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For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the 2	016 cale	ndar year, or tax year beginning July 1,	2016, and end	ling Jui	ne 30	, 20 17
В	Check if a	plicable	C Name of organization Ohio Rural Electric Cooperatives, Inc.			D Employ	er identification number
	Address ch	nange	Doing business as				51-0174617
	Name char	nae	Number and street (or P O box if mail is not delivered to street addre	ess) Room/	'suite	E Telepho	ne number
	Initial retur	-	6677 Busch Blvd				614-846-5757
$\bar{\sqcap}$	Final return/		City or town, state or province, country, and ZIP or foreign postal coo	de			
ñ	Amended		Columbus, Ohio 43229			G Gross re	eceipts \$ 6,745,604
ñ	Application	•	F Name and address of principal officer		H(a) is this a c		subordinates ⁷ Yes No
_	, ipplication	, ponding	, , , , , , , , , , , , , , , , , , ,				s included? Yes No
	Tax-exemp	ot etatue	□ 501(c)(3)	(a)(1) or 527			a list (see instructions)
<u>:</u>	Website:		v.ohioruralelectric.coop	4)(1) 01027	H(c) Groun	exemption	number ▶
<u>-</u>			✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form			of legal domicile Oh
_	art I	Summ		L Tear Of Torn	1941	IVI State	or legal dornicle On
	_			tuution To c	afèguard, enha	nece and	notimiza tha
60	1	-	scribe the organization's mission or most significant ac		areguaru, erina	iiice ariu i	opunize die
Governance	<u>e</u>	nvironm	ent for electric cooperatives operating in the State of Ohio.				
E	ء ۾ ا	No1 - Ala			d of	- 0E0/ of	
Š	(is box ▶☐ if the organization discontinued its operation			1	
Ğ	1		of voting members of the governing body (Part VI, line 1				24
Activities &	1		of independent voting members of the governing body (D)	4	24
iţie	1		nber of individuals employed in calendar year 2016 (Part	t V, line 2a)		5	0
댪	1		nber of volunteers (estimate if necessary)			6	0
ĕ	i .		elated business revenue from Part VIII, column (C), line			. <u>7a</u>	436,316
	b N	let unrel	ated business taxable income from Form 990-T, line 34	<u> </u>		. 7b	(171,129)
	}				Prior Y	ear	Current Year
Φ	8 0	Contribut	ions and grants (Part VIII, line 1h)			3,587,700	3,980,902
Revenue	9 F	rogram	service revenue (Part VIII, line 2g)		2,902,033	2,764,702	
ě	10 li	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			0	0
Œ	11 0	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	11e)		0	0
	L		enue-add lines 8 through 11 (must equal Part VIII, column			6,489,733	6,745,604
	+		nd sımılar amounts paid (Part IX, column (A), lines 1-3) .			0	0
	I.		paid to or for members (Part IX, column (A), line 4)			0	0
w	1		other compensation, employee benefits (Part IX, column (A	(), lines 5–10)		3,476,921	2,935,788
Expenses	1		inal fundraising fees (Part IX, column (A), line 11e)			0, 0, <u></u> 0	0
ber	1		draising expenses (Part IX, column (D), line 25)		10 T 4 1 1 T 1 T		
Ä	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e).	~ ``		3,155,219	3,803,638
			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	line 25)		6,632,140	
			less expenses. Subtract line 18 from line 12.		ļ	(142,407)	6,178
_ <u>v</u>		10101100	enses. Add lines 13–17 (must equal Parrix, column (A), less expenses. Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	Beginning of C		End of Year
o ste	20 T	otal acc	ets (Part X, line 16) \. \. \. \. \.	/ >	 	3,760,235	
Assets or Balances	20 7		ilities (Part X, line 26)	KILL .			
Net A	21 I					2,912,927	
	art II		ts or fund balances. Subtract line 21 from line 20	· · · · ·		847,308	1,401,869
			ry, I declare that I have examined this return, including accompanying s ete. Declaration of preparer (other than officer) is based on all information				my knowledge and belief, it is
_		<u> </u>	100			π-	7-17
Sig		Sign	ature of officer			_ <u>\ </u>	()
He) Sign		anco al	CEO	216	
ne	16	<u> V</u> V		ance 4	C_1C_2		
		'	or print name and title		Deta		PTIN
Pa	id	Printry	pe preparer's name Preparer's signature	1	Date	Check	<u> </u>
Pr	eparer	<u> </u>				self-em	pioyed
	e Only	Firm's n	ame ▶		Fire	n's EIN ▶	
		Firm's a	ddress ▶		Ph	one no	
Ma	y the IRS	discus	s this return with the preparer shown above? (see instru	ctions)	<u></u>	· • •	. 🗌 Yes 🗌 No
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions.	Cat	No 11282Y		Form 990 (2016)

Cat No 11282Y



Form 9	990 (2016)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
		
2		es 🗹 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?	es ☑No
	If "Yes," describe these changes on Schedule O.	25 <u>v</u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported	
4a)
	 Ohio Cooperative Living Magazine is published monthly and provides valuable information to cooperative members abo electrification as well as other aspects of rural living. 	
	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 the
	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 directors and employees as well as youth and scholarship programs for distribution cooperative members.	
	4) Safety and Loss Control provides safety training and industry information to electric distribution cooperative employees	
	the State of Ohio, mainly those working in the field.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)

	`	
4c	(Code)
	,	
4d	Other program services (Describe in Schedule O.)	
⊸u	(Expenses \$ including grants of \$) (Revenue \$)	
4-	Table	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	١.] ,
ο.	·	1		✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
	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		✓
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		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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		√
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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	S. All Philips and
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	1	
	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	1	
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		✓
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
	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	18		1
	The state of the s	19	000	

Part	Checklist of Required Schedules (continued)			_a
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		V
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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	✓	
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	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		√
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	√	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	✓	
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 63			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)]
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			l
٥.	reportable gaming (gambling) winnings to prize winners?	1c	/	ļ
2a	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 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		ŀ
-	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	/ I	ĺ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	'		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	۱.		1
ь	If "Yes," enter the name of the foreign country: ▶	4a	-	-
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	İ		
	(FBAR)	1		
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	<u> </u>	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua_	-	
	gifts were not tax deductible?	6b		
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	ĺ _		٠ , ا
b	and services provided to the payor?	7a 7b	 	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	\vdash	<u> </u>
	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? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		✓
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
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 . 10b			,
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			1
12a	against amounts due or received from them)	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
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		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		For	п 990	(2016)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sc	ee ins	struct	
Secti	on 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			3
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 24 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	,	├ ✓
6 7a	Did the organization have members or stockholders? 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	∀	
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:		i	
a	The governing body?	8a	√	├
ь 9	Each committee with authority to act on behalf of the governing body?	8b	▼	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Je Co	ode.,) No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	1
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	<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	12c	✓	
13	Did the organization have a written whistleblower policy?	13	1	L
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	1	1
	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 with a taxable entity during the year?	16a		1
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	100		-
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► 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.	501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	∍rest ¡	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	>	

Form	aan	(つい1	R١

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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	r any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
	1	Ì		•	C)			1	}	
(A)	(B)	/4			ition	e than o		(D)	(E)	(F)
Name and Title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	_	a 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
(1) Dennis Schindler	4.0				!		}			
Chairman	0.3	/		✓				5,950	0	0
(2) Gene McCluer	2.5			١.						
Vice Chairman	1.0	✓	<u> </u>	✓	<u> </u>			5,875	0	0
(3) Paul Berridge	2.0		ĺ			ĺ			!	
Secretary-Treasurer	0.0	1	<u>L</u> .	✓	L.	L		4,600	0	0
(4) Harold Cooper	4.0	l		1		}		!	1	
Director	0.0	1				<u> </u>	L	4,475	0	0
(5) Mitchell Headley	1.0	l		ł		ł			1	
<u>Director</u>	0.0	1				<u> </u>		4,075	0	0
(6) Barry Jolliff	2.5			}			l	1	1	
<u>Director</u>	0.0	/						4,650	0	0
(7) Jack Kitchel	3.0]	1				l	1	}	
Director	0.3	✓						4,425	0	0
(8) Robert McCort	3.0			Į	ļ			}		
Director	0.8	✓						4,300	0	0
(9) Daniel McNaull	5.2			ľ						
Director	6.1	✓			_			3,550	o	0
(10) Thomas McQuiston	3.5									
Director	0.8	✓	(ĺ		3,900	o'	0
(11) David Miller	2.0									<u> </u>
Director	0.1	✓	ĺ	ĺ	ĺ	1	1	4,125	o	0
(12) Roger Rank	2.5									
Director	0.0	1	l		1			3,600	o	0
(13) Edward Sanders	2.0									
Director	0.4	1]				1	6,900	0	0
(14) Dr. John Saxton	2.0									
Director	0.0	✓			L				0	0

	-
Page	-

Form	aan '	いつつり	6

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

Check if Schedule O contains a response or note to any line in this 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 nor any related organization compensated any current officer, director, or trustee.

Check this box if the	ther the organization no	any related	a orga	21112))	Jinpe	1134	Ca any carren	lit officer, director	, 01 11 43100.
,	••	(5)			-	ition			(5)	5	/F)
•	A)	(8)					than c		(D)	(E)	(F) Estimated
Name a	and Title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation from	amount of
		week (list any		_	_				from	related	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	豊康	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	dua	T or	4	di	st c	e,	(W-2/1099-MISC)	(organization
		below dotted	ř	nal t		loye	_ }				and related organizations
		iii ie)	stee	rust		е	ens				organizations
				8			Highest compensated employee				
えし 代れThomas Alban		0									
VP Power Generation		40			<u></u>	✓			0	186,746	70,460
ろう (2) Craig Grooms		4									
VP Market Operations		36				✓		ļ	18,370	165,327	69,494
୬େ (୨) Douglas Miller		32									
VP Statewide Services	<u></u>	8			✓				175,690	43,922	146,242
29 (4) Patrick O'Loughlin		8									
President & CEO	·	32			✓				101,226	404,903	190,331
30 (5) James Palmisano		2									
Chief Accounting Officer		38			✓				7,414	140,860	60,658
3 (6) William Roberts		8									
VP Finance & CFO		32			✓				54,858	219,430	93,766
32 (不) Mohan Sachdeva		0									
Managing Director Power	Delivery	40				✓			0	158,743	60,010
33 (8) Paul Jackson		0									
Manager Power Generation	on Assets	40		<u></u>			✓		0	138,600	37,710
उ ५ र् १९) Randell Keefer		0							İ		
Manager Power Generation	on Performance	40					✓		0	142,446	47,168
		40								1	
Director Safety & Loss Co	ontrol	0		L.	L_		✓		137,904	0	77,000
3(M) Greg Niese		8						1			
Director Information Tech	inology	32					✓	<u> </u>	26,430	105,719	73,155
37 (12) Charlotte Stout		3					١.	ł			
Controller		37				_	✓		11,022	126,751	47, <u>551</u>
つ号 (194) Ted Black		2									
Director		1	\		L			<u> </u>	0	0	0
39 (M) Edward Bay		2				ŀ					
Director		1	✓_	Щ	<u></u>				0	0	0
											Form 990 (2016)

Part VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (c	ontini	ued) .
					C)						
(A)	(B)	/	-4 -6		ition			(D)	(E)		(F)
Name and title	Average					than one of the second		Reportable	Reportable	,]	Estimated
	hours per week (list any					or/trust	tee)	compensation	compensation related	from	amount of
	hours for	유	sul	Q.	6	Hig	Former	the	organization	ıs	other compensation
	related	dire	titut.	Officer	Key employee	ploy	me	organization	(W-2/1099-MI		from the
	organizations below dotted	함	iona	'	ᇢ.	1 co	-	(W-2/1099-MISC)			organization and related
	line)	Individual trustee or director	tr		yee	mpe		1		1	organizations
		8	Institutional trustee			Highest compensated employee					
(45)				<u> </u>		<u>e</u>				_	
(15) Jack Schmidt, Jr Director	4.8 0.0	1						4,900		0	0
(16) Shirley Stutz	1.0	<u> </u>					-	4,900		-	
Director	0.0	1					1	5,350		0	0
(17) Warren Taylor	2.7										
Director	0.3	1				_	L	3,725		0	0
(18) Larry Weirich	4.5								i		_
Director (10) Less Mills and	1.0	✓					<u> </u>	3,775		0	0
(19) Jeff Wilson Director	3.0 1.0	1						4,650		0	0
(20) Robert Wise	2.5	<u> </u>						4,030			
Director	0.0	✓_						4,825		0	0
(21) Dave Corbin	2.0										
Director	0.0	✓						4,650		0	0
(22) Stephen Huff	2.5							ĺl		_	_
Director (23) James McConnell	0.0 6.0	✓	-	_			-	3,900		0	0
Director	0.8	1						3,550		0	0
(24) Donald McCracken	4.0							3,350			
Director	0.0	✓						3,950		o	0
(25) Betty Martin	2.0										
Director	1.0	✓					<u> </u>	0		0	0
1b Sub-total	 			•		٠	>	108,700		0	0
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	-		•		• •	•	>	532,914 641,614	1,833, 1,833,		973,545
2 Total number of individuals (including but					ed a						973,545
reportable compensation from the organi			_			10010	., 	110 10001100 111	310 than \$10	0,000	-
											Yes No
3 Did the organization list any former of							emp	loyee, or high	est compen	sated	
employee on line 1a? If "Yes," complete \$											3 √ □4 A(C# 24C) = 2
4 For any individual listed on line 1a, is the organization and related organizations											
individual	greater the	ارت الح					s, 	complete Sch	edule J IOI	Suci	
5 Did any person listed on line 1a receive o	r accrue co	 mpei	nsat	ion	fror	n anv	, uni	related organiz	ation or indi	vidua	
for services rendered to the organization?											5
Section B. Independent Contractors											
1 Complete this table for your five highest of	•										•
compensation from the organization. Rep	ort comper	nsatio	n to	or th	e c	alend	ar y	ear ending with	h or within th	ie orą	ganization's tax
year.								(9)	————		(0)
(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
Thompson & Hine LLP, 41 South High Street, Colur	nbus, Ohio	43215			_		Lec	gal			179,102
							_				
							<u> </u>				
2 Total number of independent contractor received more than \$100,000 of compens.							th	ose listed abo	ve) who	\overline{r}	
received more than \$100,000 or compens	מנוטוו ווטווו נ	יום טוי	yaiii	Zdil	UII	_			IE.	W. W.	

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a	response or note to				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats its	1a	Federated campaigns	1a				
iour Jour	b	Membership dues	1b 3,980,902				
ts, (С	Fundraising events	1c		1		
Gif ilar	d	Related organizations	1d				
Sin.	e	Government grants (contributions) All other contributions, gifts, grants,	1e		[
it je	'	and similar amounts not included above	1f		ł		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-]		
Con	h	Total. Add lines 1a-1f	· · · · · · · · · · · ·	3,980,902	i		
			Business Code				
Ven	2a	Trade magazine subscriptions		2,328,387	2,328,387		
æ	b	Advertising revenue	511120	436,315		436,315	
Š	C						
Š	d						
Jran	e	All other program service revenue					<u> </u>
Program Service Revenue	f g	Total. Add lines 2a-2f		2,764,702			
_	3	Investment income (including of	dividends, interest,	2,704,702			
	ŀ	and other similar amounts)			}		
	4	Income from investment of tax-exem	npt bond proceeds ►				
	5	Royalties					
	_	(ı) Real	(ii) Personal		ì		
	6a	Gross rents .					
	b	Less: rental expenses Rental income or (loss)					
	d	At the Authority of the A			-		
	7a	Gross amount from sales of (i) Securities					
		assets other than inventory					
	b	Less: cost or other basis					
	[and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	· , · · •				
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c See Part IV, line 18) a				
₹		Less: direct expenses					
		Net income or (loss) from fundrais					
	9a	Gross income from gaming activities See Part IV, line 19					
	 	Less direct expenses					
		Net income or (loss) from gaming					
	(Gross sales of inventory, le					
		returns and allowances					
	ь	Less: cost of goods sold					
	_ c	Net income or (loss) from sales or					
		Miscellaneous Revenue	Business Code				
	11a						
	ь				 		
	C	All abban announce					
	d	All other revenue					
	12	Total revenue See instructions	1	6 745 COA	2 220 207	420 245	

Part	IX Statement of Functional Expenses				1 age 10
	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. Al	other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , 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	641,614			
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	1,357,661			
_	section 401(k) and 403(b) employer contributions)	439,489			
9	Other employee benefits	359,836			·
10	Payroll taxes	137,188			
11 a	Management				
b	Legal	208,412			
c	Accounting	18,500			
d	Lobbying				
е	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	225,897			
14	Information technology				
15	Royalties				
16	Occupancy	392,122			
17 18	Travel	195,587			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	202,180		<u> </u>	
20	Interest				 _
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	193,438			
23	Insurance	36,724		·	·
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Magazine printing	1,135,454			
b	Magazine postage	601,862			
C	Education programs	242,313			
d	Freelance/outside services	276,381		<u> </u>	
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	77,768			
26	Joint costs. Complete this line only if the	6,739,426			
	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)				

P	art X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Par	t X	<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			139,811	1	268,806
	2	Savings and temporary cash investments			900,000	2	0
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			621,318	4	614,280
	5	Loans and other receivables from current and f				} }	
		trustees, key employees, and highest co		d employees.			
	1	Complete Part II of Schedule L			<u> </u>	5	
	6	Loans and other receivables from other disqualified personal					
		4958(f)(1)), persons described in section 4958(c)(3)(B), an				i i	
		sponsoring organizations of section 501(c)(9) volun		ees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use				8	
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or			197,335	9	75,959
	IVa	other basis. Complete Part VI of Schedule D	10a	5 005 400		1 1	
	ь	Less: accumulated depreciation	10b	5,065,406 2,476,815	1,589,067	100	2 E00 E04
	11			2,476,615	1,309,007	11	2,588,591
	12	Investments—other securities. See Part IV, line 1	-	-		12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			312,704	15	254,613
	16	Total assets. Add lines 1 through 15 (must equa		F-	3,760,235		3,802,249
	17	Accounts payable and accrued expenses .			916,842	$\overline{}$	925,622
	18	Grants payable		[18	
	19	Deferred revenue			216,221	19	206,077
	20	Tax-exempt bond liabilities) -		20	
	21	Escrow or custodial account liability. Complete F		_		21	
es	22	Loans and other payables to current and for		,		} }	
Ħ		trustees, key employees, highest compen-		· -	~		
Liabilities		disqualified persons. Complete Part II of Schedu				22	·
_	23	Secured mortgages and notes payable to unrela	-	-		23	
	24	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, if				24	
	25	parties, and other liabilities not included on lines					
	l	of Schedule D			1 770 964	25	1 269 691
	26	Total liabilities. Add lines 17 through 25			1,779,864	26	1,268,681
	1	Organizations that follow SFAS 117 (ASC 958)		ere ▶ 🔲 and			
Š		complete lines 27 through 29, and lines 33 and		_			
aŭ	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets		[28	
Þ	29	Permanently restricted net assets				29	
₫		Organizations that do not follow SFAS 117 (ASC 95	8), check t	nere ▶ 🔲 and			
ō		complete lines 30 through 34.		ļ	-		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		<u> </u>	0	30	0
155(31	Paid-in or capital surplus, or land, building, or eq			675		675
at A	32	Retained earnings, endowment, accumulated inc		_	846,633		1,401,194
ž	33			· · · · }	847,308		1,401,869
	34	Total liabilities and net assets/fund balances .	<u> </u>	<u> </u>	3,760,235	34	3,802,249

If the organization changed either its oversight process or selection process during the tax year, explain in

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.

3a

Form **990** (2016)

Schedule O.

SCHEDULE D (Form 990)

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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization

Ohio Rural Electric Cooperatives, Inc. 51-0174617 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year a Total number of conservation easements . . . 2a Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	, or Ot	her Similar As	ssets (continued)
3	Using the organization's acquisition, a	accession, and o	ther reco	rds, chec	k any of th	e follow	ing that are a	significant use of its
	collection items (check all that apply):							
а	Public exhibition		d	☐ Loan	or exchang	e progr	ams	
b	☐ Scholarly research			☐ Othe				
С	Preservation for future generations	;						
4	Provide a description of the organizat		and expla	ain how t	hey further	the org	anızatıon's exe	mpt purpose in Part
	XIII.		•		•			
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easures	, or other simil	ar
	assets to be sold to raise funds rather	than to be mainta	ained as ¡	part of the	e organizati	on's co	llection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements.						
	Complete if the organization	answered "Yes	" on For	m 990, f	art IV, line	9, or	reported an ar	nount on Form
	990, Part X, line 21.						•	
1a	Is the organization an agent, trustee,	custodian or oth	ner intern	nediary fo	or contribut	ions or	other assets n	ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able:			
	· ·	•		Ü			A	mount
С	Beginning balance					1c		
d	Additions during the year					1d		·
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour	it on Form 990, P	art X, line	21, for e	scrow or cu	ustodial	account liability	/? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
	V Endowment Funds.					•		
	Complete if the organization	answered "Yes	on For	m 990, I	art IV, line	€ 10.		
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions	 _						
С	Net investment earnings, gains, and		·					
	losses		l 			}		
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs					1		
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	he current year er	nd balanc	e (line 1g	, column (a))) held a	ıs:	
а	Board designated or quasi-endowmen		%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2	2c should equal 1	00%.					
3a	Are there endowment funds not in the			zation tha	at are held a	and adr	ministered for th	ne
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	ganızatıons listed	as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment fo	unds.			
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, line	11a. S	See Form 990	Part X, line 10.
	Description of property	(a) Cost or of		(b) Cost o	or other basis		ccumulated	(d) Book value
		(investm	nent)	(0	ther)	de	preciation	
1a	Land				211,410			211,410
b	Buildings				3,606,450		1,868,004	1,738,446
С	Leasehold improvements				228,679		156,627	72,052
d	Equipment				1,018,867		452,184	566,683
е	Other							
Total.	Add lines 1a through 1e (Column (d) m	nust equal Form 9	90. Part)	K. column	(B), line 10	c).	▶	2,588,591

	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	• • • • • • • • • • • • • • • • • • • •	nod of valuation of-year market value
1) Financia	l derivatives				
	held equity interests	[
3) Other					
(A)				<u> </u>	<u> </u>
(B)					
(C) (D)					
(E)					_ _
(F)					
(G)					
(H)					
otal. (Column	(b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments - Program Related				
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4) (5)					
(6)			-		
(7)					
(8)					
(9)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13) ▶				
(9)	Other Assets.				
(9) otal. (Column	Other Assets. Complete if the organization answ		n 990, Part IV, line	e 11d. See Form	
(9) otal. (Column Part IX	Other Assets. Complete if the organization answ	vered "Yes" on For	n 990, Part IV, line	e 11d. See Form	(b) Book value
(9) otal. (Column Part IX (1) 457(b) F	Other Assets. Complete if the organization answ (a		m 990, Part IV, line	e 11d. See Form	(b) Book value 154,
(9) otal. (Column Part IX (1) 457(b) F (2) Membe	Other Assets. Complete if the organization answ		n 990, Part IV, line	e 11d. See Form	(b) Book value 154,
(9) Total. (Column Part IX (1) 457(b) F (2) Member (3)	Other Assets. Complete if the organization answ (a		m 990, Part IV, line	e 11d. See Form	(b) Book value 154,
(9) Total. (Column Part IX (1) 457(b) F (2) Member (3) (4)	Other Assets. Complete if the organization answ (a		n 990, Part IV, line	e 11d. See Form	(b) Book value 154,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4)	Other Assets. Complete if the organization answ (a		m 990, Part IV, line	e 11d, See Form	(b) Book value 154,
(9) Otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5)	Other Assets. Complete if the organization answ (a		n 990, Part IV, line	e 11d. See Form	(b) Book value 154,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6)	Other Assets. Complete if the organization answ (a		m 990, Part IV, line	e 11d. See Form	(b) Book value 154,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees) Description	n 990, Part IV, line	e 11d. See Form	(b) Book value 154,
(9) fotal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) fotal. (Column	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees) Description	m 990, Part IV, line	e 11d. See Form	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ	Description oi. (B) line 15.)		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Assets. Complete if the organization answ [a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25.	ol. (B) line 15.)		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answ [a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description oi. (B) line 15.)		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	Description of. (B) line 15.) vered "Yes" on Form (b) Book value		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal II (2) Accum	Other Assets. Complete if the organization answ [a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability	Description of. (B) line 15.) vered "Yes" on Form (b) Book value		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X . (1) Federal II (2) Accum (3)	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	Description of. (B) line 15.) vered "Yes" on Form (b) Book value		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X . (1) Federal II (2) Accum (3) (4)	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	Description of. (B) line 15.) vered "Yes" on Form (b) Book value		>	(b) Book value 154, 100,
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(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal III (2) Accum (3) (4) (5) (6)	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	Description of. (B) line 15.) vered "Yes" on Form (b) Book value		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X . (1) Federal II (2) Accum (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	Description of. (B) line 15.) vered "Yes" on Form (b) Book value		>	(b) Book value 154, 100,
(9) otal. (Column Part IX (1) 457(b) F (2) Member (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal II (2) Accum (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ (a Plan Investments rship Patronage and Fees Imm (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ line 25. (a) Description of liability income taxes	Description of. (B) line 15.) vered "Yes" on Form (b) Book value		>	(b) Book value 154, 100,

Part	Reconciliation of Revenue per Audited Financial Stater		ue per Return.	•
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statement	s	· · · 1	6,745,604
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	امدا		
a	Net unrealized gains (losses) on investments			
b				
C d	Recoveries of prior year grants			
e	· · · · · · · · · · · · · · · · · · ·			
3	Add lines 2a through 2d		2e 3	6.745.004
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	i i	· · · • 	6,745,604
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, lin			6,745,604
Part				9,740,004
	Complete if the organization answered "Yes" on Form 990	•		
1	Total expenses and losses per audited financial statements		1	6,739,426
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		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		. 3	6,739,426
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII.)	4b		
C				0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	5	6,739,426
Part				
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a			e 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	τ το provide any add	itional information.	
Part X	Line 2:			
OREC	accounts for uncertainty in income taxes in their financial statements as req	uired under FASB AS	C 740, "Accounting fo	or Uncertainty
In Inco	me Taxes" ("FASB ASC 740"). Under FASB ASC 740, an organization must r	ecognize the tax bene	fit associated with tax	k positions
taken	or tax return purposes when it is more likely than not that the position will b	e sustained. OREC do	es not have any mate	rial uncertain
incom	e tax positions. For the years ended June 30, 2017 and 2016, there were no in	terest or penalties rec	corded or included in	the
C4-4	and of Outputies and			
Staten	ent of Operations.			
			<u>-</u>	

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Open to Public Inspection

Employer identification number

Ohio Rural Electric Cooperatives, Inc. 51-0174617 Part I 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 ☐ Personal services (such as, maid, chauffeur, chef) ☐ Discretionary spending account 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 . . . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 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 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: Receive a severance payment or change-of-control payment? 4a **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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5b If "Yes" on line 5a or 5b, describe in Part III 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: The organization? **b** Any related organization? **6**b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . .

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

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A. line

NOCE: THE SOULD CONTINUE (B) AND EACH HISTORY IN THE PRICE OF THE SOULD SOULD SOULD SOULD BE CONTINUED TO THE PRICE OF THE	200	II IIsted IIIdividual IIId	st equal title total allit	ount of round 990, rai	ו אווי ספכווטוו אי וווופ י	מייטוסי סוסשטווס איייי	יייים (דן מווס ווג	TOF Trial III OIVIOUAL
	_	(B) Breakdown of W-2	f W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(i)	C		C		C	C	
1 VP Power Generation	€	185,498	350	68	45,345	25,115	257,206	0
Crain Grooms	€	17,999	285		4,449	2,501	25,319	0
2 VP Mkt Operations	€	161,991	2,		40,037	22,507	227,872	0
Douglas Miller	8	165,892	3,080	6,718	96,639	20,354	292,683	0
3 VP Statewide Services	€	41,473	0//		24,160	5,089	73,171	0
Patrick O'Loughlin	8	98,912	07		32,473	5,593	139,292	0
4 President and CEO	(ii)	395,648	280		129,891	22,374	557,168	0
James Palmisano	(9)	7,297	18	100	2,099	934	10,447	0
5 Chief Accounting Officer	(ii)	138,634	E	1,	39,877	17,748	198,485	0
William Roberts	(1)	53,483	0.00	1,005	13,486	5,267	73,611	0
6 VP Finance and CFO	(ii)	213,930	1,		53,943	21,070	294,443	0
Mohan Sachdeva	(1)	0	0	0	0	0	0	0
7 Managing Director Power Deliver		154,772	3,350	62	37,593	22,417	218,753	0
Paul Jackson		0	0	0	0	0	0	0
8 Managr Power Generation Assets	(E)	138,021	350	229	13,444	24,266	176,310	0
Randell Keefer		0	0	0	0	0	0	0
9 Manager Power Gen Performance	(ii)	138,681	3,350	415	22,756	24,412	189,614	0
Dwight Miller		128,667	3,350	5,887	52,806	24,194	214,904	0
10 Director Safety & Loss Control	(ii)	0	0		0	0	0	0
Gred Niese	(i)	25,885	044	75	9,784	4,847	41,061	0
11 Director Information Technology	(ii)	103,541	1,880	298	39,137	19,387	164,243	0
Charlotte Stout	8	10,864	108	50	2,325	1,479	14,826	0
12 Controller	E	124,937	1,242	572	26,739	17,008	170,498	0
	€							
13	(ii)							
	(1)							
14	E							
	(3)							
15	(E)							
	€							
16	€							

Schedule J (Form 990) 2016

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.

Attach to Form 990 or Form 990-EZ.

20**16**

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public

Ohio F	Rural Electric Coopera										01746	17		
Part	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	l(c)(3), s s" on F	section of	501(c)(4), a 0, Part IV, I	nd 50 ine 25	11(c)(29) organiz 5a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be			person and		(c) Description	n of tra	neactio			(d) Con	rected?
	(a) Name of disquamed	person		organiza	tion			(c) Descriptio			<u>'</u>		Yes	No
(1)							<u> </u>							
(2)														
(3)														
(4)							<u> </u>							
(5)			-				<u> </u>							<u> </u>
(6)	Francisco de la constant		d b., the e					ind paragraph	i	ha				
2	Enter the amount under section 4958		d by the organ	nizatior	n manag	gers or als	quaiit	iea persons au	iring t	ne ye	ar •			
•				!			:				\$	<u></u>		
3	Enter the amount o	or tax, ir arry, or	iline z, above,	reimbu	irsea by	r tile organi	izatio				Ţ	·——		
Part	I loans to and	Vor From Inte	rested Person					<u> </u>						
- Circ					orm 99	0-EZ, Part	V, line	38a or Form 9	90, Pa	art IV,	line 2	6; or 1	f the	
	organization r	eported an am	ount on Form	990, Pa	art X, line	e 5, 6, or 2	2							
(a) N:	ame of interested person	(b) Relationship	(c) Purpose of	(4) 10	an to or	(e) Origin		(f) Balance due	(a) In	default?	(h) An	proved	6) \//	ritten
(0) 14	arrie of interested person	with organization		fror	n the	principal an		(i) Dalarice due	(e)	uciauii.	by bo	ard or		ment?
				organ	ization?						comm	nittee?		
				To	From				Yes	No	Yes	No	Yes	No
_(1)										<u> </u>		<u></u>		
(2)		<u> </u>							Ĺ			Ĺ		
(3)														
(4)				<u> </u>					ļ	ļ	L	ļ		ļ
_(5)				ļ	<u> </u>	ļ			—		<u> </u>			
(6)				ļ	ļ				<u> </u>	<u> </u>				
<u>(7)</u>				ļ	1	<u> </u>			ļ					<u> </u>
(8)				<u> </u>	-				 		<u> </u>			
(9)				<u> </u>	 				 	 	<u> </u>	-	_	<u> </u>
(10)			J	L		l		<u> </u>	DA-CHCZX	500000000000000000000000000000000000000	PARTIE STATE	20000000	SEZPA	38.8.2000
Total						<u>.</u>	<u> </u>	<u>\$</u> _				V 42	140	
Part			efiting Interest answered "Ye			0 Part IV I	ine 27	7						
		- -								1				
(a)	Name of interested person		nship between inter and the organization		c) Amount	of assistance	'	(d) Type of assistant	ce	(е) Purpo	se of a	ssistan	ce
(1)		porcen:					 							
(2)			-				-			 				
(3)						_								
(4)	-						 	-,		 				
(5)							 	-		$\overline{}$				
(6)			·							<u> </u>				
(7)			-				_							
(8)						_						-		
(9)														
(10)														
											_			

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shared organic reverse Yes	zatio
arold Cooper	Director	200.495	Insurance purchase		\ \
'Loughlin, Miller, Palmisano & Roberts			Expense reimbursement		
oughing minery i unitsurio di Roberto	Julious	70,400	Experise remisarsoment	\top	†
					T
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	<u> </u>			_	L
Supplemental Information Provide additional information to					
Patrick O'Loughlin, Douglas Miller, Ja	mes Palmisano and William I	Roberts are officers (of OREC and the Rural Electric Su	upply	
Patrick O'Loughlin, Douglas Miller, Ja ative (RESCO). RESCO reimburses OR				upply	
				ipply	
				upply	
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				ipply	
				ipply	
				ipply	
				ipply.	

SCHEDÙLE O (Form 990 or 990-EZ)

Ohio Rural Electric Cooperatives, Inc.

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.

20**17**

51-0174617

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Depen to Public Inspection

Employer identification number

Form 990, Part VI, Section A, Line 6: Ohio Rural Electric Cooperatives, Inc. has 24 Members which consist 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 person 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 then a copy is provided to the Directors for comments before it is filed with the Internal Revenue Service. Form 990, Part VI, Section B, Line 12c: OREC annually discusses with officers, directors and key employees the filing and disclosure requirements to determine if any conflicts exist. Form 990, Part VI, Section B, Line 15: Compensation for the CEO and employees are reviewed on an annual basis. OREC participates in industry compensation surveys and obtains the results of these surveys. OREC hires an outside compensation consultant who assists in obtaining additional market compensation data and identifying the appropriate job comparisons. The 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 employees 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 statements are provided to the public Form 990, Part XI, Line 9, Changes In Net Assets: Post Employment Benefit Plan Adjustment = \$548,383

Schedule O (Form 990 or 990-EZ) (2017)	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.

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information. ▶ Attach to Form 990.

Open to Public Inspection 201

OMB No 1545-0047

Employer identification number 51-0174617

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 338, 100, 702 (e) End-of-year assets 146,591,006 (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) Ohio Ohio Generate Electric Power (b) Primary activity **Currently No Activity** (a)
Name, address, and EIN (if applicable) of disregarded entity (2)Buckeye Power Generating II, LLC 31-0676582 (1)Buckeye Power Generating, LLC 46-1440770 6677 Busch Blvd, Columbus, Ohio 43229 6677 Busch Blvd, Columbus, Ohio 43229 (3) (4) (5) Part Part II

9

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling Sentity	(g) Section 512(b)(13) controlled entity?	12(b)(13) olled y?
						Yes	2
(1)Buckeye Power, Inc. 31-0676582 6677 Busch Blvd, Columbus, Ohio 43229	Electric Gen & Trans	Ohio	501(c)(12)				>
(2)							
(3)							
(4)							
(5)							
(9)							
(1)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	o	Cat N	Cat No 50135Y		Schedule R (Form 990) 2017	(Form 99	0) 2017

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(k) Percentage ownership (i) Section 512(b)(13) controlled Schedule R (Form 990), 2017 ŝ 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. entity? Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (j) General or managing partner? ŝ (h) Percentage ownership 100.0% 0.0% Yes amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) (g) Share of end-of-year assets 0 121,923,674 (h)
Disproportionate ŝ Share of total income 18,939,895 0 Yes (g) Share of end-of- [year assets (C corp, S corp, or trust) (f) Share of total income Ccorp C corp (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from tax under sections 512—514) (c)
Legal domicile
(state or foreign country) (d) Direct controlling Ohio Ohio Generate Electricity Electrical Supplies Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (2)Rural Electric Supply Cooperative 31-0682496 (1)National Power Cooperative, Inc. 31-1670865 (a)
Name, address, and EIN of related organization 6677 Busch Blvd, Columbus, Ohio 43229 6677 Busch Blvd, Columbus, Ohio 43229 (a) Name, address, and EIN of related organization (3) Part IV Part III Ξ 8 <u>ତ</u> € <u>O</u> 9 Ε € 9 8 3

	d Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
orm 990) 2017	Transactions With Related Organ
Schedule R (Fc	Part V

				>	, No.
Note: Complete line it if any entity is listed in Parts II, III, or IV of this schedule. 1 During the fax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organ	izations listed in Part	_\	-	
a Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity				1a	>
b Gift grant or capital contribution to related organization(s)				=	
forth grants before most contribution learness to torse the	· · ·			! \$	
				<u> </u> 2 :	• `
d Loans or loan guarantees to or for related organization(s)				밀	>
e Loans or loan guarantees by related organization(s)				16	>
		•	•		
f Dividends from related organization(s)				+	>
-				70	
W Calculation of action of the contraction of the c				ב ב ד	<u> </u>
n Furchase of assets from related organization(s)				=	>
i Exchange of assets with related organization(s)			•	=	>
j Lease of facilities, equipment, or other assets to related organization(s)				; ;	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	>
 Performance of services or membership or fundraising solicitations for related organization(s) 				=	>
m Performance of services or membership or fundraising solicitations by related organization(s)				된	>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).				1n	
o Sharing of paid employees with related organization(s)			•	5	
p Reimbursement paid to related organization(s) for expenses				م ر	_
q Reimbursement paid by related organization(s) for expenses				10	
				-	
r Other transfer of cash or property to related organization(s)				-	<u> </u>
s Other transfer of cash or property from related organization(s)				15	>
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	Iding covered relation	uships and transactio	on thresh	splot
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount ir	volved
(1) Rural Electric Supply Cooperative	σ	40,708 Cost	Cost		
	•			,	İ
(z) Kurai Electric Supply Cooperative		38,700 Cost	Cost		
(3) Buckeye Power, Inc.	Z		Cost	į	
(4) Buckeve Dower Inc	c				
)				
(5) Buckeye Power, Inc.	٩		Cost		
(6) Buckeye Power, Inc.	ŏ		Cost		ı
			Schedule R (Form 990) 2017	(Form 9	90) 2017

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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 aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(4)	9	(F)	100	•	5	1	9		13
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded		오 fotal	Share of end-of-year assets	Disproportionate allocations?	o 9 .	General or managing partner?	Percentage ownership
			from tax under sections 512-514)	organizations?			1	(Form 1065)		
(1)				2			res		. NO	
(2)										
(6)										
(4)										
(5)										
(9)										
(1)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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