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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public

Inte	artment of mal Reveni	the Treasury ue Service	▶ Information about Form 990 and its instructions is	at www.irs.o	ov/form99	0. 0.	Inspecti	on
A	For the	2015 cale	· · · · · · · · · · · · · · · · · · ·	, and ending		ne 30	, 20 16	
В	-	applicable	C Name of organization Ohio Rural Electric Cooperatives, Inc.				yer identification nu	mber
	Address		Doing business as				51-0174617	
Ē	Name ch	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telepho	one number	
$\bar{\sqcap}$	Initial retu		6677 Busch Blvd.				614-846-5757	
$\overline{\Box}$		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	- -			014-040-3737	
\sqcap	Amended		Columbus, Ohio 43229			G Gross r	receints \$ c	.489.733
$\overline{\Box}$			F Name and address of principal officer Patrick W. O'Loughlin		H(a) is this a o			,403,733 ✓ No
_	, фриоси	on ponding	6677 Busch Blvd., Columbus, Ohio 43229		1 ''		es included? Yes	=
_	Tay-even	npt status	□ 501(c)(3)	r 527	_ ` ` `		a list (see instruction	
<u>:</u>	Website:		w.ohioruralelectric.coop	1 [] 327	-		number >	-,
K				Year of formation			e of legal domicile	011
_	art I	Summ		real of formatic	n 1941	IVI State	e or legal dorniche	ОН
_			scribe the organization's mission or most significant activities	To cofor	nuard anha	noo and	antimiza tha	
Ð	1			5 10 Salet	juai u, eiiria	iice and	optimize the	
Juc.		environin	ent for electric cooperatives operating in the State of Ohio.			•		
Governance	2	Check th	s box ▶☐ if the organization discontinued its operations or	disposed of	more ther	25% of	ita not agosta	
Š	1		of voting members of the governing body (Part VI, line 1a).	•		ـ ا		
<u>ن</u> مع			of independent voting members of the governing body (Part).			4		24
es			nber of individuals employed in calendar year 2015 (Part V, Ii			5		24
Σį			nber of individuals employed in calendar year 2013 (Fart V, ii	neza) .				0
Activities &	1		· · · · · · · · · · · · · · · · · · ·			6		0
•	1		elated business revenue from Part VIII, column (C), line 12			7a		442,413
		INCL UIII CI	ated business taxable income from Form 990-T, line 34	· · · ·	Prior Ye	7b	Current Yea	277,423)
Revenue		Contribut	ions and greats (Bort VIII. line 1h)	-				
	1		ions and grants (Part VIII, line 1h)	· · · ⊢		3,496,154		587,700
	1	_	service revenue (Part VIII, line 2g)	· · ⊢		2,506, <u>968</u>		902,033
Be			nt income (Part VIII, column (A), lines 3, 4, and 7d) .	· · -		0	 	0
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		0		0
			nue-add lines 8 through 11 (must equal Part VIII, column (A),	line 12)		,003,122		489,733
			id similar amounts paid (Part IX, column (A), lines 1–3)	\cdot \cdot \cdot \vdash		0		0
	1		paid to or for members (Part IX, column (A), line 4)	–		0		0
ses	ı		other compensation, employee benefits (Part IX, column (A), line	·s 5–10)		<u>,393,591</u>	3,	476,921
ë			nal fundraising fees (Part IX, column (A), line 11e)		a, , , , , ,	0	1	0
Expenses	1		draising expenses (Part IX, column (D), line 25)	<u> </u>		S. Comment		
	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	·. -		,260,330		155,219
	18 19	Total exp	enses. Add lines 13–17 (must equal PartiXCcolumn (A), line	² 9) 2016⊢		<u>,653,921</u>	T	632,140
. 49	13	nevenue	less expenses Subtract line 18 পিনিসানিশ্বসিথ DATE	<u> </u>	ginning of Cu	650,799)		142,407)
ts or	20	Total aca	oto (Port V. line 16)	~				
Net Assets Fund Baland	20 21		ets (Part X, line 16)	· ·		,090,320		760,235
2 S	22		lities (Part X, line 26)	· ·	3	,125,642		912,927
	irt II		s or fund balances. Subtract line 21 from line 20 ure Block	<u> </u>		964,678		<u>847,308</u>
								
tru	e, correct,	and complete	y, I declare that I have examined this return, including accompanying schedu ete Declaration of preparer (other than officer) is based on all information of w	iles and statem hich preparer h	ents, and to that as any knowl	ne best of r edae	my knowledge and t	peliet, it is
_	- 1	<u> </u>				·~	<u> </u>	 -
Sig	ın İ	Signs	iture of officer		l_ Da	10 - 1	17-16	
He	1) Jn	Villiam A. Roberts VPFinan	10 + CS		ıe		
	.	Type	or print name and title	ice V CI	<u> </u>			
		',	pe preparer's name Preparer's signature	Date			PTIN	
Pa		1 "	Property 2 marite	Date	,	Check	□ #	
	eparer	1				self-em	pioyea	
Us	e Only					i's EIN ▶	···-	
Mar	v the ID		this return with the propagar shows above? (and instruction		Pho	ne no		
ivia	y me in	อ นเร ต นรร	this return with the preparer shown above? (see instructions	S)			∐Yes∣	∐ No

Form **990** (2015)

	90 (2015)	Page 2
Part		<u>-</u>
	Check if Schedule O contains a response or note to any line in this Part III	<u> 🖵</u>
1	Briefly describe the organization's mission:	
	See Form 990, Part I, Question 1.	
		·
2	Did the organization undertake any significant program services during the year which were not listed on the	
		☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	asured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	1) Country Living Magazine is published monthly and provides valuable information to cooperative members about rural	
	electrification as well as other aspects of rural living.	
	2) Legislative and Governmental Affairs provides a unified presence to the state government and economies of scale to all of	
	distribution cooperatives throughout the State of Ohio to ensure the cooperatives' voice is heard.	
	3) Member Information and Education provides training courses throughout the year for electric cooperative trustees/directo	
	employees as well as youth and scholarship programs for distribution cooperative members.	rs and
	completees as well as your and seriolal stup programs for distribution cooperative members.	
	4) Safety and Loss Control provides safety training and industry information to electric distribution cooperative employees a	round
	the Ctate of Ohio mainly those working in the fold	100110
	the state of Onio, mainly those working in the field.	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (Nevertible &	'
		•••••
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

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

LSIL	Checklist of Required Schedules (continued)			
	Did the annual to a second and a second beauty for the 20 fe (West 2) and a feet of the 11 feet of the 20 feet of the 11 feet of the 20 feet of the 11 feet of the 20 feet		Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
02	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		، چې	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>·</u>
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		<u>,</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		→
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	√	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	V	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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.	35b	√	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
,	Check if Schedule O contains a response or note to any line in this Part V			. 🔽
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 67		Ì	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ì	•	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	١.		-
20	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ŀ
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	ŀ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<u> </u>	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	_	_	_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C L		1
7	gifts were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		İ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
9	sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		,
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources		ļ. 1	
	against amounts due or received from them.)		_	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Voc." has it filed a Form 720 to report these payments? If "No." provide as evaluation in Schodule O	446		<u> </u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u> .		. 🗆
Sect	ion A. Governing Body and Management			_
			Yes	No
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	<u>. </u>		
b	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		1
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?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6	✓	
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	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	1	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		1
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No
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?	10a		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	\vdash
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· · · ·	_	<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	\	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	✓	
13	Did the organization have a written whistleblower policy?	13	>	
14 15	Did the organization have a written document retention and destruction policy? 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?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	✓	1
b	Other officers or key employees of the organization	15b	▼	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			_
ь	with a taxable entity during the year?	16a	_	✓_
-	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		
Secti	on C. Disclosure	100		<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply	1 501(c)(3)s	only)
19	Own website Another's website I Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	>	

orm	990	(2015)	۱

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

Check if	Schedule C	ontain contain	s a res	ponse o	r note	to any	line in th	is Part VII								. [
					_				_	 			_	_			

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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 no	or any relate	d org	anız			ompe	nsa	ated any currer	t officer, director	r, or trustee.	
	1	ŀ			C)						
(A)	(B)				sition			(D)	(E)	(F)	
Name and Title	Average		(do not chec box, unless p					Reportable	Reportable	Estimated	
	hours per	officer and a director/trustee)						compensation	compensation from	amount of	
	week (list any hours for	익고	2	Q	<u>~</u>	en H	Fo	from the	related organizations	other compensation	
	related	dire	葦	Officer	e e	plo	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	ctol	Š		를	yee cc	=	(W-2/1099-MISC)		organization	
	line)	Individual trustee or director	Institutional trustee	Ì	Key employee	Highest compensated employee				and related organizations	
		e e	l ste		"	ensa					
			ă			ated					
(1) Edward Sanders	20										
Chairman	2.0	1	1	1				2 000			_
(2) Jack Schmidt, Jr.	0.4 4.8	-	-	•				2,900	0		0
Vice Chairman	0.0	1		1				2 000	ا		_
(3) Gene McCluer	2.5			-	-			2,800	0		_0
Secretary-Treasurer	1.0	1		1				2 700			_
(4) Stephen Huff		-		 •	 	-	_	2,700	0		_0
Director	2.5	1						2 200	ا		_
(5) Paul Berridge	0.0	-		├-		\vdash		2,000	0		_0
Director	2.0	1		1				2 200			_
(6) Thomas McQuiston	3.5	_		-				2,300	0		_0
Director	0.8	1						2 400			_
(7) Robert McCort	3.0	· ·						2,400	0	-	_0
Director	0.8	1						2.050			_
(8) Donald McCracken	4.0	· ·	\vdash					2,950	0		_0
Director	- †	1						1 500	ا		_
(9) Jack Kitchel	3.0	-						1,500	0		_0
Director	0.3	1		ĺ				2,800	ا		_
(10) Daniel McNaull	5.2	_		_				2,800	0	-	_0
Director	6.1	1						2,500	o		_
(11) Robert Wise	2.5							2,300	- 0		0
Director	0.0	1			ĺ			2 000			_
(12) Shirely Stutz	1.0	_					-	2,800	0		_0
Director	0.0	1						2 000			_
(13) David Corbin	2.0	•	-	_	_			3,800	0		_0
Director	- +	1						2.55	اء		_
(14) Barry Jolliff	0.0	-		-	-	-		2,350	O		0
Director	2.5	1							_		_
DITECTOL	<u>U.U</u>							1,950	0		_0

-om	aan	(2015)	١

Page 7

Part VII	'Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
$\overline{}$		4114
	Independent Contractors	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 relate	d org	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	Position (do not check more box, unless person officer and a director				an		(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	rs for ated or director or dir	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
スシ (1) Anthony Ahern	8.0									
Former President & CEO	32.0				ļ		✓	252,146	1,008,583	63,594
እን (ዩ) Patrick O'Loughlin	8.0									
President & CEO	32.0			1	ĺ			103,457	413,827	111,205
રુઉ) William Roberts	8.0									
VP Finance & CFO	32.0			✓				58,662	234,649	69,341
۵۹ (4), Douglas Miller	32.0									
VP Statewide Services	8.0			✓				186,896	46,724	128,470
30 (5) Thomas Alban	0.0							-		
VP Power Generation	40.0					1		o	204,597	55,939
3 (6) Craig Grooms	0.0									
VP Market Operations	40.0					✓		0	194,887	55,082
32 (内) James Palmisano	4.0									
Chief Accounting Officer	360			1				16,402	147,615	55,981
33 (8) Mohan Sachdeva	0.0									
Director Power Delivery	40.0					1		o	164,245	46,281
3식 (9) Dwight Miller	40.0								,	
Director Safety & Loss Control	0.0					✓		143,846	o	63,348
35 (10) Paul Jackson	0.0									
Manager, Power Generation Assets	40.0					1		o	149,948	30,082
(11)										
(12)										
(13)										
(14)										

i salá	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (c	ontinu	ıed)		
						C) ition								
	(A)	(B)	(do n				e than o	one	(D)	(E)			(F)	
	Name and title	Average hours per					is both		Reportable	Reportable	1		mated	
		week (list any				_	or/trus	~ <u>~</u>	compensation	compensation related	110111		ount of	
		hours for	or d	nst	Officer	Key employee	불	Former	the	organizatio			ensatio	'n
		related organizations	rect	톭	ĕ	em	lest	l eq	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)		ım the nızatıor	n
		below dotted	or	nal		얼	ie com		(11 27 1000 111100)				related	
		line)	Individual trustee or director	Institutional trustee		e	ipen		1			organ	nization	S
			ă	i tee			Highest compensated employee							
(15) W	arren Taylor	2.7					a							
Direct		0.3	1.						2,350	1	0			(
(16) Ja	mes McConnell	6.0												
Direct	or	0.8							2,000		0			(
(17) G	eorge Brake	6.0						Ì						
Forme	r Director	0.0					L	<u> </u> _	2,450		0			(
(18) R	oger Rank	2.5												
Direct		0.0					ļ <u>.</u>	 _	400		0			
3	ennis Schindler	4.0					1	ļ			ļ			
Direct		0.3						_	3,450		0			
	tchel Headley	1.0												
Direct		0.0							2,350		0			
	. John Saxton	2.0			1									_
Direct	arold Cooper	4.0		-					2,000		0			
Direct		0.0							1,750		o			
	wrence Weirich	4.5							1,750		٠			
Direct		1.0							2,450		o			
	ff Wilson	2.0							2,430		-			
Directo		1.0							1,800		0			
(25) Da	avid Miller	2.0			\neg				,,,,,,			-		
Direct		0.1							2,150		o			(
1b	Sub-total							>	58,900		0			
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	761,409	2,565	,075		67	79,323
d								<u> </u>	820,309				67	79,323
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000	of		
													Yes	No
3	Did the organization list any former of	ficer, dırec	tor, o	r tri	uste	e,	key e	emp	loyee, or high	est comper	sated	,		
	employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch i	ındi	vidu	ıal					3		1
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	om	per	nsatio	n a	nd other comp	ensation fro	m the	,		
	organization and related organizations	greater that	an \$1	50,0	000	? /:	f "Ye	s, "	complete Sch	edule J for	such	<i>i</i> [
	ındıvıdual			•								4	✓	
5	Did any person listed on line 1a receive of									ation or indi	vidua	1		
	for services rendered to the organization	? If "Yes," c	ompl	ete 3	Sch	edu	ile J f	or s	such person	<u>.</u> .	•	5		✓
	on B. Independent Contractors										<u> </u>			
1	Complete this table for your five highest of													
	compensation from the organization. Repyear.	on compe	nsanc	טו ווע	PF LIT	ie C	alenu	ar y	rear ending wit	n or within t	ne org	anizatio	msta	1X
	<u> </u>							_	(D)					
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
Thomp	son & Hine 41 South High Street, Columbus	, Ohio 4321	5					Leg	gal				27	79,492
												-		
	Table and the second of the se	:						<u> </u>						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				
	received more than \$100,000 or compens	audii iromi t	ile or	yanı	∠a∏	UII								

Par	t VIII	Statement of Revenue						
		Check if Schedule C) contains a res	sponse or note to	any line in this (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
nts	1a	Federated campaigns	s 1a		-	function revenue	revenue	under sections 512-514
ăra our	b	Membership dues .	. 1b	3,587,700				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
ar,	d	Related organizations	s 1d		1]		
Š, Ē	е	Government grants (cor	ntributions) 1e					
i S	f	All other contributions, g		-				
章章		and similar amounts not inc	cluded above 1f					
a d	g	Noncash contributions include	ded in lines 1a-1f \$					
Contributions, and Other Sim	h	Total. Add lines 1a-1	f		3,587,700			
				Business Code				
Ven	2a	Trade Magazine subsc	riptions	900099	2,459,620	2,459,620		
8	b	Advertising revenue		511120	442,413		442,413	
Program Service Revenue	С							
Sen	d							
Ē	е							
ogra	f	All other program ser						
<u> </u>	g	Total. Add lines 2a-2			2,902,033			
	3	Investment income						
		and other similar amo	ounts)	▶				
	4	Income from investmen	t of tax-exempt b	ond proceeds ▶				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents				ļ		
	b	Less: rental expenses						
	С	Rental income or (loss)						
	ď	Net rental income or	(loss)	>				
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less. cost or other basis						
		and sales expenses		1				
	С	Gain or (loss) .						
	d	Net gain or (loss) .		•				
enne	8a	Gross income from fu events (not including \$	undraising					
Other Reve		of contributions reporte See Part IV, line 18						
Ť	ь	Less direct expenses	-	·				
0		Net income or (loss) f				ŀ		
		Gross income from ga		CVCING . P		· ·		
	""	_						
	ь	Less: direct expenses	-					
	1	Net income or (loss) f			ŀ			
		Gross sales of in						
		returns and allowance			-			
	ь	Less: cost of goods s	_	<u> </u>		j		
	C	Net income or (loss) fi		·	ł		1	
		Miscellaneous R		Business Code				-
	11a	- Induction is the		20311033 0008	į		ł	
	b							
	C	•••••						
	d d	All other revenue .		+	-			
	e	Total. Add lines 11a-		. •				-
	12	Total revenue. See in			6.489.733	2 459 620	442 413	

Part					
Sectio	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	820,309			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,308,267 866,675			
9	Other employee benefits	337,590			
10	Payroll taxes	144,080			
11 a	Fees for services (non-employees) Management				
b	Legal	213,342			
C	Accounting	18,093			
þ	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	265,762			
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel	190,633			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	139,356			
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	208,376 56.648			
23 24	Other expenses. Itemize expenses not covered	50,048			· · ·
24	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.)				
a	Magazine Printing	1,160,861			
b	Magazine Postage	603,854			
d d	Education Programs	157,793			
e	All other expenses	140,501			
25	Total functional expenses. Add lines 1 through 24e	6,632,140			
26	Joint costs. Complete this line only if the	5,552,146			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X ' Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 608.351 139,811 2 Savings and temporary cash investments 2 1,100,000 900.000 3 Pledges and grants receivable, net . . . 3 Accounts receivable, net . . . 4 533,215 621,318 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges . . . 90,730 9 197.335 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,917,124 Less: accumulated depreciation 10b 2,328,057 10c 1,407,123 1,589,067 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 . . . 12 13 Investments - program-related. See Part IV, line 11. 13 14 14 15 Other assets. See Part IV, line 11 15 350,901 312,704 16 Total assets. Add lines 1 through 15 (must equal line 34) . 4.090.320 16 3,760,235 17 Accounts payable and accrued expenses . . . 1,128,022 17 916,842 Grants payable 18 18 19 Deferred revenue 19 266,932 216,221 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,730,688 1.779.864 26 Total liabilities. Add lines 17 through 25 26 3,125,642 2,912,927 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets . . . 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 O 0 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 675 675 32 Retained earnings, endowment, accumulated income, or other funds. 964,003 32 846,633 33 33 964,678 847,308 34 Total liabilities and net assets/fund balances . . 34 4,090,320 3,760,235

Form **990** (2015)

Form 9	90 (2015)			Pa	age 12
Par	XI ' Reconciliation of Net Assets				3
•	Check if Schedule O contains a response or note to any line in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			89,733
2	Total expenses (must equal Part IX, column (A), line 25)	2			32,140
3	Revenue less expenses. Subtract line 2 from line 1	3			2,407)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			64,678
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			25,037
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		84	17,308
Part	XII Financial Statements and Reporting	·			,
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990				<u> </u>
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both				·
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				!
b	Were the organization's financial statements audited by an independent accountant?		2b	7	[
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both.		1		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ĺ '
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			_
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Form **990** (2015)

the Single Audit Act and OMB Circular A-133?.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

	Rural Electric Cooperatives, Inc.		51-0174617
Pa			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to t	he organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	for any other purpose
	conferring impermissible private benefit?		· · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	•
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recreations)	ation or education) Preservation o	f a historically important land area
	☐ Protection of natural habitat	_	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements .		. 2a
b	Total acreage restricted by conservation easemer	nts	. 2b
С	Number of conservation easements on a certified	historic structure included in (a) .	2c
d	Number of conservation easements included in		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terr	minated by the organization during the
	tax year ▶	•	
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	•		· ,
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$	•	,
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · Pres I No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	ents	
Par	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under \$		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts rela-		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art	t, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under \$		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$

Schedule I	D (Form	agn	2015

Par	' Organizations Maintaining	Collections of	Art, His	torical `	Treasures	, or O	ther Similar <i>I</i>	Assets (conti	inued)
3 '	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, ched	k any of th	e follo	wing that are a	significa	int us	se of its
а	 Public exhibition 		đ	☐ Loan	or exchang	ge prog	rams			
b	☐ Scholarly research		е	□ Othe	r					
C	☐ Preservation for future generation:									
4	Provide a description of the organiza XIII	tion's collections a	and expl	ain how t	hey further	the org	ganization's ex	empt pur	pose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta						_	Yes	☐ No
Par	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.		" on Foi	m 990, I	Part IV, line	e 9, or	reported an a	ımount (on Fo	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth		nediary fo		ions o		_	Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able.		1	Amount		
С	Beginning balance					10	;			
d	Additions during the year					10	1			
е	Distributions during the year .					16	,			
f	Ending balance					11				
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or co	ustodia	l account liabili	ty? 🔲 '	Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII			
	t V Endowment Funds.									
	Complete if the organization	answered "Yes"	" on For	m 990, F	art IV, line	e 10.				
		(a) Current year		or year	(c) Two year		(d) Three years ba	ick (e) Fo	our yea	ırs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		 	_,						
	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1g	, column (a)) held	as:	1		-
а	Board designated or quasi-endowmen	-	%		•					
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.							
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the		
	organization by·								Ye	s No
	(i) unrelated organizations							. 3a(i	-	
	(ii) related organizations							. 3a(i		
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	chedule R?			3b		1
4	Describe in Part XIII the intended uses									
Part	VI Land, Buildings, and Equip	ment.								
	Complete if the organization		" on For	m 990. F	Part IV, line	11a.	See Form 990). Part X	. line	e 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	or other basis ther)	(c)	Accumulated epreciation		ook va	
1a	Land				137,410					137,410
b	Buildings				2,780,755		1,789,354			991,401
С	Leasehold improvements .				_,,.		.,. 00,004			,701
ď	Equipment				998,959		538,703			460,256
e	Other			<u> </u>	200,303					
	Add lines 1a through 1e (Column (d) n	nust equal Form 99	90. Part	K. column	(B), line 10	C).	. ▶		1 /	589,067

	Complete if the organization ans (a) Description of security or category			b) Book value	ı	fethod of valuation
	(including name of security)		`	,		nd-of-year market value
	al derivatives					
-	held equity interests					
(3) Other						
(A)						
(B)						
(C)						·
(D) (E)						
(F)						
(G)						
(H)		**				
	(b) must equal Form 990, Part X, col (B) line 12.) ▶					
Part VIII	Investments—Program Related	1				
T GIT VIII	Complete if the organization answer		n Form 90	n Part IV line	e 11c. See For	m 990 Part X line 13
	(a) Description of investment) Book value		fethod of valuation
	(a) December of intestine, it		"	, Book value		nd-of-year market value
<u>(1)</u>				-		· · · · · · · · · · · · · · · · · · ·
(2)	· -			-		
(3)						
(4)						-
_(5)						
(6)						
(7)						
(8)						-
(9)						
	(b) must equal Form 990, Part X, col (B) line 13) ▶					
Part IX	Other Assets.					
	Complete if the organization answ		n Form 99	0, Part IV, line	e 11d. See For	
44	<u></u>) Description				(b) Book value
	Plan Investments	 				212,324
	rship Patronage and Fees					100,380
(3)			 .			
(4)						
(5) (6)						-
(7)						
(8)						+
(9)						-
	ımn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				312,704
Part X	Other Liabilities.					312,704
	Complete if the organization answ	vered "Yes" o	n Form 99	0, Part IV, line	e 11e or 11f. S	ee Form 990, Part X,
	line 25					, .
1.	(a) Description of liability	(b) Book	value			
(1) Federal ı	ncome taxes					
	Post-Employment Benefits Obligations		1,779,864	•		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
T-1-1 /0	In must squal be m COA Dark V and /D\line 95 \		4 770 004	1		
	(b) must equal Form 990, Part X, col (B) line 25) ▶	1 11 1 1 1 1 1	1,779,864			
2. Liability fo	r uncertain tax positions. In Part XIII, provides liability for uncertain tax positions are positions under	de the text of the	footnote to	the organization	's financial staten	nents that reports the

•	Complete if the organization answered "Yes" on Form 990,	Part IV line 12a.		
1	Total revenue, gains, and other support per audited financial statements	•	. 1	6,489,733
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·	0,403,733
a	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
_		20	— a. l	_
e	•		2e	0
3	Subtract line 2e from line 1		3	6,489,733
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	} _		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C			. 4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		. 5	6,489,733
Part			per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1	6,632,140
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	 1		0
3	Subtract line 2e from line 1		3	6,632,140
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	· • •	0,032,140
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	\dashv \mid	
_	Add been de and de		- _	_
с 5	Add lines 4a and 4b		4c	0
	XIII Supplemental Information.	e 10.) 	. 5	6,632,140
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4 Dark IV lines 4h and	Ob. Dad V. I.a.	A Dark V June
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			e 4, Part X, line
		to provide any additions	ai iniormation.	
Part X	, Line 2:			
OBEC	accounts for uncertainty in income taxes in their financial statements as requi	irod under EASD ASC 740	"Accounting for	u I Importaints
OKEC	accounts for uncertainty in income taxes in their manical statements as requi	ired under FASB ASC 740	, Accounting to	or Unicertainty
	T			•••
in inco	ome Taxes" ("FASB ASC 740"). Under FASB ASC 740, an organization must rec	ognize the tax benefit as	sociated with ta	k positions
			_	
taken	for tax return purposes when it is more likely than not that the position will be	sustained. OREC does no	t have any mate	rial uncertain
incom	e tax positions. For the years ended June 30, 2016 and 2015, there were no inte	erest or penalties recorde	d or included in	the
incom	e tax positions. For the years ended June 30, 2016 and 2015, there were no into	erest or penalties recorde	d or included in	the
	e tax positions. For the years ended June 30, 2016 and 2015, there were no inte	erest or penalties recorde	d or included in	the
		erest or penalties recorde	d or included in	the
		erest or penalties recorde	d or included in	the
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		erest or penalties recorde	d or included in	the

Schedule D (Fo	rm 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	
·	- Committee of the comm	

•••••		
·		
•••		
•••••		
·		••••••

SCHEDULE J (Form 990):

Department of the Treasury Internal Revenue Service

Name of the organization

Ohio Rural Electric Cooperatives, Inc.

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

51-0174617

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
		j		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		<u> </u>
_			· —	ļl
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			l
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	_		
	187	2_		 ,
2				
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, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	✓ Form 990 of other organizations ✓ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	•		
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		7
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				1
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
_	· · · · · · · · · · · · · · · · · · ·			ļ J
a b	The organization?	5a 5b		
U	Any related organization?	30		
	The rest to line su of su, describe in that the			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			[
	compensation contingent on the net earnings of.			
а	The organization?	6a	•	'
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
				_ !
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			'
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		<u> </u>
0	If "Voo" to loo 0 did the economistion plan fallow the reliable assessment and the seconomist.			ļ. ·
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

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

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

12,160 48,638 7,671 20,201 19,299 24,892 (F) Compensation in column (B) reported as deferred on prior Form 990 30,682 26,234 26,456 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual 72,530 125,698 207,194 264,865 72,418 22,000 ,059,458 289,672 260,536 197,998 210,526 502,791 290,122 180,030 (E) Total of columns (B)(I)-(D) 18,849 2,256 23,048 4,612 18,450 4,550 18,199 4,712 23,554 20,300 23,327 18,321 23,396 (D) Nontaxable benefits 9,318 3,343 43,108 17,629 70,514 37,274 83,927 20,982 30,083 27,960 40,300 6,686 32,612 31,528 (C) Returement and other deferred compensation 3,553 15,128 8,110 7,101 4,435 17,740 3,782 9,661 11,313 6,836 28,402 14,211 10,443 90 (B) Breakdown of W-2 and/or 1099-MISC compensation compensation (iii) Other reportable 183,290 733,158 11,560 46,242 280 2,850 2,850 1,350 315 (ii) Bonus & incentive compensation 61,756 87,461 55,039 171,488 42,872 139,190 131,183 247,022 349,846 220,158 182,376 15,466 152,555 135,762 191,304 compensation (i) Base EE Ξ \equiv \equiv Ξ Ξ $\epsilon \epsilon$ EE ≘ ≘ €€ EE ≘ ≘ $\mathbf{\epsilon}$ 9 Director Safety & Loss Control Paul Jackson Manager, Power 1 Former President and CEO 7 Chief Accounting Officer (A) Name and Title 8 Director Power Delivery 4 VP Statewide Services 6 VP Market Operations 5 VP Power Generation 3 VP Finance and CFO 2 President and CEO Patrick O'Loughlin 10 Generation Assets James Palmisano Mohan Sachdeva William Roberts **Anthony Ahern Douglas Miller** Thomas Alban Craig Grooms **Dwight Miller** 5 Ξ 72 5 4 16

Schedule J (Form 990) 2015

SCHEDULE L

(10)

Transactions With Interested Persons

OMB No 1545-0047

 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name	of the organization								Emplo	yer ıde	ntificat	ion nu	mber		
Ohio I	Rural Electric Coopera											01746	i 17		
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 50° answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV, I	and 50 line 28)1(c)(29) o 5a or 25b,	rganız or Fo	ations rm 99	only) 0-EZ,	Part	V, line	40b	
1	(a) Name of disqualified	nemon	(b) Relationship b			person and		(a) Do	conntio	n of tro	naaatia			(d) Cor	rected?
•	(a) Name of disqualified	person		organız	ation			(c) De	escriptio	n or trai	nsactio	л		Yes	No
(1)															
(2)															
(3)			<u>-</u>												
(4)															
(5)		-													
(6)															
3	Enter the amount under section 4958 Enter the amount of	3		•					ns du 	ring t 	he ye !	ar ▶ \$	\$ \$		
Par	Complete if th	Vor From Interne organization eported an amo	answered "Ye	s" on	Form 99 art X, lin	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or F	orm 99	90, Pa	ırt IV,	line 2	:6; or	f the	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balanc	e due	(g) In (default?	by bo	proved pard or nittee?	(i) Wi agreei	ritten ment?
		İ	Ì	То	From	1				Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)	· · · =			L								L			
(10)			<u> </u>												
Total	<u> </u>	· · · · <u>· · · · · · · · · · · · · · · </u>	<u> </u>				.▶	\$							
Part	Grants or Ass Complete if the	sistance Bene ne organization	fiting Interest answered "Ye	ed Pe s" on	rsons. Form 99	0, Part IV, I	ine 27	' .							
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance		d) Type of a	ssistanc	e	(e)) Purpo	se of a	ssistan	ce
(1)															
(2)	, <u></u>		-												
(3)															
(4)				İ											
(5)															
(6)															
(7)															
(8)										_					
(9)	·														

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
	Harold Cooper	Director		Insurance purchase		/
	O'Loughlin, Miller, Palmisano & Roberts	Officers		Purchased percentage of building		1
	O'Loughlin, Miller, Palmisano & Roberts	Officers	102,872	Expense reimbursement		✓
<u>(4)</u> (5)						-
(6)						
(7)	1		•			
(8)						
(9)						
(10) Par	t V Supplemental Information					
	dule L, Part IV (1) Harold Cooper is a Director of OREC a	nd Board Member of Federa	ted Insurance Comp	any. OREC purchases insurance fro		
Fede	rated.					
Line	(2) - Patrick O'Loughlin, Douglas Miller, Ja	mes Palmisano and William	Roberts are officers	s of OREC and RESCO. OREC purch	ased	·
a par	tial interest from RESCO in the office build	ding and warehouse that wa	s jointly owned by the	ne companies. The transaction was		
appro	oved by both Boards of Directors at the ne	t book value of the property	. Subsequently RES	CO entered a lease agreement to re	nt a	••••
porti	on of the property at a rate determined bas	sed on cost with no profit m	ark up.			
Line	(3) - Patrick O'Loughlin, Douglas Miller, Ja	mes Palmisano and William	Roberts are officers	s of OREC and RESCO. RESCO reim	burse	s
ORE	C on a cost basis for salaries, benefits, bu	ilding expenses and genera	l offices costs.			
			••••			
						· • • • • • • • • • • • • • • • • • • •
	••••••		***************************************			

SCHEDULE O (Form 990 of 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
Ohio Rural Electric Cooperatives, Inc.	51-0174617
Form 990, Part VI, Section A, Line 6: Ohio Rural Electric Cooperatives, Inc. has 24 Members which con	sist of all 24 of the Ohio based
electric distribution cooperatives serving Ohio.	
Form 990, Part VI, Section A, Line 7a: Each of the 24 members of OREC has the right to appoint one pe	erson to serve on the Board of Directors
Form 990, Part VI, Section B, Line 11: The Form 990 is prepared and reviewed by Company staff and the	en a copy is provided to the
Directors for comments before it is filed with the Internal Revenue Service.	
Form 000 Part VI Section P. Line 12: ODEC annually discussed with afficers discussed and	
Form 990, Part VI, Section B, Line 12c: OREC annually discusses with officers, directors, trustees and disclosure requirements to determine if any conflicts exist.	key employees the filing and
' Commercial Control of the Control	
Form 990, Part VI, Section B, Line 15: Compensation for the CEO and employees are reviewed on an a	nnual basis. OREC participates in
industry compensation surveys and obtains the results of these surveys. OREC hires an outside comp	ensation consultant who assists
in obtaining additional market compensation data and indentifying the appropriate job comparisons. T	he information for the CEO is
reviewed by the Executive Committee and approved by the Board of Directors. A percentage increase	in total salary for the employees
(excluding the CEO) is approved by the Board of Directors but the actual allocation to the individual er	nployees is determined by the CEO.
The Board of Directors separately approves the salary adjustment of the CEO.	
Form 990, Part VI, Section C, Line 19: Governing documents, conflict of interest policy, and financial st	tatements are provided to the public
when requested.	A STATE OF THE STA
Form 990, Part XI, Line 9, Changes In Net Assets: Post Employment Benefit Plan Adjustment = \$25,037	·
	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
	•••••
	••••••

SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service Name of the organization

Ohio Rural Electric Cooperatives, Inc.

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33.

2015	Open to Public
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OMB No 1545-0047

Inspection

Employer identification number

51-0174617

(e)			(0)	(p)	(e)	ω	
Name, address, and EIN (if applicable) of disregarded entity	Prim	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity	guil
(1) Buckeye Power Generating, LLC 46-1440770							
6677 Busch Blvd, Columbus, Ohio 43229	Generate Electric Power		Ohio	128,712,229	345,713,275		
(2) Buckeye Power Generating II, LLC 31-0676582							
6677 Busch Blvd, Columbus, OHio 43229	Currently No Activity		Ohio	0	0		
(3)		-					
(4)							ŀ
/A							
(5)							
	, , , , , , , , , , , , , , , , , , ,						
(9)							
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations during	izations Complete of the	ie organization an	izations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had during the tax year.	Form 990, Part	IV, line 34 becau	use it had	
			-		!		
ta) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
						Yes	ş
(1) Buckeye Power, Inc. 31-0676582							
6677 Busch Blvd, Columbus, Ohio 43229 Elec	Electric Gen & Trans	Ohio	501(c)(12)				`
(2)							
(6)							
(4)							
(9)							
(9)							
(2)						-	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat N	Cat No 50135Y		Schedule F	Schedule R (Form 990) 2015	2015

Schedule R (Form 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34	Selated Organiza	tions Taxable	as a Partners	ship Com	plete if the	organizatı	on answe	red "Yes"	on Form 990	, Part IV,	line 34	200
(a) Name, address, and ElN of related organization	(b) Primary activity	(c) (c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)) during tire ninant Sha related, I ated, def from oder		(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Pe managing ov partner?	(k) Percentage ownership
(1)								Yes	ON.	Yes	0 2	
(2)											-	
(3)												•
(4)												
(5)												
(9)												
(Δ)												
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	lelated Organiza had one or more i	tions Taxable elated organiza	as a Corpora	tion or T as a corp	rust Comple	ete if the crust during	rganization tax	on answe	red "Yes" on	Form 990), Part I) ,
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section cont	(i) Section 512(b)(13) controlled entity?
											Yes	No
(1) National Power Cooperative, Inc. 31-1670865 6677 Busch Blvd, Columbus, Ohio 43229	-1670865	Generate Electricity	y Ohio			C corp		21,550,316	124,342,193	100.0%		>
. (2) Rural Electric Supply Cooperative 31-0682496 6677 Busch Blvd, Columbus, Ohio 43229		Electrical Supplies	Ohio			C corp		0	0		ق	>
(3)												
(4)												
(5)												
(9)											ļ	
(7)												
									"	Schedule R (Form 990) 2015	Form 9	90) 2015

			L	
Note. Complete line 1 If any entity is listed in Parts II, III, or IV of this schedule.			Yes No	ا و
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?	e or more related orgar	izations listed in Part	s II–IV?	
a Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity				_
b Gift, grant, or capital contribution to related organization(s)			, 1b	_
c Gift, grant, or capital contribution from related organization(s)			10	
d Loans or loan quarantees to or for related organization(s)			7	
				. .
e Loans or loan guarantees by related organization(s)				
6 Dundondo from valuenda accomisacion(a)			1	٠ ,
			· · · · · · · · · · · · · · · · · · ·	_ .
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)			→ th	
i Exchange of assets with related organization(s)			→ 11	_
j Lease of facilities, equipment, or other assets to related organization(s)			<u> 1</u>	
				 '
K Lease of facilities, equipment, or other assets from related organization(s)			1k	<u>.</u> .
			· · · · ·	<u> </u>
 Performance of services or membership or fundraising solicitations by related organization(s) 			, EL	
o Sharing of paid employees with related organization(s)			7 10	
p Reimbursement paid to related organization(s) for expenses			, dt	
q Reimbursement paid by related organization(s) for expenses			, 1q · · · ·	
r Other transfer of cash or property to related organization(s)			→ 11	
_	-		, 1s · · · ·	
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.	complete this line, incli	uding covered relation	ships and transaction thresholds.	.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	70
(1) Bural Flortric Sunnly Connerstive	3	600 101	Super Mos Book Walis	1
1) Autor Electric Supply Coupelauve	E	755,101	161,332 Cost / Net Book Value	1
(2) Rural Electric Supply Cooperative	ſ	30,800 Cost	Cost	
(3) Buckeye Power, Inc.	z	574,656 Cost	Cost	
(4) Rural Electric Supply Cooperative	٥	72,072 Cost	Cost	1
(5)				1
(9)				
			Schedule R (Form 990) 2015	15

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

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

(a) (b) (c) (d) (e) (d)	(b)	(0)	(p)	(e)	£	(6)	(£)	3	3	(8)
Name, address, and EIN of entity	Primary activity	Legal domicile		Are all partners	Share of		onate	Code V-UBI		Percentage
				section 501(c)(3) organizations?	total income	end-or-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No	(200	Yes	
(1)									1	
(2)										
(6)										
(4)										
(5)	-			_						
. (9)										
(a)										
(8)										
(6)										
(110)										
(11)										
(12)										
(13)										
(14)										
(15)						:				
(16)										
								Sche	Schedule R (Form 990) 2015	n 990) 2015

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Part. VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
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