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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(HTA)

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2011 calendar year, or tax year beginning 7/1/2011 and ending 6/30/2012 C Name of organization Employer identification number Check if applicable Ohio Rural Electric Cooperatives, Inc. Doing Business As Address change 51-0174617 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return (614) 846-5757 Terminated City or town, state or country, and ZIP + 4 43229 G Gross receipts \$ Columbus OH 5,766,170 Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes X No Anthony J. Ahern - 6677 Busch Blvd , Columbus, OH 43229 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) X 501(c) 6 Tax-exempt status () < (insert no) 4947(a)(1) or Website: ► N/A H(c) Group exemption number X Corporation K Form of organization Trust Association L Year of formation M State of legal domicile 1941 ОН Part I Summary Briefly describe the organization's mission or most significant activities The purposes of the organization is to aid, promote and assist, a program of rural electrification in the State of Ohio by rendering services to rural electrification Activities & Governance corporations and associations organized under the laws of the State of Ohio, to aid and assist in the dissemination of information relating to rural electrification, to engage (Continued on Schedule O) Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 24 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 26 Total number of volunteers (estimate if necessary) 6 474,450 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 3,394,912 3,328,403 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2a) 2,414,376 2,436,462 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,429 1,305 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9c, 10c, and 11e)
Total revenue—add lines 8 through 11 7 must equal Part VIII, column (A), line 12) 11 12 5,812,717 5,766,170 13 Grants and similar amounts pald (Part IX, column-(A), lines 1-3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14 0 0 15 2.794.354 2.647.670 Professional fundraising fees (Part-IX-column (A), line hee) 16a Total fundraising expenses (Par (X Column (D), line 25) Other expenses (Part IX, column (A) lines 1 a 11d 11f-24e) 17 2,996,533 3.006,517 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,790,887 5,654,187 19 Revenue less expenses Subtract line 18 from line 12 21,830 111,983 o c Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4,153,666 5,038,900 21 Total liabilities (Part X, line 26) 1,797,780 2,571,032 22 Net assets or fund balances Subtract line 21 from line 20 2,355,886 2,467,868 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge willen 5/14/ Sign Signature of officer Here William A Roberts - V P Finance & CFO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed Preparer Firm's EIN Firm's name \blacksquare **Use Only** Phone no Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (20

	90 (2011)	Onio Rural Electric Cooperatives, Inc.	51-0174617	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
	D 4	Check if Schedule O contains a response to any question in this Part III	· ·	
٠1		describe the organization's mission		
	See Fo	rm 990, Part I, Question 1	• • • • • • • • • • • • • • • • • • • •	
2	Did the	organization undertake any significant program services during the year which were not listed o	n	
		r Form 990 or 990-EZ?	. Yes	X No
		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program	_	_
	service		Yes	X No
		describe these changes on Schedule O		
4	expens	he the organization's program service accomplishments for each of its three largest program sen- es Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to r and allocations to others, the total expenses, and revenue, if any, for each program service repo	eport the amount o	
4a	(Code	\/Expanses \$ N/\(\Delta\) including greats of \$ N/\(\Delta\) \/ Power	NIO C NI/A	
44	1) Cou) (Expenses \$ N/A uncluding grants of \$ N/A) (Revernity Living Magazine is published monthly and provides valuable information to cooperative is about rural electrification as well as other aspects of rural living.		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
				-
4b	(Code) (Expenses \$ N/A Including grants of \$ N/A) (Rever	nue \$ N/A)
	2) Leg	slative and Governmental Affairs provides a unified presence to the state government and		
	econor	nies of scale to all of the distribution cooperatives throughout the state of Ohio to ensure		
	the coo	peratives' voice is heard		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
			····	
4c	(Code) (Expenses \$ N/A including grants of \$ N/A) (Rever		
		nber information and Education provides training courses throughout the year for electric		
		ative trustees and employees as well as youth and scholarship programs for distribution	-	
		the and I are central provides selected transmiss and industry information to allecting		
		ety and Loss control provides safety training and industry information to electric tion cooperative employees around the state of Ohio, mainly those working in the field	· · · · · · · · · · · · · · · · · · ·	
	การแไทก	non cooperative employees around the state of Onio, mainly those working in the field		

		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4d		program services. (Describe in Schedule O)		
40	(Expen	ses \$ N/A including grants of \$ N/A) (Revenue \$ N/A		

_			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
•	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	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 Part	8		Х
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV .	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	٠. ئ ئ	* ; ;	
•	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	† 7 ₃ +,	<u>ئ</u> د .
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	<u> </u>
	Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			}
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States? .	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		İ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	 14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15	<u> </u>	Х
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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	

			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
	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	, l	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		
D	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	255		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			r grad
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			(A)
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete]		
_	Schedule L, Part IV	28b		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	^	Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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? <i>If "Yes," complete Schedule R, Part I</i>			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		X
5 4	III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within	1000		
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
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	_	j	
		37		Х
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			
	13. Note: All Portit 330 liters are required to complete schedule O	38	X aan	(004:

_	on (2011) Onlo Rural Electric Cooperatives, Inc. 51-017	+017		age J
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
			Yes	No
` 1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 63		100	1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0]
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Х	ľ
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 26			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Χ	
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		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ļ
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	<u> </u>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	-	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	- (11		+
8	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?	8		}
9	Sponsoring organizations maintaining donor advised funds.	٣		1
a	Did the organization make any taxable distributions under section 4966?	9a		t
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	ĺ	
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them)		1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	↓
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	
	the organization is licensed to issue qualified health plans	1	1	
С	Enter the amount of reserves on hand	ļ .	 	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	<u> </u>
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	1

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI		Ħ	ions.			
Sect	ion A. Governing Body and Management			<u> </u>			
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		Yes	No			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 24						
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		х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6	Х	<u> </u>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	.					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		<u>X</u>			
•	the year by the following						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	, , , , , , , , , , , , , , , , , , , ,						
Soot	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>			
<u> </u>	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	oae) T	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	v	ŀ			
13	Did the organization have a written whistleblower policy?	12c	X				
14	Did the organization have a written document retention and destruction policy?	14	X	_			
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	Х				
b	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	-	×			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Sect	ion 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 (Section 501(s)(3)s	only))			
	available for public inspection. Indicate how you made these available. Check all that apply.						
4.6	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest						
20	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 records of the organization: William A Roberts (614) 846-57						
	organization: William A Roberts (614) 846-57	٠-'					

Form 990	/2011\

Ohio Rural Electric Cooperatives, Inc.

51-0174617

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Part VII

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

Check if Schedule O contains a response to any question in this Part VII

 \mathbf{x}

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one both an officer employee (do not check more than one both an officer employee (do not check more than one both an officer employee (do not check more than one both an officer employee (do not check more than one both an officer employee (do not check more than one both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee (do not check more than one box, unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box unless person is both an officer employee) (do not check more than one box un		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related				
	in Schedule O)	ustee	trustee		/ee	npensated				organizations
(1) Edward P Sanders										
Chairman	6 00	X		Х		<u> </u>		4,200	0	0
(2) William A Oedy (Retired March 2012)										
Vice Chairman	4 00	X		Х				2,100	0	0
(3) George Brake (Vice Chairman starting April 2012)					ŀ					
Vice Chairman	1 00	X		Х			<u> </u>	1,200	0	0
(4) Dennis Schindler										
Secretary/Treasurer	4 00	X		Х				2,400	0	0
(5) John Saxton (Replaced William Oedy)										
Trustee	2 00	X						0	0	0
(6) Robert Wise										
Trustee	4 00	X						300	0	0
(7) Harold E Cooper										
Trustee	2 50	X						1,050	0	0
(8) Charles Grimes		}								
Trustee	1 00	X						300	0	0
(9) Paul Berridge										
Trustee	2 40	X						600	0	0
(10) Thomas McQuiston										
Trustee	4 00	Х						600		0
(11) Robert McCort	:	Ι.								-
Trustee	8 00	Х						1,200	0	0
(12) Donald McCracken										
Trustee	4 00	Х				1		900	О	0
(13) Jack L Kitchel										
Trustee	2 50	Х				1		1,500	0	0
(14) Daniel McNaull										
Trustee	4 50	Х						750	o	0
								· · · · · · · · · · · · · · · · · · ·		Sam 990 (2014)

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key En	nplo	yee	s, a	nd l	High	est	Compensated	Employees (co	ntınue	d)	
,	(A) Name and title	(B) Average hours per week (describe	box, office	unles er and	Pos eck s pe	rson irecto	than is both	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) Estimated amount of other compensation	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	cer	employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-Ž/1099-MISC)	fr org and	om the anization of relate anization	on ed
Trust		0 20	x						1,800	0			0
(16) Trust	David Corbin ee	2 00	x						900	0			0
	Larry D Martin (Retired May 2012)	3.00							900	0	_,		0
Trust		2 00	x			_			0	0			0
Trust		5.50	х						1,500	0			0
Trust		1 00	x						900	0			0
Trus		_6 00	X						0	0			0
(22) Trus	Eugene Royer ee	5 00	x						900	0	0		0
Trus		3 00	×			_			900	.0			0
Trus	Dean Harrington (Replaced Larry Zeedyk) ee (Retired June 2012)	1 00	x				_	_	_0	0	0		0
Trus		1 00	х						0				0
С	Sub-total . Total from continuation sheets to Part VII,	Section A					•	>	24,900 545,783	1,795,539			
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not					e) w	ho re	cen	570,683 ved more than \$			550),80 <u>5</u>
	reportable compensation from the organization	n <u>P</u>			3							Yes	No
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche	•		•		oyee	e, or l	high	nest compensate	ed	3		X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre	of reportable c	ompo	ensa 7 <i>If</i> 1	atioi "Ye:	n an	nd oth	ner (compensation fr	om such			
	individual								-	•	4	×	
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "									ndividual	5		x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compoundation from the organization Report of year.										n's ta	x	
	(A) Name and business add	dress							(B) Description of se	rvices	(C Compe	i) nsation	ı
	Thompson Hine 41 South	n High St , Colui	mbus	s, O	H 4	321	5	Le	gal			137	7,688
					-			+					0
		····						t					
2	Total number of independent contractors (inc	-			thos	se li	sted	abo	ove) who receive	ed			

Continuation Sheet for Form 990

Page 1 of 1

Name of the Organization

Employer identification number

Qhio Rural Electric Cooperatives, Inc.

51-0174617

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees										
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Posit	ion (chec	k ali	that ap	ply)	Reportable	Reportable	Estimated
	hours per	의 Ā	ᇙ	요	<u>@</u>	멸물		compensation	compensation	amount of
	week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the	from related organizations	other compensation
	hours for	당 E	ona	}	lg Jg	e 8		organization	(W-2/1099-MISC)	from the
	related	rust	2	Ì	ee	륟		(W-2/1099-MISC)		organization
	organizations in Schedule	8	stee			nsa				and related organizations
	O)	ļ				E E				_
(26) Lawrence Weirich		-					 			
Trustee	4	×						600	0	0
(27) Jeff Wilson	<u>. </u>	<u> </u>					-			
Trustee	18	X						0	o	0
(28) David P Miller										
Trustee	17	X						300	o	0
(29) Anthony J Ahern										
CEO and President	10		<u> </u>	X	<u> </u>	<u> </u>		115,061	460,243	68,069
(30) William A. Roberts										
CFO and Vice President Finance	10			X				46,127	184,507	47,137
(31) David A Berger (Retired January 2012)							ļ			
Vice President Administration & Operations	20	ļ	ļ	X	ļ	 		111,009	90,826	53,899
(32) Ken A Keylor		1			ļ	l	1			
Vice President Statewide Services	40	 	⊢	X	 	ļ	 	194,723	0	76,443
(33) James J Palmisano	_	İ	ļ	U				40.004	404.750	44.077
Asst Secretary and Asst Treasurer	5	<u> </u>	\vdash	Х	\vdash	<u> </u>		13,861	124,752	41,977
(34) Patrick O'Loughlin	,				x			45 004	205 400	00.700
COO and Vice President Engineering & Power Supply (25) Thomas M. Alban	3			 	├^	\vdash	┢	15,021	285,406	66,739
(35) Thomas M Alban Director, Power Generation	5.					x		7,308	138,861	37,355
(2C) Tanana Chanta	<u>J.</u>	 	 	╁	 -	 ^ 	┢	7,500	130,001	37,333
Director, Marketing	5	1				×		14,469	130,225	35,597
(37) Herbert E Caldwell, Jr	- J			r		<u> </u>	 	14,400	100,220	00,007
Director, Ld Mgmt, Communications & Computers	2				İ	x		14,758	132,822	41,677
(38) Craig Grooms				\Box					, , , , , , ,	
Director, Resource Scheduling	О					X		l o	134,987	36,299
(39) Don Leis									1	
Manager Power Delivery Engineering	5					X	ł	12,546	112,910	45,613
(40)]				
			ļ	<u> </u>	_	ļ				
(41)										
(42)										
(43)										
(44)	-									
(45)										
(46)										

Part	VIII	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
nts nts	1a	Federated campaigns 1a (
e e	b	Membership dues 1b 3,328,403				
, E	С	Fundraising events 1c (
# 7	d	Related organizations 1d (<u> </u>			
% <u>≣</u>	e	Government grants (contributions) 1e (1			
is is	_	All other contributions, gifts, grants, and	1			
돌	•	similar amounts not included above . 1f	,			
Ç Ę		Noncash contributions included in lines 1a-1f \$	1		ı	
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f	3,328,403			
	- ''	Business Code	3,320,400			
Program Service Revenue	22	Advertising Revenue 511120	474,450		474,450	
eve		Subs /Pub Rev - Trade Mag 900099	1,962,012	1,962,012	777,730	
9. F				1,902,012		
ž	C		0			
Š	u		0			
<u>ra</u>	e	A H al	0			
rog	T	All other program service revenue	0			
	g	Total. Add lines 2a–2f ▶	2,436,462			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	1,305			1,305
	4	Income from investment of tax-exempt bond proceeds . •	0	<u></u>		_
	5	Royalties .	0			
		(i) Real (ii) Personal		!		
	6a	Gross rents			ļ	
	b	Less rental expenses .				
	С	Rental income or (loss) . 0				
	d	Net rental income or (loss)] o			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 0 (
	b	Less cost or other basis]			
		and sales expenses 0	ol			
	С	Gain or (loss)	5			
	d	Net gain or (loss) ▶	1 · o	†		•
e	8a	Gross income from fundraising				
Other Revenue	Ja	events (not including \$ 0				Ē
ě		of contributions reported on line 1c)			1	
<u> </u>		See Part IV, line 18 a	,			
ţ	, h	Less direct expenses b	(
0		Net income or (loss) from fundraising events	<u>"</u> - 0	•	-	1
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	
	Эа	Gross income from gaming activities				
		See Part IV, line 19 a	4		ļ	
	l	Less direct expenses b	4 ,	+	ļ	-
		Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less				
	.	returns and allowances a	4		1	1
	ı	Less cost of goods sold . b	<u>)</u>	1		}
	<u>C</u>	Net income or (loss) from sales of inventory	0	ļ <u></u>	ļ	ļ
	<u> </u>	Miscellaneous Revenue Business Code	4	ł		
	11a		0		ļ	
	b		0			
	C		0		ļ	ļ
	d	All other revenue	0			ļ
	е	Total . Add lines 11a–11d ▶	0			
	12	Total revenue. See instructions	5,766,170	1.962.012	474,450	1,305

Ohio Rural Electric Cooperatives, Inc Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) or	rganizations must complete all columns	All other organizations must comple	te column (A) but are
not required to complete columns	(B), (C), and (D)		

	Check if Schedule O contains a response to any	question in this Pa	rt IX .		🔲
	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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22 .	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	400.000			
_	trustees, and key employees	489,882			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			:	
7	persons described in section 4958(c)(3)(B)	0 1,168,223			
7	Other salaries and wages	1,100,223			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	507.650			
9	Other employee benefits	527,652 328,085			
10	Payroll taxes	133,828			
11	Fees for services (non-employees)	133,020			
''a	Management	o			
b	Legal .	183,825			
C	Accounting	19,500			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees .	0			
g	Other	97,609			
12	Advertising and promotion	0			
13	Office expenses	122,412			
14	Information technology	1,566		-	
15	Royalties	0			
16	Occupancy	166,805			-
17	Travel	183,489			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	98,084			
20	Interest .	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	77,687	0	0	0
23	Insurance	47,637	1		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
_	Magazine Printing	1,028,990	<u> </u>	-	
b	Magazine Postage Expense	554,214			
C	Magazine Expense - Add. Pages, Inserts, & Returns	191,845			
ď	Education Programs	42,542			
	All other expenses Other	190,312			
25	Total functional expenses. Add lines 1 through 24e	5,654,187	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
	ionowing our au-z (Auc auc-r zu)	l			i

Pa	irt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	896,230	1	744,646
	2	Savings and temporary cash investments	1,649,940	2	2,151,245
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	669,045	4	665,058
	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ফ		employees' beneficiary organizations (see instructions)		6	•
Assets	7	Notes and loans receivable, net	0	7	0
Ϋ́	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	26,958	9	26,360
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 2,010,315			
	ь		568,138	10c	530,023
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11 .	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	343,355		921,568
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,153,666		5,038,900
	17	Accounts payable and accrued expenses	490,057	17	616,641
	18	Grants payable		18	3 / 3 / 3 / 4
	19	Deferred revenue	10,962	19	274,109
	20	Tax-exempt bond liabilities	,	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Payables to current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
Liabilities		employees, highest compensated employees, and disqualified			
įq		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	1,296,761	25	1,680,282
	26	Total liabilities. Add lines 17 through 25.	1,797,780		2,571,032
		Organizations that follow SFAS 117, check here ▶ and			
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	•	27	
<u> </u>	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
5	23			2.5	
Ī.		Organizations that do not follow SFAS 117, check here ► X			
s or		and complete lines 30 through 34.			1
šet	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	675		675
et,	32	Retained earnings, endowment, accumulated income, or other funds	2,355,211		2,467,193
Z	33	Total net assets or fund balances	2,355,886		2,467,868
	34	Total liabilities and net assets/fund balances	4,153,666	34	5,038,900

-om 9	90 (2011) Onio Rurai Electric Cooperatives, inc	5	1-0174617	Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			. [X
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,766	3,170
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	5,654	1,187
3	Revenue less expenses. Subtract line 2 from line 1	3		111	1,983
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		2,355	5,886
5	Other changes in net assets or fund balances (explain in Schedule O).	5	-		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	- 2	2,467	7,869
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•		X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.	,	2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n			
	Schedule O				l
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 separate basis, consolidated basis, or both				
	X 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		х
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 O and describe any steps taken to undergo such audits		3b		
			Form	990	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

| 20

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

990. See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Employer identification number

			1		
	Rural Electric Cooperatives, Inc			51-0174617	_
Part			ar Funds	s or Accounts. Complete if	
	the organization answered "Yes" to	Form 990, Part IV, line 6			_
		(a) Donor advised funds		(b) Funds and 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	Did the organization inform all donors and d	onor advisors in writing that the asset	s held in o	donor advised	_
	funds are the organization's property, subject	ct to the organization's exclusive legal	control?	Yes No)
6	Did the organization inform all grantees, dor				
	used only for charitable purposes and not for		_		
	purpose conferring impermissible private be			Yes No)
Part			'Ves" to F	Form 990 Part IV line 7	
				Offir 990, Fart IV, line F	—
1	Purpose(s) of conservation easements held				
	Preservation of land for public use (e g , recr	eation or education) Preserv	ation of a	in historically important land area	
	Protection of natural habitat	Preserv	ation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation cor	ntribution i	in the form of a conservation	
-	easement on the last day of the tax year	ation field a qualified conscivation con		in the form of a conservation	
	cacomonic on the last day of the lax year			Held at the End of the Tax Yea	_
а	Total number of conservation easements .			2a	<u>. </u>
b	Total acreage restricted by conservation eas	sements	•	2b	—
c	Number of conservation easements on a ce		١	2c	—
ď	Number of conservation easements include	•		20	_
u	historic structure listed in the National Regis	, , ,	it on a	2d	
3	Number of conservation easements modifie		or termin		—
•	during the tax year	a, transferred, released, extinguismed	, or terrini	nated by the organization	
4	Number of states where property subject to	conservation easement is located	•		
5	Does the organization have a written policy		nection h	andling of	
3	violations, and enforcement of the conserva		pection, n	Yes No	`
6	Staff and volunteer hours devoted to monitor		nvation ea		•
•	b	mig, moreowing, and emoroling conce	1 1000011 00	isomonia damig ino your	
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	on easem	ents during the year	
•	► \$	moreoung, and emotoring conservation	J. Casc	cine daming the year	
8	Does each conservation easement reported	on line 2(d) above satisfy the require	ments of	section	
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	. d., 2(a) above caucily and require		Yes No	a
9	In Part XIV, describe how the organization r	eports conservation easements in its	revenue a		
•	balance sheet, and include, if applicable, th				
	the organization's accounting for conservati	_			
Par			Other Sir	milar Assets.	_
	Complete if the organization answere				
10	If the organization elected, as permitted und		t in its re-	venue statement and halance shor	
ıa	works of art, historical treasures, or other si				<i>5</i> L
	of public service, provide, in Part XIV, the te				
_					
b	If the organization elected, as permitted und				
	works of art, historical treasures, or other si		educatioi	n, or research in furtherance	
	of public service, provide the following amou			. .	
	(i) Revenues included in Form 990, Part VI	I, line 1	•	> \$	
_	(ii) Assets included in Form 990, Part X			> > >	
2	If the organization received or held works of			=	
	following amounts required to be reported u	•	tnese itei		
a	Revenues included in Form 990, Part VIII, I			. ► \$. ► \$	
b	Assets included in Form 990, Part X		•	. • \$	

Sched	ule D (Form 990) 2011	•							F	Page 2
Part	III Organizations Maintaining Colle	ctions of Art	, Histor	ical Tre	asures, or O	ther S	imilar Assets	(contin	ued)	
.3	Using the organization's acquisition, access		records	, check a	iny of the follo	wing th	at are a significa	ınt		
	use of its collection items (check all that app	ply) [.]	. —		_					
а	Public exhibition		∟ ه	Loan	or exchange p	orogran	ns			
b	Scholarly research		е 📙	Other					 .	
С	Preservation for future generations									
4	Provide a description of the organization's of Part XIV	collections and	explain	how they	further the or	ganiza	tion's exempt pu	rpose ir	1	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								es 🔲	No
Part				_	nization answ	ered "	Yes" to Form 9	90, Pa	rt	
4-	IV, line 9, or reported an amount of				atributions or	othor	nooto not			
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other in	itermeal	ary for co	ontributions or	otner a	assets not	□ Ye	.e 🗀	No
b	If "Yes," explain the arrangement in Part XI	V and complete	e the foll	lowing ta	 hle:		•	□ ''	ــا د:	140
	Tes, explain the analigement in tall XI	• and complet		owing to	DIC.		Α	mount		
С	Beginning balance				•	1c				
d	Additions during the year			=		1d				
е	Distributions during the year			•		<u>1e</u>				
f	Ending balance .					1f				0
2a	Did the organization include an amount on	Form 990, Par	t X, line	21? .				Y	es 🔙	No
b	If "Yes," explain the arrangement in Part XI									
Part					Yes" to Form	990,	Part IV, Iı <u>ne 10</u>	,		
		Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance							ļ		
b	Contributions .					-		1		
С	Net investment earnings, gains,									
d	and losses Grants or scholarships						· 			
e	Other expenditures for facilities									
·	and programs	İ						ļ		
f	Administrative expenses									
g	End of year balance	0		О		0	1	0		
2	Provide the estimated percentage of the cu	rrent year end	balance	(line 1g,	column (a)) h	neld as				
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%								
٥-	The percentages in lines 2a, 2b, and 2c she	•		414						
3a	Are there endowment funds not in the poss	ession of the c	organiza	tion that a	are neid and a	aaminis	stered for the		Yes	No
	organization by (i) unrelated organizations							3a(i)	163	140
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as re	aured o	n Schedu	ıle R?			3b		
4	Describe in Part XIV the intended uses of the		-			•				
Part										
	Description of property	(a) Cost or other			ost or other	(c)	Accumulated	(d) B	look valu	ie
	Engine, England	(investme		, , ,	sis (other)		epreciation			
1a	Land		0		85,125				3	35,125
b	Buildings		0		1,280,228		931,441		34	18,787
С	Leasehold improvements .		0		0		0			
d	Equipment		0		63,840		52,928			10,912
_	Other	1	^	ı	504 422		405 023		c	25 100

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

530,023

ightharpoons

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 valu Cost or end-of-year ma	
(1) Financıa	derivatives	0		
(2) Closely-I	neld equity interests	0		
(3) Other		0		
		0		
(B)		0		
(C)		0		<u> </u>
(D)		0		
(Ē)		0		
<u>(</u> F)		0		
(G)		0		
(H)		0		
(l) 7 -4-1 (Catassa (t	1	0		
	must equal Form 990, Part X, col (B) line 12)	000 Fort Y	line 42	
Part VIII	Investments—Program Relat	ea. See Form 990, Paπ X	`	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1)		0		
(2)		0		
(3)		0		
(4)		0		
(5)		0		
<u>(6)</u>		0		
(7)		0		
(8)		0		
<u>(9)</u> (10)		0		
	must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990,			
i are ix		a) Description		(b) Book value
(1) Membe	ership Fees & Patronage	<u></u>		60,631
	ership Stock - Energy Corp, Inc			4,075
	Regulatory Asset - SFAS 158			596,018
	nent - 457B Plan			260,844
(5)				0
(6)				0
(7)				0
(8)				0
<u>(9)</u>		 		0
(10)				0
	ımn (b) must equal Form 990, Part X, e		•	921,568
Part X	Other Liabilities. See Form 99	0, Part X, line 25		
<u>1</u>	(a) Description of liability	(b) Book value		
	I income taxes	0		1
	ulated postretirement benefit obligation	1,680,282		1
(3)		0		
(4)		0		
(5)		0		
<u>(6)</u>		0		
<u>(7)</u>		0		
<u>(8)</u>		0		
<u>(9)</u>		0		
<u>(10)</u> (11)				
	a) must equal Form 990, Part X, col (B) line 25)	1,680,282		
	,	1,000,202	<u> </u>	

2. FIN 48 (ASC 740) 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 (ASC 740)

Ohio Rural Electric Cooperatives, Inc. 51-0174617 Schedule D (Form 990) 2011 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 5,766,170 2 Total expenses (Form 990, Part IX, column (A), line 25). 2 5,654,187 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 111,983 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) 9 Total adjustments (net) Add lines 4 through 8. 9 0 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9. 10 111,983 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements 5,766,170 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments а b Donated services and use of facilities . 2b С Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1. 5.766.170 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b c Add lines 4a and 4b . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5,766,170 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 5,654,187 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . 2a b Prior year adjustments. 2b Other losses . . C 2c Other (Describe in Part XIV.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 . . . 3 5.654,187 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b c Add lines 4a and 4b . . . 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . 5.654.187 Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information. Part X - Footnote from organization's financial statements regarding FIN 48 (FASC ASB 740) OREC accounts for uncertainty in income taxes in their financial statements as required under FASB ASC 740-10-25, Accounting for Uncertainty in Income Taxes ("FASB ASC 740-10-25") Under FASB ASC 740-10-25, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained OREC does not have any material uncertain income tax positions. For the years ended June 30, 2012 and 2011, there were

no interest or penalties recorded or included in the Statement of Operations

OREC's open audit periods are for fiscal years 2009 - 2011.

Seasetials () From PRO) 2011 Part XIV Supplemental Information (continued) Proposition (continued)	•	Ohio Rural Electric Cooperatives, Inc.	51-0174617	
				Page 5
	Part XIV	Supplemental information (continued)		
		•••••••••••••••••••••••••••••••••••••••		
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Ohio Rural Electric Cooperatives, Inc.

Employer identification number

51-0174617

See No See No See No See No See No See No See No See No See No See No See No See No See No See No See No See S	Par	t I Questions Regarding Compensation			
990, Part VII, Section A, line 1a Complete Part III to prowide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal uses Tax indemnification and gross-up payments Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business of business of payment or reimbursing or allowing expenses and the CEO/Executive Director, regarding the items checked in line 1a 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director check all that apply. Do not check any boxes for methods used by a related organization's CEO/Executive Director. Payment contract Compensation committee Written employment contract Written employment contract Tox independent compensation consultant X Compensation survey or study				Yes	No
Travel for companions	1a		`		
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use			
Tax indemnification and gross-up payments		Travel for companions Payments for business use of personal residence			
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. 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? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee Written employment contract Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or 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 X Approval by the board or 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 X Approval by the board or compensation mmittee X Approval by the board or compensation committee X Approval by the board or compensation X Approval by the board or compensation X Approval by the board or compensation X Approval by the board or compensation X Approval by the board or compensation X Approval by the board or compensation X Approval by the board or compensation X Approval by the board or compensation X Approval by the board or compensation X Approva			}		
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 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? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee					
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, frustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee Written employment contract Mritten employment contract Compensation committee Written employment contract Approval by the board or compensation committee 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 Receive a severance payment for change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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? Any related organization? Any related organization? Any related organization? Any related organization or the net earnings of The organization? Any related organization or the net earnings of The organization? 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 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in F	b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	-	-	
officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? 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? The organization? The organization? The organization? The organization? Any related organization? The organization? Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? The organization? The organization? Any related organization? The organization so 10, describe in Part III. Were any amounts reported 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. Were any amounts reported in Form 990, Part VII, pad or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," descri	2	·	ID		
organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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? Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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? The organization? If "Yes" to line 6a or 6b, describe in Part III 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 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III In the organization of the organization also follow the rebuttable presumption procedure described in	2		2		
Compensation committee ☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Independent compensation consultant ☐ Porm 990 of other organizations ☐ Approval by the board or 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 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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: a The organization? b Any related organization? fi "Yes" to line 5a or 5b, describe in Part III. 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 a The organization? b Any related organization? fi "Yes" to line 6a or 6b, describe in Part III 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 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	3	organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a			
Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or 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 a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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: 5a Any related organization? 5b		Compensation committee			
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 Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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? If "Yes" to line 5a or 5b, describe in Part III. 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? Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Ines 5 and 6? If "Yes," describe in Part III. 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1 1		
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 Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 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? Any related organization? 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? Any related organization? Any related organization? 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? Were any amounts reported 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 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
organization or a related organization Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III 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: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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 a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Innes 5 and 6? If "Yes," describe in Part III 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		Approval by the board or compensation committee	1		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? lf "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III 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: a The organization? b Any related organization? lf "Yes" to line 5a or 5b, describe in Part III. 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 a The organization? lf "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in Innes 5 and 6? If "Yes," describe in Part III 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	4				
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b Any related organization? 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 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
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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 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	D	·	6b		
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In Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	J				
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			,		
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Regulations section 53 4958-6(c)?	-	Regulations section 53 4958-6(c)?	9		

Page 2

Ohio Rural Electric Cooperatives, Inc.

Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Section A, line 1a, applicable column (D) and (E) amounts for that individual Note. The sum of columns (B)(ii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual Part II

Note: The sufficient of columns (b)(1)=(iii) for each iisted muyiodal must equal the	nalen Listen	Individual filast equal tile	M 2 and/or 1000 MISC	Componention		ממום לכל וווווחסס מומו		
		(a) Dicardowii oi	<u>ا ا</u>		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)–(D)	reported as deferred in prior Form 990
A	ε	111,164	02	3,827	10,160	3,454	128,675	9,840
1 Anthony J Ahern	€	444,655	280	15,308	40,639	13,817	514,699	6
-	ε	14,075	18	929	2,099	1,238	18,359	2,373
2 Patrick O'Loughlin	€	267,432	333	17,642	39,878	23,524	348,809	37,172
	€	43,262	470	2,394	4,700	4,727	55,553	0
3 William A Roberts	E	173,050	1,880	9,577	18,800	18,910	222,217	0
4	ε	104,176	193	6,641	20,860	8,784	140,654	19,858
David A. Berger	€	85,235		5,434	17,067	7,187		16,248
2 4 - 2	ε	180,542	350	13,831	60,425	16,018	271,166	59,526
5 Ken A Keylor	E	0	0	0	0	0	0	0
	ε	13,064	35	762	1,851	2,346	18,058	3,219
James J Palmisano 6	€	117,577	315	098'9	16,662	21,118	162,532	12,874
H H	Ξ	6,924	18	367	299	1,211	9,177	621
7 I nomas M Alban	€	131,562	333	996'9	12,475	23,013	174,349	11,795
+	ε	13,306	35	1,128	2,628	932	18,029	2,555
l eresa Staats	<u>(ii)</u>	119,758	315	10,152	23,650	8,388	162,263	22,997
	(i)	13,263	135	1,360	2,487	1,680	18,925	2,185
9 Herbert E Caldwell, Jr	€	119,369	1,215	12,238	22,385	15,124	170,331	19,662
	ε	0	0	0	0	0	0	0
10 Craig Grooms	€	127,873	350	6,764	12,155	24,144	171,286	11,240
-	ε	10,958	185	1,403	2,261	2,300	17,107	0
11 Don Leis	:	98,620	1,665	12,625	20,348	20,703	153,961	0
	(i)	0	0	0	O	0	ō	0
12	(ii)	0	0	0	0	0	0	0
	ε	0	0	0	0	0	0	0
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14	Ξ		0	0	0	0	0	0
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15	<u>(i</u>	0	0	0	0	0	0	0
	(9)	0	0	0	0	0	0	0
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Schedule J (Form 990) 2011

Ohio Rural Electric Cooperatives, Inc Schedule J (Form 990) 2011

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Schedule J (Form 990) 2011

SCHEDULE L (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open To Public

Department of the Treasury

(5) (6) (7) (8) (9)

Internal	Revenue Service	► Attach to	<u>Form 99</u>	<u>0 or Form</u>	1990-EZ. ►See se	eparate instructions.				Inspec	ction	
Name of	f the organization						Er	nployer	identific	ation n	umber	
Ohio F	Rural Electric Co	operatives, Inc					51	-01746	317			
Parl	Excess	Benefit Transaction	s (section	501(c)(3) and section 501((c)(4) organizations	only)					
	Complet	e if the organization a	nswered	"Yes" on	Form 990, Part IV	, line 25a or 25b, o	r Form	1 990-E	EZ, Par	rt V, li	ne 40b	ı
1		a) Name of disqualified pers			<u> </u>	(h) December of trans			_		(c) Con	rected?
	· · · · · · · · · · · · · · · · · · ·	a) Name or disqualified pers	on			(b) Description of trans	saction				Yes	No
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(8)		_ -			0	0						
<u>(9)</u>			ļ		0	0				<u> </u>		
(10)					0	<u>_</u>				<u> </u>		
Total		<u> </u>			▶ \$	0	, 24 A	1		3 3		1
Part		or Assistance Benef	_									
	Complet	e if the organization a	nswered	"Yes" or	r Form 990, Part IV	[/] , line <u>2</u> 7						
	(a) Name of int	erested person	(b) F	Relationship	between interested pers organization	son and the	(c) A	Amount a	ind type	of assis	tance	
(1)												
(2)												
(3)												
(4)	<u></u>											

(10)For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. (HTA)

Schedule L (Form 990 or 990-EZ) 2011

		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	
					Yes	No
(1)	1) Harold Cooper	Trustee of OREC & Board	22,959	Insurance Policy - DOM		X
(2)		Member Region IV of Federated	167,621	ARB, umbrella, and lineman inspect		Х
(3)	2) Anthony Ahern, Patrick O'Loughlin,	Officers or Key Employees	188,617	RESCO reimburses OREC for salanes,		Х
(4)	William Roberts, James Palmisano, &	of OREC and RESCO		benefits, building, & gen office costs		<u> </u>
(5)	David Berger					
(6)	3) Anthony Ahern, Patrick O'Loughlin,	Officers or key emp of OREC	3,601	NPC reimburse OREC for pay & ben		Х
(7)	William Roberts, James Palmisano, &	& National Power Coop , Inc	21	NPC reimburse OREC for gen off costs		X
(8)	David Berger					
(9)	4) Teresa Staats	Highest Paid EE & Bd Mem of	3,000	OREC pay The Ohio Energy Project for		X
(10)		The Ohio Energy Project		Energy Efficiency Project		
Ρā	art V Supplemental Information					
	••••		· · · · · · · · · · · · · · · · ·			
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number 51-0174617 Ohio Rural Electric Cooperatives, Inc. 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 one 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 guestions to determine if any conflicts exist Question 12a and 15b Compensation for the CEO and employees are reviewed on an annual basis at a minimum. A compensation 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 The Board of Trustees separately approves the salary adjustment of the CEO Form 990, Part VI - Section C Question 19 - Governing documents, conflict of interest policy, and financial statements are provided to the public when requested

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

Ohio Rural Electric Coop Inc

Part I

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

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

▶ See separate instructions

Open to Public

OMB No 1545-0047

Employer identification number

51-0174617

(g) Section 512(b)(13) controlled entity? Yes No (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had (f)
Direct controlling
entity ON/A 346,642,713 N/A (e) End-of-year assets ٤ Public charity status (if section 501(c)(3)) 126,641,784 <u>e</u> (d) Total income ٧ (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(12) Legal domicile (state or foreign country) Н $\frac{1}{2}$ Currently No Activity Acq. Electric Power Primary activity ᆼ Gen & Trans Elect. one or more related tax-exempt organizations during the tax year Primary activity EIN 31-0676582 to Buckeye Power, Inc. All income and end of year assets EIN 31-0676582 reported above are accounted for on Buckeye Power's books Generating II, LLC are related entities through their affiliation (4) Note Buckeye Power Generating, LLC and Buckeye Power EIN 31-0676582 (a) Name, address, and EIN of disregarded entity Name, address, and EIN of related organization 6677 Busch Blvd , Columbus, OH 43229 6677 Busch Blvd, Columbus, OH 43229 6677 Busch Blvd., Columbus, OH 43229 (2) Buckeye Power Generating II, LLC (1) Buckeye Power Generating, LLC (1) Buckeye Power, Inc Part II (3) **E** (2) (5) 9 (5) 45 (5) 9

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

Schedule R (Form 990) 2011

51-0174617

Page 2

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Schedule R (Form 990) 2011

Ohio Rural Electric Coop Inc

Schedule R (Form 990) 2011

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

Percentage ownership Percentage ownership 100 00% 3 Ξ 134,651,350 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part ŝ (I) General or managing partner? end-of-year assets Yes (g) Share of 0 0 0 0 0 0 amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) 0 16,455,923 Share of total income (h) Disproportionate ŝ allocations? IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Yes 0 0 0 0 0 0 (e)
Type of entity
(C corp, S corp,
or trust) Subchapter T (g) Share of end-ofyear assets C-Corp C-Corp because it had one or more related organizations treated as a partnership during the tax year) (d) Direct controlling 0 0 0 0 0 0 (f) Share of total ₹ ₹ ₹ (c) Legal domicife foreign country) ᆼ F 등 (e)
Predominant
income (related,
unrelated,
excluded from sections 512-514) tax under (b) Primary activity Elect Supplies Peaking Plant Fut Plant Site (d)

1 Direct controlling entity EIN 31-1670865 EIN 31-0682496 EIN 31-0991961 (c) Legal domicile (state or (a)Name, address, and EIN of related organization foreign country) 6677 Busch Blvd, Columbus, OH 43229 (2) Rural Electric Supply Coop , Inc 6677 Busch Blvd , Columbus, OH 43229 6677 Busch Blvd, Columbus, OH 43229 (1) National Power Cooperative, Inc. Primary activity (3) Cooperative Power, Inc. Name, address, and EIN related organization **E** Part IV Part III 2 E (5) 4 €. (5) 9 3 3 9 \mathbf{c}

Schedule R (Form 990) 2011	rm 990) 2011	Ohio Rural Electric Coop Inc 51-01746	46
Part V	Transaction	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)	<u></u>
Note. Con	nplete line 1 if a	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	

Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule				Yes	2
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?	organizations liste	d in Parts II–IV?		₩	2
(1) to the confidence (11) to the confidence (11) to the confidence (12) to the confidence (13) to the confidence			,	ľ	 ,
			8	}	<u> </u>
b Gift, grant, or capital contribution to related organization(s).			1p	_	×
c Gift, grant, or capital contribution from related organization(s)			10	_	×
d Toans or loan augrantees to or for related organization(s)			7		×
	•	•	2	1	<u>.</u>
e Loans or loan guarantees by related organization(s)			1e	_	×[
			-		
f Sale of assets to related organization(s)			16	^	×
g Purchase of assets from related organization(s)			19	^	×
		•	Ę		<u>~</u>
			=		×
	•	•			
i Lease of facilities, equipment, or other assets from related organization(s)			÷		, ×
k Performance of sepurces or membership or fundraising solicitations for related organization(s)	•	•	2		_
n i enominance of services of membership of fundrations colonisations by related organization(s).			= =		<u> </u>
m Sharing of facilities equipment mailing lists or other assets with related organization(s)		•	ξ.	×	
Obering of and employees with alated empired (a)				; >	ĺ
n Sharing of paid employees with related organization(s)			<u>-</u>	<u> </u>	
o Reimbursement paid to related organization(s) for expenses			,		×
	•		100	` ×	
				-	
q Other transfer of cash or property to related organization(s)			10	_	×
			-	1	l×
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	, including covered	relationships and tran	saction thre	esholds	ر ا
(a)	(g)	(0)	(p)		
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved	letermining nvolved	<u>6</u>
					1
(1) Buckeye Power, Inc	ш	54,977	54,977 Cash Transferred	sferred	
(2) National Power Cooperative, Inc.	n	3,601	Cash Transferred	sferred	
(3) National Double Congretive Inc	ć	7,00	Postofourch Transferred	postoj	
(3) Ivalibilar Compelative, Inc.	d	717	Cash Itans	Dallar Selled	
(4)		0			
(5)		0			
(9)		C			
		Sched	Schedule R (Form 990) 2011	990) 20	15

51-0174617

Part VI

Unrelated Organizations Taxable as a Partnership (Complete of 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) Name, address, and EIN of entity Primary activity Legal domicile	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	<u> </u>	1	(h) Disproportionate		1	(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			section 512-514)	Yes No			Yes No		Yes No	
(1)					0	0		0		%
(2)					0	0		0		%
(3)					0	0		0		%
(4)					0	0		0		%
(5)					0	0		0		%
(9)					0	0		0		%
(7)					0	0		0		%
(8)					0	0		0		%
(6)					0	0		0		%
(10)					0	0		0		%
(11)					0	0		0		%
(12)					0	0		0		%
(13)					0	0		0		%
(14)					0	0		0		%
(15)					0	0		0		%
(16)					0	0		0		%
							į	Schec	Schedule R (Form 990) 2011	990) 2011

Schedule R (Fo	rm 990) 2011	Ohio Rural Electric	Coop Inc				51-0174617	Page 5
Part VII		ental Information						
	Complete instruction	this part to provide	e additional inform	nation for respo	onses to quest	ons on Sche	dule R (see	
		-7-						
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