefit Transactions Complete if the organization answe								Part V	, line 4	40b.		
												(c) Corr	rected?
1	(a) Name of disqualified person				(b) [Description of	transaction					Yes	No
		<u>.</u>											
	er the amount of tax imposed on the der section 4958	_		-				-		_		·	
	er the amount of tax, if any, on line									▶ \$			
						-				-			
Part II	Loans to and/or From Interes Complete if the organization ar			on Form 90	On Part II	V line 26	or Form (200_E	7 Pa	+ V 1	ina 31	22	
(0)	Name of interested person and purpose	T	to or from						default?		proved		/ntten
(a) i	vame of interested person and purpose		nization?	(c) On pnncipal		(d) Balan	ce due	(e) in	uelault?	by bo	pard or nittee?		ment?
		То	From					Yes	No	Yes	No	Yes	No
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		ļ						ļ					
		 								-			
 Total		<u> </u>	l	<u> </u>	▶ \$						<u> </u>		
Part II	Grants or Assistance Benefit				·			<u></u>		i		(
T GIT C III	Complete if the organization ar	_			90, Part I	V, line 27.							
	(a) Name of interested person	1		between inte organizat	erested pers		(c) Amou	ınt and	type o	of assis	tance	
		1				***				-			
0- 10		 _					L						
Part IV	Business Transactions Involved Complete if the organization are				30 David II	V lima 00a	005 00	200					
-	· · · · · · · · · · · · · · · · · · ·	I					Ι						
(a) Name of interested person			p between son and the ation		nount of saction	(d) De	escription	on of tr	ansact	ion	organiz	aring of zation's nues?
		<u> </u>				 						Yes	No
	ony Ahern, Patrick O'Loughlin			ey empl.	ļ	188,680	RESCO				<u>.</u>	ļ	✓
Bobb	y Daniel, & David Berger		EC and	<u> </u>			OREC f		,			 	
		RESC	U		 		and ger	ierai	опісе	cost	S		
		-			 								<u> </u>

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

Ohio F	Rural Electric Cooperatives, Inc. / C	ountry	Living	Magazine			5	1 :		017	74617	7	
Part	Excess Benefit Transactions Complete if the organization answer	•			•	, , , ,		• •	Part V,	, line 4	40b.		
						·						(c) Con	rected?
1	(a) Name of disqualified person				(b) 1	Description of	transaction					Yes	No
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			_										
	2222												
	nter the amount of tax imposed on t	he orgar	nization	managers		alified pers	ons durir	ng the	year	▶ \$			
3 Er	nter the amount of tax, if any, on line	e 2, abo	ve, rein	nbursed by	the orga	ınization				▶ \$			
Part	Loans to and/or From Interes Complete if the organization ar			on Form 99	10. Part I	V line 26 (or Form 9	90-F	7. Par	rt V I	ine 38	 Ba.	
(a)	Name of interested person and purpose	(b) Loan	to or from		ginal	(d) Balan			default?	(f) App		(g) W	Intten ment?
		То	From					Yes	No	Yes	No	Yes	No
		+											
		 											
		<u> </u>	<u> </u>		<u>.</u> ▶ \$			建造 电池		THE STATE	6 8 9224 A	PENGLIS	Se#20
Total Part	Grants or Assistance Benefit	ing Inte	rested	Persons.	. - 3	<u> </u>		Albert a	200000	314	and the second	E BOOK THE	A SA
	Complete if the organization ar	-			0, Part I	V, line 27.	_						
	(a) Name of interested person	(b) Re	lationship	between inte organizat		son and the	(c) Amou	nt and	type o	f assist	tance	
		 					ļ						
		┼	<u>.</u>	_,			 						_
		 											
Part (V Business Transactions Involv	ing Inte	rested	Persons.			<u> </u>						
	Complete if the organization ar				0, Part I	V, line 28a,	28b, or	28c.					
	(a) Name of interested person			p between son and the ation		mount of saction	(d) De	scriptio	on of tra	ansacti	on	organi	anng of zation's nues?
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			ļ <u> </u>							Yes	No
	thony Ahern, Patrick O'Loughlin,	$\overline{}$		ey emp.		55,430	Nationa					 _	✓
B01	oby Daniel, & David Berger			I National erative,			for payr	on ar	ia pel	nents	•		
		Inc.	. Соор				<u> </u>			_			
		1				61,827	Nationa	l reim	burs	es Ol	REC		1

for general office costs

Transactions With Interested Persons

► Complete if the organization 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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ohio	Rural Electric Cooperatives, Inc. / C	ountry	Living	Magazine			5	51 :		01	74617	,	
Part	Excess Benefit Transactions Complete if the organization answer								Part V	, line 4	40b.		
4	(-) 1											(c) Con	rected?
	(a) Name of disqualified person				(6) (Description of	transaction	l 				Yes	No
		_											
	Enter the amount of tax imposed on thunder section 4958								year				
3 1	Enter the amount of tax, if any, on line	2, abo	ve, rein	nbursed by	the orga	nization				▶ \$			
Part				5 00	NO D-4 II	V 15 00				41/ 1	· 0	·	
	Complete if the organization an	7		1		1		T T					
((a) Name of interested person and purpose		to or from nization?			(d) Balan	ce due	(e) In o	default?	by bo	proved ard or nittee?		ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
				 									
		 									-		
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Total			<u> </u>	l	. ▶ \$	l		1000		TAKE	12744	***	
Part					•			1 . N . V . J . B. Mar.	of the same of the	N VANE	TO COLUMN SA	a militari des	Sales Christian
	Complete if the organization an	swered	"Yes"	on Form 99	0, Part I	V, line 27.							
	(a) Name of interested person	(b) Re	lationship	o between inte organizati		son and the	(0) Amou	int and	type o	of assist	ance	
													
		+-				· · · · · · · · · · · · · · · · · · ·	-						
		 											
Part	Business Transactions Involv Complete if the organization an				90. Part l	V. line 28a	. 28b. or	28c.					
	(a) Name of interested person	(b) R	elationshi	p between son and the	(c) Ar	nount of saction		escriptio	on of tra	ansacti	on	organiz	anng of zation's nues?
					_							Yes	No
	thony Ahern, Patrick O'Loughlin,			Key emp.		107,347	OREC p						✓
	bby Daniel, David Berger, &		EC and				net for						
	n Keylor		(Sales	Corp\	-		general building			ıs an	u		
		Corp.	Joales	COIP)	 		ารตาเตเมดี	y cost					

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Ohio Rural Electric Cooperatives, Inc. / Country Living Magazine 51 0174617 Form 990, Part I, Question 1 (Continued from Page 1) ...in any activity necessary, convenient and proper to the economic distribution of electric energy to the inhabitants of rural areas in the State of Ohio; to establish, maintain and finance service agencies for the benefit of rural electrification corporations and associations 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 distribution cooperatives serving Ohio. Question 7a - Each of the 24 Members of OREC has the right to appoint on person to the Board of Trustees. Form 990, Part VI - Section B Question 11A - The 990 is prepared / reviewed internally and a copy is provided to the Trustees for comments before filing. Question 12c - OREC annually submits questionnaires to officers, directors, trustees, and key employees asking them appropriate questions to determine if any conflicts exist. Question 15a and 15b Compensation for the CEO and employees are reviewed on an annual basis at a minimum. A compensation study and survey is obtained. The information for the CEO is reviewed by the Executive Committee and ultimately approved by the Board of Trustees. A percent increase in total salary for the employees (excluding the CEO) is approved by the Board of Trustees but the actual allocation to the individual employees is determined by the CEO. Form 990, Part VI - Section C Question 19 - Govering documents, conflict of interest policy, and financial statements are provided to the public

when requested.

Name of the organization		Employer identification number
Ohio Rural Electric Cooperatives, Inc.	/ Country Living Magazine	51 0174617
Form 990, Part VII		
Average Hours/Week Devoted to Rela	ted Organizations	
1) S. Kim Wells = 0.0	2) Edward P. Sanders = 3.0	3) William A. Oedy = 0.0
4) Dennis Schindler = 0.1	5) Robert Wise = 0.0	6) Harold E. Cooper = 0.0
7) Donald Holton = 0.0	8) Marinelle P. Jeffers = 0.0	9) Thomas McQuiston = 0.0
10) Robert McCort = 0.3	11) Donald McCracken = 1.0	12) Jack L. Kitchel = 0.2
13) Daniel McNaull = 1.7	14) Shirley J. Stutz = 0.0	15) David Corbin = 0.0
16) Larry D. Martin = 0.2	17) Jack Schmidt, Jr. = 0.0	18) C. Emerson Snapp = 0.0
19) James R. McConnell = 0.8	20) Eugene Royer = 3.0	21) Ned A. Doering = 0.0
22) Larry Zeedyk = 0.0	23) Lawrence Weirich = 0.0	24) Jeff Wilson = 0.0
25) Jody Parrish-Polen = 0.0	26) Anthony J. Ahern = 10.0	27) Patrick O'Loughlin = 3.0
28) Bobby L. Daniel = 10.0	29) James J. Palmisano = 5.0	30) David A. Berger = 20
31) Ken A. Keylor = 10.0	32) L. James Walker Jr. = 0.0	33) Thomas M. Alban = 5.0
34) Teresa Staats = 5.0	35) Herbert E. Caldwell Jr.= 2.0	36) Craig Grooms = 0.0
Form 990, Part VII, Schedule J, & Sche	edule J-2	
Compensation is based on calendar	year 2009 information. In the prior year comp	pensation was based on the fiscal
year July 1, 2008 - June 30, 2009. Ti	nerefore, there is some overlap in the compen	sation 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

Related Organizations and Unrelated Partnerships

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

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2009

OMB No 1545-0047

Open to Public Inspection

Part I Identification of Disregarded Entities (Complete if the	lete if the organization answered "Yes" to Form 990, Part IV, line 33.)	d "Yes" to Form 9	90, Part IV, line 3:	3.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1) Buckeye Power Generating, LLC EIN: 31-0676582 6677 Busch Blvd., Columbus, OH 43229	Acq. Electric Power	НО	51,519,026	371,375,733	N/A
2) Buckeye Power Generating II, LLC EIN: 31-0676582 6677 Busch Blvd., Columbus, OH 43229	Currently No Activity	но	0	0	N/A
	`				
Note: Buckeye Power Generating, LLC and Buckeye Power Generating II, LLC are related entites through their					
affiliation to Buckeye Power, Inc. All income and end of year assets reported above are accounted for on					
Buckeye Power's books.					
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	(Complete if the organing the tax year.)	ization answered	'Yes" to Form 990	, Part IV, line 34 t	oecause it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
1) Buckeye Power, Inc. EIN: 31-0676582 6677 Busch Blvd., Columbus, OH 43229	Gen. & Trans. Elect.	НО	501(c)(12)	N/A	N/A
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Form 990.	Cat. No. 50135Y	10135Y	Schedul	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

General or managing partner? Yes No Percentage ownership 100 100 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, 0 0 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) 0=Disolved 4/30/09 0=Disolved 4/30/09 0 160,230,934 end-of-year assets Share of 9 (h)
Disproportionate
allocations? ŝ Yes 14,916,938 0 0 Share of total Income (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year, Type of entity (C corp, S corp, or trust) Subchapter T because it had one or more related organizations treated as a partnership during the tax year.) C Corp C Corp C Corp (f) Share of total income (d) (Direct controlling entity ٨ ٨ ٨ Ϋ́ unrelated, excluded from tax under Predominant income (related, Legal domicile foreign country) sections 512-514) (state or F 동 FO HO (d)
(Direct controlling entity Sales to Coops Elect. Supplies **Peaking Plant** Fut. Plant Site Primary activity 2) Ohio Rural Electric Sales Corp. EIN: 31-4390808 3) Rural Electric Supply Coop., Inc. EIN: 31-0682496 1) National Power Cooperative, Inc. EIN: 31-1670865 6677 Busch Blvd., Columbus, OH 43229 Legal domicile (state or foreign country) Name, address, and EIN of related organization 66777 Busch Blvd., Columbus, OH 43229 4) Cooperative Power, Inc. EIN: 31-0991961 6677 Busch Blvd., Columbus, OH 43229 6677 Busch Blvd., Columbus, OH 43229 Primary activity Name, address, and EIN of related organization Part IV Part III ٨

Schedule R (Form 990) 2009

IV, line 34, 35, or 36.)	
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		(9)
m=92,624 r=14,723	m,n,o,q, and r	ORESC (OREC pays the amount in column (c)) Note: Transaction "o" is included in m & r, n is in m and q is in r.
37,672	ď	ORESC (OREC receives the amount in column (c))
31,740	E	Ohio Rural Electric Sales Corporation (ORESC) (OREC receives the amount in column (c))
61,187	α	National Power Cooperative, Inc. (OREC receives the amount in column (c))
55,430	E	(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
ransaction thresholds.	d relationships and t	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 V		6.
		o Reimbursement paid to other organization for expenses
1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	· · · · · · · · · · · · · · · · · · ·	m Sharing of facilities, equipment, mailing lists, or other assets
- - -		l Performance of services or membership or fundraising solicitations by other organization(s)
**	· · · · · · · · · · · · · · · · · · ·	Lease of lacinities, equipment, of other assets from other organization(s)
> -		i I and of facilities and immore an other accordent from other areas in a contraction (c)
		in Exchange of assets
1h v		g Purchase of assets from other organization(s)
16		f Sale of assets to other organization(s)
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1b 🗸		a receipt of (t) interest (ii) annulus (iii) toyanes of (iv) tent normal aconnoted entry
1a V	d 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 Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(g	9	9	(9)	8	(b)	ε
Name, address, and EIN of entity	Primary activity		Are all partner		Disproportionate		General or
		(state of foreign country)	section 501(c)(3) organizations?	end-or-year assets	allocations	of Schedule K-1 (Form 1065)	managing partner?
			Yes No		Yes No		Yes No
N/A							
			-				
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