Eom	99	00	Return of Organization Exempt From In	come	Tax		OMB No 1545-0047
FOII			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc			lations)	2018
			▶ Do not enter social security numbers on this form as it may be	•		ations)	Open to Public
Depa	artment of	f the Treasury lue Service	► Go to www.irs.gov/Form990 for instructions and the latest	-		906	Inspection
A			ndar year, or tax year beginning July 1 , 2018, and endi		June 3		, 20 19
В			C Name of organization Ohio Rural Electric Cooperatives, Inc				dentification number
Ō	Address		Doing business as		1	5	1-0174617
	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/s	uite	EΤ	elephone r	
	Initial ret	ŭ	6677 Busch Blvd			61	4-846-5757
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code				<u></u>
	Amende	d return	Columbus, Ohio 43229		GG	Pross recei	ots \$ 6,985,013
	Applicat	ion pending	F Name and address of principal officer	H(a) Is this	a group r	eturn for subo	rdinates? Yes Vo
			Patrick O'Loughlin	H(b) Are	all subo	ordinates inc	cluded? 🗌 Yes 🔲 No
<u> </u>	Tax-exe	mpt status	☐ 501(c)(3)		"No," a	attach a list	(see instructions)
<u>J</u>	Website		v.ohioruralelectric coop	H(c) Gro	oup exe	mption nur	nber ▶
_			✓ Corporation Trust Association Other ► L Year of form	ation 19	41 N	State of I	egal domicile OH
Р	art I	Summ			_		
	1	=		feguard, er	hance	and opti	mize the
nce.		environme	ent for electric cooperatives operating in the State of Ohio				
E	_	Ob1. 4b-				0/ -4 4-	
ove	2		is box ► ☐ if the organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a)			3	
ري مع	4		of independent voting members of the governing body (Part VI, line 1a)		•	4	24 24
es	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)	,,		5	0
Ĭ	6		nber of volunteers (estimate if necessary)	• • • •	•	6	0
Activities & Governance	7a		elated business revenue from Part VIII, column (C), line 12		:	7a	416,854
•	Ь.		ated business taxable income from Form 990-T, line 38			7b	(252,149)
	_			Prio	r Year		Current Year
•	8	Contribut	tions and grants (Part VIII, line 1h)		4,10	0,902	4,174,817
Revenue	9			1		3,633	2,810,196
eve	10	Investme	nt income (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d)—CEIVED		•	0	0
Œ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII column (A) line 12)	[]	6,89	4,535	6,985,013
	13	Grants ar	nd similar amounts paid (Part IX, column 🖎) lines 1-3)	<u> </u>		0	0
	14		paid to or for members (Part IX, column (A), Ime 4) CDEN 11.T	.		0	0
es	15		other compensation, employee benefits (Part IX, column (A); lines 5-10)		3,23	6,381	3,507,171
xpenses	16a		anal fundraising fees (Part IX, column (A), line 11e)			0	0
×	_b		draising expenses (Part IX, column (D), line 25) ▶				
Ü	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			1,623	3,501,800
	18	•	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			8,004	7,008,971
	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning of		3,469)	(23,958) End of Year
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)	- Segnaming O			
Asse Bala	21		ilities (Part X, line 16)			4,714	4,118,015
Set	22		ts or fund balances. Subtract line 21 from line 20			9,155 5,559	2,490,525 1,627,490
	art II		rure Block	L		0,000	1,027,450
			ry, I declare that I have examined this return, including accompanying schedules and stat	ements, and	to the b	est of my l	knowledge and belief, it is
			ete Declaration of preparer (other than) officer) is based on all information of which prepare				
		4	Willem a Color		1	V/9	119
Sig	jn	Signa	ature of officer	,	Date		
He	re		Milliam H. Koberls YP Finar	164	<u>C</u> +	<u> </u>	
			or print name and title				
Pa	id	Print/Typ	pe preparer's name Preparer's signature C	Date	0	Check 🔲	ıf PTIN
	epare	r		1	s	elf-employ	ed
	e Onl	· I — ·	ame ▶		Firm's E	in ►	
		Firm's ac	ddress ▶		Phone n	10	
_		?	s this return with the preparer shown above? (see instructions)	<u></u>		<u> </u>	. Yes No
For	Paperv	verk Reduc	ction Act Notice, see the separate instructions. Cat	Nq 11282Y			Form 990 (2018)



ormi 98	30 (20 1	o) Pag	e Z
Part	Ш	Statement of Program Service Accomplishments	_
1	Drio	Check if Schedule O contains a response or note to any line in this Part III	_
•		afeguard, enhance and optimize the environment for electric cooperatives operating in the State of Ohio	
	10.3	areguard, emiliance and optimize the crystoffinent for electric cooperatives operating in the State of Onio	
	-		
2		the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ?	_
		es," describe these new services on Schedule O.	J
3		the organization cease conducting, or make significant changes in how it conducts, any program	
		ıces?	0
	If "Y	es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as measured	
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	rs,
	uie	total expenses, and revenue, if any, for each program service reported.	
4a	(Cod	de) (Expenses \$ including grants of \$) (Revenue \$)	—
		hio Cooperative Living Magazine is published monthly and provides valuable information to cooperative members about rural	
		trification as well as other aspects of rural living.	
		gislative and Governmental Affairs provides a unified presence to the state government and economies of scale to all of the	
	disti	bution cooperatives throughout the State of Ohio to ensure the cooperatives' voice is heard.	
	3) M	ember Information and Education provides training courses throughout the year for electric cooperative directors and	
		loyees as well as youth and scholarship programs for distribution cooperative members.	
	4) S	afety and Loss Control provides safety training and industry information to electric distribution cooperative employees around	
	the :	State of Ohio, mainly those working in the field.	
4b	ICo.	de) (Expenses \$ including grants of \$) (Revenue \$)	—
7.0		/ (Expenses #	
4c	(Cod	de) (Expenses \$including grants of \$) (Revenue \$)	
4d	Oth	er program services (Describe in Schedule O.)	_
	(Exp	penses \$ including grants of \$) (Revenue \$)	
4e	Tota	ıl program service expenses ▶	

Part IV	Checklist	of Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (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		
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	√	
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		✓
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		✓
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	✓	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	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	11f	1	
12a	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		√
l4a	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	i	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		/
		Fort	n 990	(2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		✓
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	•		
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		 •
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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		1
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
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.	35b	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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	1	
Part				
	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 73		.03	
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			
	reportable gaming (gambling) winnings to prize winners?	1c	√	
		Forr	n 990	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			لـــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u></u>	
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	<u></u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		•	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓ ,
b	If "Yes," enter the name of the foreign country: ► See 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		✓
С	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			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
	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 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			ـــِــا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		/
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?	7g		 •
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L.,
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
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		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		/
	If "Yes," see instructions and file Form 4720, Schedule N.			اـــِــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		 √
	If "Yes," complete Form 4720, Schedule O.	For	, <u>9</u> 90	(2018)
		. 0.1		(2010)

	10 (2018)	,	, -		age C
Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule				
Sooti	Check if Schedule O contains a response or note to any line in this Part VI		•	• •	<u> </u>
Secu	on A. Governing body and wanagement		Τ,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	24	-		
	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.				
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 wany other officer, director, trustee, or key employee?				<u>√</u>
3	Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors, or trustees, or key employees to a management company or other person?	I .	3		√
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	3 .	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appearance or more members of the governing body?		a .	√	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	-	T		
_	stockholders, or persons other than the governing body?	. 7	b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following:	ing			
а	The governing body?	. 8	a	√	
b	Each committee with authority to act on behalf of the governing body?	. 8		√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		,		√
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re			de.)	•
			_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10)a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?)b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for		-	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12	2a -	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic	ts? 12	2b -	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes				
	describe in Schedule O how this was done			<u>√</u>	
13	Did the organization have a written whistleblower policy?		-	√	
14 15	Did the organization have a written document retention and destruction policy?	⊢ −	4	✓_	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	on?	_ _		ıi
а	The organization's CEO, Executive Director, or top management official		_	√	
b	Other officers or key employees of the organization	. 15	5b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem with a taxable entity during the year?		_ 3a		√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ıts			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?		b b		
Secti	on C. Disclosure		- 1		
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 9				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	of intere	st p	olicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books ar	nd recor	ds Þ	•	
	William A Roberts, 614-430-7802, 6677 Busch Blvd, Columbus, Ohio 43229				

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•

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

•													_
Check if Schedule O contains a response or note to any line in this Part VII													- 1 1
Check in conceder a contrains a response of flore to any line in time i art 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 n	or any relate	d org	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
				•	C)					
(A)	(B)	,,,,			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation	compensation from	amount of
	week (list any hours for	유호	2	9	7	a F	Fo	from the	related organizations	other compensation
	related	dre	Ē	Officer	ĕ	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	당표	g	`	Key employee	e co	_	(W-2/1099-MISC)		organization and related
	line)	trus	효) ye	8				organizations
		Individual trustee or director	Institutional trustee		"	Highest compensated employee		1		
			l ®			e e				
(1) Gene McCluer	2.5									
Chairman	1.0	✓		✓				5,175	o	
(2) Paul Berridge	2.0									
Vice Chairman	0.0	✓		1				5,900	o	
(3) Dr. John Saxton	2.0]			ĺ					
Secretary - Treasurer	0.0	✓		1				5,175	O	
(4) Dennis Schindler	4.0									
Director	0.3	✓						6,725	O	
(5) Donald McCarty	2.0									
Director	1.0	✓						800	0	
(6) Thomas McQuiston	3.5									
Director	0.8	✓						2,800	o	
(7) Robert McCort	3.0		l							
Director	0.8	✓						5,000	0	
(8) Larry Roof	2.0]	ł							
Director	1.0	✓						1,200	0	
(9) Matt Webster	1.5									
Director	1.5	✓	<u></u>	ļ.,		l		2,800	0	
(10) Kevin Reidy	2.0									
Director	2.0	✓						3,200	0	
(11) Robert Wise	2.5									
Director	0.0	✓						4,300	.0	
(12) Ed Bay	20									
Director	10	1						3,200	o	
(13) David Corbin	2.0									
Director	0.0	1	L					4,650	0	
(14) Barry Jolliff	2.5]								
Director	0.0	✓		İ				4,350	0	

Page **7**

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	ompensated	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	or any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	, or trustee.
				(0	C)					
(A)	(B)	(B)			Position eck more than one			(D)	(E)	(F)
Name and Title	Average					ınan d ıs both		Reportable	Reportable	Estimated
	hours per week (list any	Officer and a director/tractice/						compensation from	compensation from related	amount of other
	hours for	유급	Ins	Officer	چ و	뺿	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	cer	Key employee	oloy	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or in	ona		Blog	⁸ Cg		(44-2/1099-14/13C)		and related
	line)	l ste	Ę		99	편				organizations
		8	stee			Highest compensated employee				
	-					ă				
(1) Thomas Alban	0.0									
VP Power Generation	40.0			✓				0	246,988	103,625
(2) Craig Grooms	3.2									
VP Market Operations	36 8			✓				19,779	227,461	105,652
(3) Douglas Miller	30 0]		
VP Statewide Services	10 0			✓		<u> </u>		183,705	61,235	188,076
(4) Patrick O'Loughlin	6.8				1					
President & CEO	33.2			1	ļ			168,805	824,164	309,204
(5) James Palmisano	2.0									
Chief Accounting Officer	38.0			✓				7,844	149,030	69,237
(6) William Roberts	4.4									
VP Finance & CFO	35.6			✓				33,714	272,775	110,726
(7) Brian Calvert	0.0		l							
Manager Operations & Maint	40.0					✓			160,295	43,450
(8) Paul Jackson	0.0									
Manager Power Gen Assets	40 0					✓		0	157,609	44,955
(9) Randell Keefer	0.0									
Manager Power Gen Performance	40 0			<u> </u>		✓		0	163,235	54,929
(10) Gregory Niese	8.0	ļ								
Director Information Technology	32 0		_	<u> </u>	ļ	✓		32,002	128,008	109,316
(11) Bethany Schunn	00									
Plant Mananger	40 0			ļ.	<u>L.</u>	1		0	184,312	43,266
(12) Kurt Helfrich	5.2									
General Counsel	34 8			✓	<u> </u>		<u> </u>	40,242	269,314	36,604
(13)										
				<u> </u>						
(14)		1								
	<u> </u>							L		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (conti	nued)		
					•	C)							
	(A)	(B)	(do n	nt ch		ition	e than o	one	(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	1	mated	
		hours per week (list any	eek (list any) related					compensation from related		ount of other			
		hours for	or d	Insti	Officer	Key employee	l gight	Former	the	organizations		ensatio	on
		related organizations	leg i	tutic	ğ	3	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the Inization	n
		below dotted	Q al	nal		햦	[®] Si		,		and	related	į
		line)	Individual trustee or director	Institutional trustee		#	pen				orga	nization	IS
			, m	tee			Highest compensated employee						
(15)	ack Schmidt	4.8			-			-					
Directo	or	0.0	1		_				5,000	0			(
(16) \	Varren Taylor	2.7											
Directo	or	0.3	1					<u> </u>	3,950	_0			(
(17)	ames McConnell	6.0											
Directo	•	0.8	/						3,200	0	-		
	Roger Rank	2.5	,										
Directo		0.0	/		_	-			4,300	0	-		
	fitchel Headley	1.0	,										
Directo		0.0	✓		-	-			4,300	0			. (
	ed Black	2.0	1					i	4.350		,		(
Directo	arold Cooper	1.0 4.0	ľ						4,250	<u></u> u			
Directo		0.0	1						3,775				(
	Kenneth Brubaker	2.0	Ė	_					3,773		1		
Directo		1.0	1					ļ	800	0	l		(
	leff Wilson	3.0											
Directo		1.0	1						4,250	l o	d		(
(24) E	Betty Martin	2.0											
Direct		1.0	✓						3,200	0			(
(25)		ļ					1						
								Ļ					
1b	Sub-total	 		٠	•				92,300				(
c d	Total from continuation sheets to Part			٠	•	•			486,091				19,040
	Total (add lines 1b and 1c)							2) 10	578,391			1,2	19,040
2	reportable compensation from the organi		ו נט נו	1056	: 1151	ea	abovi	e) W	nio receivea ini 7	ore man \$100,00	JU 01		
						-			•			Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key 6	emp	oloyee, or high	est compensate	ed		
	employee on line 1a? If "Yes," complete										3	✓	
4	For any individual listed on line 1a, is the	sum of re	porta	ble (con	npei	nsatio	n a	nd other comp	ensation from t	he		
	organization and related organizations	greater th	an \$	150,	000	? /	f "Ye	s,"	complete Sch	nedule J for suc			
	ındıvıdual										4	/	<u> </u>
5	Did any person listed on line 1a receive of												<u> </u>
	for services rendered to the organization	? If "Yes," o	comp	ete	Scr	nedu	ule J	or s	such person	<u> </u>	5		✓
Section	on B. Independent Contractors								_				
1	Complete this table for your five highest												
	compensation from the organization. Rep	oort compe	nsatio	on to	or tr	ne c	alenc	lar y	ear ending wit	h or within the o	rganizat	on's t	ax
	year.							Π	(B)		(C		
	Name and business add	Iress							Description of s	ervices	Compen		
		<u> </u>											
					_							_	
								<u> </u>					
	Total number of independent contract	ve (reduction	00 b	.+ -	ot !	luce ra	tod to		noca listed ch	ova) who			
2	Total number of independent contractor received more than \$100,000 of compens							י נר	iose listed adi	ove) wild			٠,

Part	VIII	Statement of Revenue				5		_
		Check if Schedule O conta	iins a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	. 1a					
irar	b	Membership dues	. 1b	4,174,817				
s, G	С	Fundraising events	. 1c					
iift; ar /	d	Related organizations			· [
s, G	е	Government grants (contributio						
ion Si	f	All other contributions, gifts, gra						
but		and similar amounts not included ab	ove 1f			ŀ		
iti O	g	Noncash contributions included in line	s 1a–1f: \$	<u>'</u>				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>				
				Business Code				
/eni	2a	Trade Magazine Subscription	S	900099	2,393,342	2,393,342		
Re	ь	Advertising Revenue		511120	416,854		416,854	
псе	С							
Sen	d							
Ē	е							
Program Service Revenue	f	All other program service re						
<u> </u>	g	Total. Add lines 2a-2f			2,810,196			···_ •
	3	Investment income (includ						
		and other similar amounts)		, , , , , , , , , , , , , , , , , , ,	-			
	4	Income from investment of tax						
	5	Royalties		>				
		<u>`</u>	neai	(II) Personal	ľ			i
	6a	Gross rents		 			•	,
	b	Less. rental expenses				İ		
	ر ا	Rental income or (loss) Net rental income or (loss)						
	d	\	ecurities	(ii) Other	-			
	7a	Gross amount from sales of assets other than inventory		(", "	1			'
	ь	Less: cost or other basis	-	-				
		and sales expenses .						•
	С	Gain or (loss)				-		
	d			▶				
		-						
Other Revenue	8a	Gross income from fundrais	ıng					
Š		events (not including \$			' <u> </u>			
æ		of contributions reported on li						
je je	_	See Part IV, line 18			•			
ŏ		Less: direct expenses		·				 -
		Net income or (loss) from fu		events . ►				
	9a	Gross income from gaming a See Part IV, line 19			ļ			
	_							
		Less. direct expenses Net income or (loss) from ga						
		Gross sales of inventor	•	livilles P				
	104	returns and allowances .						
	h	Less: cost of goods sold .	_	_			1	
		Net income or (loss) from sa						
	_	Miscellaneous Revenue		Business Code				•
	11a					- 4		
	ь							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d .						
	12	Total revenue. See instruct	ions .	▶	6,985,013	2,393,342	416,854	

Part IX	Statement of Functional Expenses

Do not include amo 8b, 9b, and 10b of F 1 Grants and othe and domestic go	if Schedule O contains a respondents reported on lines 6b, 7b, Part VIII. er assistance to domestic organizations overnments. See Part IV, line 21	se or note to any lir (A) Total expenses	ne in this Part IX (B) Program service expenses	(C) Management and	(D) Fundraising
8b, 9b, and 10b of F 1 Grants and othe and domestic go	Part VIII. er assistance to domestic organizations	(A) Total expenses	(B) Program service	Management and	(D) Fundraising
and domestic go		t t	CAPCINGCO	general expenses	expenses
	overnments. See Part IV, line 21			1	
2 Grants and					
ındıvıduals. Se	other assistance to domestic ee Part IV, line 22				
organizations,	other assistance to foreign foreign governments, and foreign to Part IV, lines 15 and 16				
5 Compensatio	to or for members	578,391			
persons (as de	not included above, to disqualified efined under section 4958(f)(1)) and bed in section 4958(c)(3)(B)	3.3,33.1			
7 Other salaries	s and wages	1,930,474			
8 Pension plan a	accruals and contributions (include				
section 401(k)	and 403(b) employer contributions)	510,778			
9 Other employ	ree benefits	407,629			
10 Payroll taxes		172,199			
11 Fees for servi	ices (non-employees):				
-		14,306			_
-		20,500			
	ndraising services See Part IV, line 17				
g Other. (If line 11g	nanagement fees				
•	nd promotion			_	
_	ses	187,039			
	echnology				
16 Occupancy		293,262			
17 Travel		195,856			
	travel or entertainment expenses il, state, or local public officials				
19 Conferences,	conventions, and meetings .	61,936			
20 Interest .					
-	affiliates				
•	depletion, and amortization .	310,117	2.		
		43,190			
•	es. Itemize expenses not covered	}			
	scellaneous expenses in line 24e. If the sceeds 10% of line 25, column				
(A) amount, list	line 24e expenses on Schedule O.)	200 205			
a Magazine Prin b Magazine Pos	ting	990,325			
c Education Pro	tage	640,682 219,265			
d Freelance/Out	grams side Services	148,965			
e All other expe	ncec	148,965 284,057			
	al expenses. Add lines 1 through 24e	7,008,971			
	Complete this line only if the	1,6,000,1			
organization re from a comb fundraising so	eported in column (B) joint costs since educational campaign and licitation. Check here 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) End of year Beginning of year 1 Cash—non-interest-bearing 258,833 1 1,106,341 2 Savings and temporary cash investments ol 2 O 3 0 3 0 4 4 355,695 803,558 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 n n 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 0 0 Assets 7 Notes and loans receivable, net 7 o 0 8 R Inventories for sale or use 0 Prepaid expenses and deferred charges 175.176 9 97.815 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 4,688,553 2,417,144 10c Less, accumulated depreciation | 10b | 2,295,450 2,373,103 0 11 Investments—publicly traded securities 11 0 12 Investments—other securities. See Part IV, line 11 . o 12 0 13 Investments—program-related, See Part IV, line 11... o 13 0 14 Intangible assets 14 O 0 15 Other assets. See Part IV, line 11 15 220,003 185,061 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 3,874,714 16 4,118,015 17 Accounts payable and accrued expenses 1,138,597 17 802,131 18 18 Grants payable 19 105.893 19 705,434 20 20 o 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 0 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 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 1,054,665 25 982.960 Total liabilities. Add lines 17 through 25 26 26 2,299,155 2,490,525 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 0 0 28 0 28 0 29 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets 30 30 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 675 675 32 Retained earnings, endowment, accumulated income, or other funds . 1,574,884 32 1,626,815 33 33 1,575,559 1,627,490 34 Total liabilities and net assets/fund balances . 34 3.874.714 4.118.015 Form **990** (2018)

Form 9	90 (2018)			Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,98	35,01 <u>3</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,00	08,971
3	Revenue less expenses. Subtract line 2 from line 1	3		(2	3,958)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,57	75,559
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			75,88 <u>9</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,62	<u> 27,490</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ın			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled 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	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:		İ		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		
Ç	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c	✓	L
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.		<u>'</u>		
3a	The division of di	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u> </u>

Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	see separate instructions), to		. , , ,	•							
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.		E-malayan idan	tification number						
	of organization			• -							
Part	Rural Electric Cooperatives,	e organization is exempt und	or section FO1/		51-0174617						
	-										
1	definition of "political car	. •	·	, -	iv. (see instructions for						
2	, •	ty expenditures (see instructions) .									
3		cal campaign activities (see instruc									
Part	t I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$										
1	•	, ,									
2		excise tax incurred by organization									
3		ed a section 4955 tax, did it file Foi	=	ear,	Yes No						
4a					Yes No						
b	If "Yes," describe in Part	e organization is exempt und	or coation EO1/a	a) event cection E01							
Part					(0)(3).						
1	activities	ly expended by the filing organiz	ation for section	527 exempt function							
_		filing organization's funds contrib		Ψ							
2		ining organization's lunds contrib	_								
3	•	expenditures. Add lines 1 and 2.		·							
3	· ·			_							
4		n file Form 1120-POL for this year			Yes No						
5	• •	ses and employer identification nur		notion 527 political organi							
J	organization made paymethe amount of political co	ents. For each organization listed, on tributions received that were pro found or a political action committee.	enter the amount property	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-						
(1)											
(2)											
(3)											
(4)		,									
(5)											
(6)											

Par	t II-A	Complete if the organizatio section 501(h)).	n is exempt ı	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A	Check ►	if the filing organization belon address, EIN, expenses, and				liated group memb	er's name,
В	heck ►	If the filing organization check	ed box A and	"limited control" pr	ovisions apply.		
		Limits on Lobb	ying Expendit	ures		(a) Filing organization's totals	(b) Affiliated group totals
		(The term "expenditures" m				Organization's totals	group totals
1a		bbying expenditures to influence	-				
b		obbying expenditures to influence	_	- '	9)		
C		obbying expenditures (add lines 1				<u> </u>	
d		exempt purpose expenditures .					
е		xempt purpose expenditures (add					
f	-	ng nontaxable amount. Enter	the amount f	rom the following	table in both		
	column						
		mount on line 1e, column (a) or (b) is		nontaxable amoun	t is:		
		r \$500,000	 	nount on line 1e.			
		00,000 but not over \$1,000,000		15% of the excess		İ	
		,000,000 but not over \$1,500,000		10% of the excess			
	1	,500,000 but not over \$17,000,000	 	5 5% of the excess o			
		7,000,000	\$1,000,000.				
g		oots nontaxable amount (enter 25					
h		ct line 1g from line 1a. If zero or le					
i		ct line 1f from line 1c. If zero or le					
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization reporting section 4911 tax for this year?						Yes No
	(Som	e organizations that made a se	ction 501(h) el	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five column	s below.
		Lobbying	Expenditures	During 4-Year Av	veraging Period	1	
	Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a	Lobby	ng nontaxable amount					
b	-	ng ceiling amount of line 2a, column (e))					
c	Total lo	obbying expenditures					
d	Grassr	oots nontaxable amount					
е		oots ceiling amount of line 2d, column (e))					
f	Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	iled I	Form	5768	
For e	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(8)		(b)
	ription of the lobbying activity.	Yes	No	Ar	mount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				-
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?			-	
j	Total. Add lines 1c through 1				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912		ļ		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
<u>d</u>		_			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	✓
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	✓
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line 3, is
1	Dues, assessments and similar amounts from members		1		4,174,817
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of			•
а	Current year		2a		0
b	Carryover from last year		2b		0
С	Total		2c		0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	.	3		0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby		·		
	and political expenditure next year?		4		0
_ 5	Taxable amount of lobbying and political expenditures (see instructions)		5		0
Parl	IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated ground instructions), and Part II-B, line 1. Also, complete this part for any additional information.		t), Par	t II-A, I	ines 1 and
					•••••••
	······································				

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Ohio Rural Electric Cooperatives, Inc. Part I 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 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 ☐ Yes ☐ No 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) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ 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 7/25/06, 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 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 1a 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 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 **b** Assets included in Form 990, Part X

Part								
3	Using the organization's acquisition, ac	cession, and ot	ther recor	ds, chec	k any of the	e follow	ing that are a s	ignificant use of its
	collection items (check all that apply)			_				
a	Public exhibition				or exchange			
b	Scholarly research		e	Other	, 	•••••		
C	Preservation for future generations Provide a description of the organization	. محمد باده المد	and avale	ho +l	hav furthar t	tha ara	anization'a avan	ant nurnoco in Port
4	XIII.	in s collections a	and expla	iin now ti	ney lurther t	trie org	anization 5 exer	npi purpose in Fari
5	During the year, did the organization se	olicit or receive	donation	s of art	historical tre	eacure	s or other simil:	ar
	assets to be sold to raise funds rather th							☐ Yes ☐ No
Part							 -	
	Complete if the organization a	inswered "Yes	" on For	m 990, F	Part IV, line	9, or	reported an an	nount on Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, or							ot
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	t XIII and comple	ete the fo	llowing ta	able:		- T	
						-	+	mount
C	Beginning balance					1c		
d	Additions during the year Distributions during the year					1e		
e f	Ending balance					1f		
2a	Did the organization include an amount							? Yes No
	If "Yes," explain the arrangement in Par							
Par			-	•				
	Complete if the organization a	inswered "Yes					1	
		(a) Current year	(b) Prid	or year	(c) Two years	s back	(d) Three years back	k (e) Four years back
1a	Beginning of year balance	_						
b	Contributions				<u> </u>			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and			· · ·				1
•	programs							
f	Administrative expenses							
g	End of year balance	-						
2	Provide the estimated percentage of the	e current year er	nd balanc	e (line 1g	, column (a)) held a	as:	•
а	Board designated or quasi-endowment	>	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%	000/					
3a	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the			zation the	at are held s	and ad	ministered for th	10
Sa	organization by:	possession or u	ie organi	Zalion in	at are nero a	anu au	iriiriisterea tor ti	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related org							3b
4	Describe in Part XIII the intended uses of					_		
Part								_
	Complete if the organization a	inswered "Yes	on For	m 990, F	Part IV, line	11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book value
	, .	(investm		(0	ther)		epreciation	
1a	Land	<u> </u>			175,987		4 505 000	175,987
b	Buildings	<u> </u>			3,171,444		1,595,302	1,576,142
c d	Leasehold improvements	-			211,990 1,109,131	_	131,261 568,887	80,730 540,244
e	Other				1,105,131		300,007	340,244
	Add lines 1a through 1e. (Column (d) mu	ıst equal Form 9	90. Part)	Column	(B) line 10	(c.)	•	2.373.103

Part VII	Investments—Other Securities		urm 000 Bort IV lung	11h Coo Form 000	Dort V line 12
	Complete if the organization and				
	(a) Description of security or catego (including name of security)	ry	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)			-		
(B)		·			
(C)					
(D)	•••••		-		
(E)					
(F)					 -
(G)		••••			
(H)	(1)	••••			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12) ► Investments—Program Relate				
Part VIII	Complete if the organization and		orm 000 Part IV line	11c See Form 990	Dart Y line 13
	(a) Description of investment	swered les onlic	(b) Book value	(c) Method of v	
	(a) Description of investment		(b) BOOK VAIDE	Cost or end-of-year	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>		-	-		
(8)			-		
Total, (Column (b) must equal Form 990, Part X, col (B) line 13)			· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets.		<u> </u>		
	Complete if the organization and	swered "Yes" on Fo	orm 990, Part IV, line	11d. See Form 990,	Part X, line 15.
		(a) Description			(b) Book value
(1) 457(b) PI	lan				58,419
•	ship Patronage Fees				126,642
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		1 (0) 1 (5)	•		
	mn (b) must equal Form 990, Part X,	col. (B) line 15.) .			185,061
Part X	Other Liabilities.		000 Dard IV Ivaa	. 11 116 Can Faum	- 000 David V
	Complete if the organization and	swered tes on Fo	offiti 990, Part IV, line	e Tie or Til. See Forn	1990, Part A,
1.	line 25. (a) Description of liability	(b) Book value	1		
(1) Federal in		(b) Book value			
			222.000		
(3)	Post Retirement Benefit Obligations	3	982,960		
(4)					
					
(5)	-				
(6)					
(6) (7)	-				
(6) (7) (8)					
(6) (7) (8) (9)	b) must equal Form 990, Part X, col. (B) line 25.) ▶		982,960		

Page	4

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		er Return.	
1	Total revenue, gains, and other support per audited financial statements		. 1	6,985,013
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			0,000,010
– a	Net unrealized gains (losses) on investments	2a	i la la la	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	6,985,013
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			0,000,010
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	į daras l	
b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		. 4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	6,985,013
Part				0,303,013
. are	Complete if the organization answered "Yes" on Form 990,		por motarin	
1	Total expenses and losses per audited financial statements		. 1	7,008,971
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			7,000,071
- а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	•
3	Subtract line 2e from line 1		. 3	7 000 074
		· · · · · · · · · · · · · · · · · · ·	. 3	7,008,971
4_	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	<u> </u>	
b	Other (Describe in Part XIII.)			_
С 5	Add lines 4a and 4b		. 4c	7 000 074
	XIII Supplemental Information.	ie 10.)	. 3	7,008,971
Provid 2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part Line 2:			e 4; Part X, line
In Inco	accounts for uncertainty in income taxes in their financial statements as require Taxes" ("FASB ASC 740"). Under FASB ASC 740, an organization must refor tax return purposes when it is more likely than not that the position will be	cognize the tax benefit ass	ociated with ta	x positions
incom	e tax positions For the years ended June 30, 2019 and 2018, there were no int	erest or penalties recorded	d or included in	the
Staten	nent of Operations.			
				·
				

SCHEDULE J (Form 990)

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Ohio Rural Electric Cooperatives, Inc.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

51-0174617

Part	Questions Regarding Compensation				
				Yes	No
1a		ovided any of the following to or for a person listed on Form 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 (such as maid, chauffeur, chef)			
b		he organization follow a written policy regarding payment penses described above? If "No," complete Part III to		—	
	explain		1b		
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line	2		
3		anization used to establish the compensation of the hat apply. Do not check any boxes for methods used by a 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 organization or a related organization:	, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contro	ol payment?	4a		✓
ь	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b	✓	
C	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) o	organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A				
	compensation contingent on the revenues of	, , , , , , , , , , , , , , , , , , , ,			
а	The organization?		5a		
b	_		5b		
_	If "Yes" on line 5a or 5b, describe in Part III.				
			ı		
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:		ı		
а	The organization?		6a		
b	-		6b		
_	If "Yes" on line 6a or 6b, describe in Part III.				
7	For pareons listed on Form 200 Part VIII Section	on A line to did the exampletion provide any perfixed			
•		on A, line 1a, did the organization provide any nonfixed describe in Part III	7		
8		paid or accrued pursuant to a contract that was subject	-		
J		Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		
9	If "Yes" on line 8 did the organization also fol	llow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	not the resultable presumption procedure described in			

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 VIII.

(T) Puc (U) um 990 Dart VIII Section A line 12

Note: The sum of columns (B)(I)-(III) for each listed individual must	r eac	n listed individual mu		ount of Form 990, Pai	equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	a, applicable colum	ι (D) and (E) amounts	s for that individual.
		(B) Breakdown of M	if W-2 and/or 1099-MISC compensation	C 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	(B)(f)-(D)	in column (B) reported as deferred on prior Form 990
Thomas Alban	Θ	0	0	0	0	0	0	0
1VP Power Generation	Ξ	238,577	2,85	5,561	79,527	24,098	350,613	0
Crain Grooms	(1)	18,426	806	445	6,524	1,928	28,231	0
2VP Market Operations	(ii)	211,903	10	5,116	75,030	22,170	324,661	0
Douglas Miller	(i)	174,749	3,263	2,693	122,978	18,080	324,762	0
3VP Statewide Services	(ii)	58,250	1,088	1,898	40,993	6,027	108,254	0
Patrick O'Loughlin	Θ	166,904	09	1,841	48,422	4,143	221,369	0
4President & CEO	(ii)	814,883	2	8,991	236,411	20,228	1,080,804	0
James Palmisano	(1)	7,720	18	106	2,581	188	11,306	0
5Chief Accounting Officer	Ξ	146,689	3	2,009	49,039	16,736	214,805	0
William Roberts	Θ	31,845	1,029	841	9,499	2,681	45,894	0
6VP Finance & CFO	(ii)	257,653	8,322	6,800	76,856	21,690	371,321	0
Brian Calvert	(0)	0	0	0	0	0	0	0
7Manager Operations & Maint.	(II)	156,968	1,350	1,977	42,431	1,019	203,745	0
Paul Jackson	€	0	0	0	0	0	0	0
8Manager Power Gen Assets	Ξ	150,990	6,350	269	21,403	23,552	202,564	0
Randell Keefer	€	0	0	0	O	O	0	0
9Manager Power Gen Performance	Ξ	157,643	4,850	742	31,310	23,619	218,164	0
Gregory Niese	Θ	30,339	1,570	93	17,147	4,716	53,865	0
10Director Information Technology	(ii)	121,357	6,280	371	68,587	18,866	215,461	0
Bethany Schunn	Θ	0	0	0	0	0	0	0
11Plant Mananger	Ξ	178,670	5,350	292	19,741	23,525	227,578	0
Kurt Helfrich	€	38,773	969	577	1,650	3,109	45,001	0
12General Counsel	(ii)	259,484	4,655	5,176	11,042	20,803	301,159	0
	(1)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
13	(3)			,				
	Ξ							
14	Ξ							
	Ξ							
15	Ξ	i						
	€ 3							
16	€							

Schedule J (Form 990) 2018

Ē
Provide the information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
4b - Patrick O'Loughlin, William Roberts, and Kurt Helfrich participated in a 457(b) plan. The company contributed \$10,625, \$1,219, and \$18,000, respectively, into this plan
on behalf of the participants.
4b - Patrick O'Loughlin participates in a Pension Restoration Plan (PRP) in which there is substantial risk of forfeiture if he is not employed by the company on his payout date
IN August 2022 Mr. O'Loughlin has received a portion of these benefits, however, a portion remains at risk. Mr. O'Loughlin's future benefit is the difference between the pension
benefit from the RS Plan without the pension limitations and the amount calculated that has not previously been paid.
4b - William Roberts participates in an Executive Benefit Restoration Plan (EBRP) in which there is substantial risk of forfeiture if he is not employed by the company on his payout date
in August 2021 Mr. Roberts future benefit is the difference between the pension benefit from the RS Plan without the pension limitations and the amount calculated

Schedule J (Form 990) 2018

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Name o	of the organization								Employ	er idei	ntıficatı	on nui	mber		
Ohio F	Rural Electric Coopera	tives, Inc									51-0	1746	17		
Par		fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) o a or 25b,	rganıza or For	ations m 99	only) 0-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified	norcon	(b) Relationship be	etween o	disqualified	person and		(a) De	scription	of tran	eaction			(d) Corr	rected?
'	(a) Name of disqualified	person		organiza				(6) De	SCription	i Oi trai	isaciioi	'		Yes	No
(1)															
(2)															
(3)															
(4)															
(5)					***										
(6)									_						
3	Enter the amount under section 4958 Enter the amount o									ring ti 	he ye ! !	ar ▶ \$ ▶ \$			
Part	Complete if th	or From Interse organization eported an ame	answered "Ye	s" on 1 990, P			2.	38a or F		1	rt IV,			<u> </u>	ritten
(a) IV	ame of interested person	with organization		fro	om the nization?	principal an		(I) Galanc	e due	(9)	ieiauiti	by bo	proved pard or nittee?	agreer	
				То	From					Yes	No	Yes	No	Yes	No
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Total		<u> </u>	1	J	1	<u>l</u>	_	\$		+				\vdash	
Part		sistance Bene le organization		ed Pe	rsons.							L			
(a)	Name of interested persor		ship between inter and the organization		(c) Amount	of assistance	ı	(d) Type of a	ssistanc	e	{e) Purpo	ose of a	ssistan	ce
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	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organii rever	
O'Loughlin, Miller, Palmisano & Roberts	Officers	17.026	Expense reimbursement	163	1.00
O'Loughlin, Miller, Palmisano & Roberts	Officers	17,030	Expense reimbursement		Ť
			-		-
					-
					
			·		-
V Supplemental Information.				1	
Provide additional information for	or responses to questions	on Schedule L (see	instructions).		
dule L, Part IV					
(1) Patrick O'Loughlin, Douglas Miller, Jan	nes Palmisano and William I	Roberts are officers	of OREC and the Rural Electric S	upply	
eretive (DESCO), DESCO esimburgos ODE	C on a past basis for calari	os honofits huilding	and concret office costs		
perative (RESCO) RESCO reimburses ORE	C on a cost basis for salari	es, benefits, building	and general office costs.		
	••				

SCHEDULE O (Form 990 or 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

2018

Open to Public Inspection

Employer identification number

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.

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 th	en 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 employed	oyees 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 ar	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 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	n total salary for the employees
(excluding the CEO) is approved by the Board of Directors but the actual allocation to the individual en	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	atements are provided to the public
when requested.	
Form 990, Part XI, Line 9, Changes In Net Assets Post Employment Benefit Plan Adjustment = \$75,885)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

من سوست	► Attach to Form 990.	to want ire and /Form000 for instructions and the latest information
i 100000		2001/201

2018

OMB No 1545-0047

Open to Public Inspection

51-0174617

Employer identification number www.irs.gov/Form990 tor instructions and the latest information Go to Ohio Rural Electric Cooperatives, Inc. Department of the Treasury Internal Revenue Service Name of the organization

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

Part I

(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 333,715,415 (e) End-of-year assets 151,641,455 (d) Total income (c)
Legal domicile (state
or foreign country) Ohio Ohio Generate Electric Power (b) Primary activity No current activity (1)Buckeye Power Generating, LLC 46-1440770 (4) (3) (a) Name, address, and EIN (if applicable) of disregarded entity (2) Buckeye Power Generating II, LLC 31-0676582 6677 Busch Blvd. Columbus, Ohio 43229 6677 Busch Blvd. Columbus, Ohio 43229 Part II 3 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 entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) iled y?
						Yes	å
(1)Buckeye Power, Inc. 31-0676582 6677 Busch Bivd. Columbus, Ohio 43229	Electric Gen & Trans	Ohio	501(c)(12)				>
(2)							
(6)							;
(4)							
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(<u>u</u>)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat. N	Cat. No. 50135Y		Schedule R (Form 990) 2018	(Form 990) 2018

Schedule R (Form 990) 2018

because it had one or more related organizations treated as a partnership during the tax year.	e or more related	organizations tr	eated as a pa	rtnership	during the	tax year.	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z				2	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		Share of total SI income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		al or Jing er?	(k) Percentage ownership
								Yes	No	Yes	9	
(1)											_	
(2)												
(3)												
(4)												
(5)												
(9)												
Į												
(2)	- ,											
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organizations of the properties of the p	related organiz	as a Corpora ations treated	tion or T as a cor	rust. Comp	lete if the c trust during	rganization the tax y	n answe ear.	red "Yes" on	on Form 990, Part IV,	0, Part	, ≤
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	ncile D	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	titty Sha or trust) "	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) Section 512(b)(13) controlled entity?
											Yes	N _o
(1)National Power Cooperative, Inc. 31-1670865 i677 Busch Blvd, Columbus, Ohio 43229	670865	Generate Electricity	Ohio			C corp		19,768,472	3,193,795	100.0%	%	>
(2)Rural Electric Supply Cooperative 31-0682496	-0682496		4				_	•		,000	}	_
1077 Buscii Bivu, Columbus, Olio 43228		Electrical Supplies				ם ט		>			?	•
(4)							<u> </u>					
(9)												
(9)												
(2)												
,			-				_		S	Schedule R (Form 990) 2018	(Form	90) 2018

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2018

Part V Transact

Schedule R (Form 990) 2018		
	i	(9)
		(9)
205,569 Cost	δ	(4) Buckeye Power, Inc.
260,454 Cost	a .	(3) Buckeye Power, Inc
3,484,534 Cost	0	(2) Buckeye Power, Inc.
64,694 Cost	Z	(1) Buckeye Power, Inc.
Amount involved Method of determining amount involved	Transaction type (a – s)	Name of related organization
ding covered relationships and transaction thresholds.	nplete this line, inclu	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.
11		r Other transfer of cash or property to related organization(s)
d		 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
10 /		
1m 1m 1m	•	 Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities equipment mailing lists or other assets with related organization(s)
		 k Lease of facilities, equipment, or other assets from related organization(s) i l Performance of services or membership or fundraising solicitations for related organization(s)
		j Lease of facilities, equipment, or other assets to related organization(s)
11		
19		g Sale of assets to related organization(s)
14		f Dividends from related organization(s)
		e Loans or loan guarantees by related organization(s)
/ 1d /		
		c Giff, grant, or capital contribution from related organization(s)
10		
zations listed in Parts II–IV?	more related organi	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? a Receipt of (ii) interest. (iii) annuties. (iiii) royalties. or (iv) rent from a controlled entity
Yes No		Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" 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.

						, di ili			-		!
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportio	(i) rate Code V—UBI	(I) General or		(k) Percentage
	,	(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	=	end-of-year assets	allocations?	E 0			ownership
	_		sections 512-514)	Yes No			Yes		Yes	9	
(1)											
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Sched	dule R (Fo	rm 990) 2018 Pag	e 5
Par	t VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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