

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

|  |  |  |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
|--|--|--|--|---|-------------------|--|------------|---|--|---------------------------|-----------------------------|--|----------------|--------------|-------|----------|--------|----|-------|----------------------|-------------------------------|---------------------|---|--|----------------------------|---|--|------------|---|--|--|--|--|---|---|--|--|----------------------------------|--|--------------------------------------|--------------------------------------|--|--|
| <b>A</b> For the 2021 calendar year, or tax year beginning _____, and ending _____   |  |  |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>Butler Rural Electric Cooperative, Inc.</b></td> <td><b>D</b> Employer identification number</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>31-0231070</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td colspan="2">3888 Stillwell Beckett Road</td> <td>(513) 867-4400</td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>Oxford</td> <td>OH</td> <td>45056</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer:</td> <td><b>G</b> Gross receipts \$</td> </tr> <tr> <td colspan="2">Thomas C Wolfenbarger 3888 Stillwell Beckett Road, Oxford, OH 45056</td> <td>36,180,459</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 12 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <a href="http://butlerrural.coop">butlerrural.coop</a></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: 1936</td> <td><b>M</b> State of legal domicile: OH</td> </tr> <tr> <td colspan="2"><b>H(c)</b> Group exemption number ▶</td> <td></td> </tr> </table> | <b>C</b> Name of organization <b>Butler Rural Electric Cooperative, Inc.</b>   |  | <b>D</b> Employer identification number | Doing business as |  | 31-0231070 | Number and street (or P.O. box if mail is not delivered to street address) Room/suite |  | <b>E</b> Telephone number | 3888 Stillwell Beckett Road |  | (513) 867-4400 | City or town | State | ZIP code | Oxford | OH | 45056 | Foreign country name | Foreign province/state/county | Foreign postal code | <b>F</b> Name and address of principal officer: |  | <b>G</b> Gross receipts \$ | Thomas C Wolfenbarger 3888 Stillwell Beckett Road, Oxford, OH 45056 |  | 36,180,459 | <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 12 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>J</b> Website: ▶ <a href="http://butlerrural.coop">butlerrural.coop</a> |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |  | If "No," attach a list. See instructions | <b>L</b> Year of formation: 1936 |  | <b>M</b> State of legal domicile: OH | <b>H(c)</b> Group exemption number ▶ |  |  |
| <b>C</b> Name of organization <b>Butler Rural Electric Cooperative, Inc.</b>   |  | <b>D</b> Employer identification number  |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| Doing business as  |  | 31-0231070   |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| Number and street (or P.O. box if mail is not delivered to street address) Room/suite  |  | <b>E</b> Telephone number  |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| 3888 Stillwell Beckett Road  |  | (513) 867-4400   |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| City or town   | State  | ZIP code   |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| Oxford   | OH   | 45056  |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| Foreign country name   | Foreign province/state/county  | Foreign postal code  |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| <b>F</b> Name and address of principal officer:  |  | <b>G</b> Gross receipts \$   |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| Thomas C Wolfenbarger 3888 Stillwell Beckett Road, Oxford, OH 45056  |  | 36,180,459   |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 12 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| <b>J</b> Website: ▶ <a href="http://butlerrural.coop">butlerrural.coop</a>   |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | If "No," attach a list. See instructions   |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| <b>L</b> Year of formation: 1936   |  | <b>M</b> State of legal domicile: OH   |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |
| <b>H(c)</b> Group exemption number ▶   |  |  |  |   |                   |  |            |   |  |                           |                             |  |                |              |       |          |        |    |       |                      |                               |                     |   |  |                            |   |  |            |   |  |  |  |  |   |   |  |  |                                  |  |                                      |                                      |  |  |

**Part I Summary**

|                                    |  |   |                           |              |
|------------------------------------|--|---|---------------------------|--------------|
| <b>Activities &amp; Governance</b> | 1  | Briefly describe the organization's mission or most significant activities: <b>BUTLER RURAL ELECTRIC COOPERATIVE INC IS ELECTRIC DISTRIBUTION COOPERATIVE, PROVIDING ELECTRIC SERVICES TO MEMBER IN BUTLER, HAMILTON, PREBLE AND MONTGOMERY COUNTIES.</b> |                           |              |
|                                    | 2  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                           |              |
| <b>Revenue</b>                     | 3  | Number of voting members of the governing body (Part VI, line 1a)   | 3                         | 9            |
|                                    | 4  | Number of independent voting members of the governing body (Part VI, line 1b)   | 4                         | 0            |
|                                    | 5  | Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | 5                         | 50           |
|                                    | 6  | Total number of volunteers (estimate if necessary)  | 6                         | 0            |
|                                    | 7a   | Total unrelated business revenue from Part VIII, column (C), line 12  | 7a                        | 119,233      |
|                                    | 7b   | Net unrelated business taxable income from Form 990-T, Part I, line 11  | 7b                        | 0            |
|                                    | 8  | Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
| <b>Expenses</b>                    | 9  | Program service revenue (Part VIII, line 2g)  | 0                         | 0            |
|                                    | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 33,357,436                | 35,195,094   |
|                                    | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 158,065                   | 17,167       |
|                                    | 12   | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 631,570                   | 746,254      |
|                                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 34,147,071                | 35,958,515   |
|                                    | 14   | Benefits paid to or for members (Part IX, column (A), line 4)   | 13,000                    | 20,500       |
|                                    | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 2,783,523                 | 3,183,396    |
|                                    | 16a  | Professional fundraising fees (Part IX, column (A), line 11e)   | 5,668,470                 | 5,463,722    |
|                                    | b  | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0   | 0                         | 0            |
|                                    | 17   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 25,682,078                | 27,290,897   |
|                                    | 18   | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   | 34,147,071                | 35,958,515   |
| <b>Net Assets or Fund Balances</b> | 19   | Revenue less expenses. Subtract line 18 from line 12  | 0                         | 0            |
|                                    | 20   | Total assets (Part X, line 16)  | Beginning of Current Year | End of Year  |
|                                    | 21   | Total liabilities (Part X, line 26)   | 92,038,722                | 91,497,064   |
| 22                                 | Net assets or fund balances. Subtract line 21 from line 20 | 51,176,879  | 50,164,539                |              |
|                                    |  | 40,861,843  | 41,332,525                |              |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |                              |                 |
|------------------|------------------------------|-----------------|
| <b>Sign Here</b> |                              | Date            |
|                  | Signature of officer         | 5/11/2022       |
|                  | Thomas C Wolfenbarger        | General Manager |
|                  | Type or print name and title |                 |

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |   |      |
|                               | Firm's address ▶           | Phone no.            |      |   |      |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
TO BE A DYNAMIC, PROGRESSIVE ORGANIZATION GUIDED BY COOPERATIVE PRINCIPLES AND TO PROVIDE ENERGY AND OTHER VALUE-ADDED SERVICES TO ITS MEMBERS. THE COOPERATIVE WILL PARTICIPATE IN ITS COMMUNITIES, PROVIDING LEADERSHIP AND SUPPORT TO IMPROVE THE QUALITY OF LIFE FOR ALL OF ITS CITIZENS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

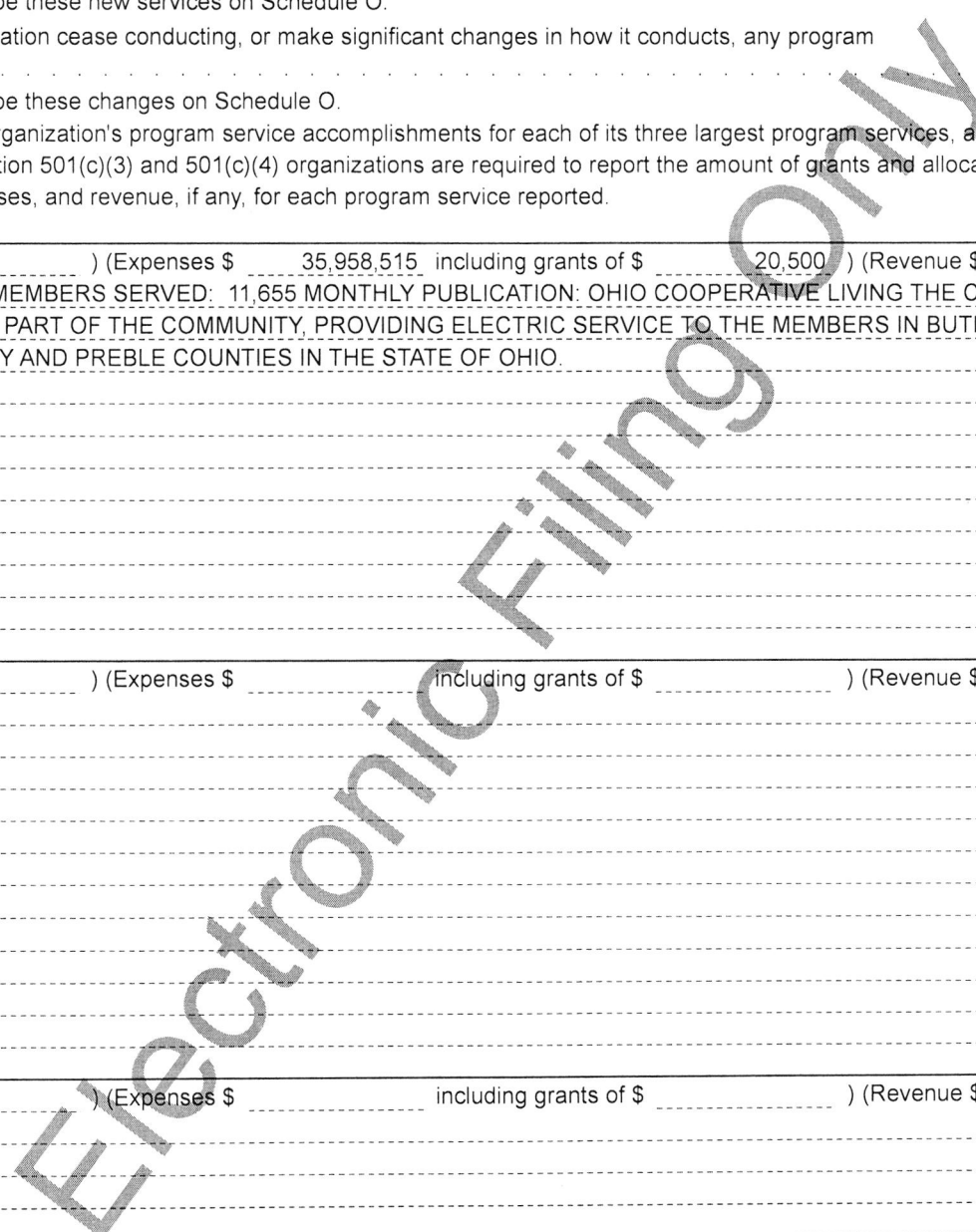
4a (Code: ) (Expenses \$ 35,958,515 including grants of \$ 20,500 ) (Revenue \$ 35,958,515 )  
NUMBER OF MEMBERS SERVED: 11,655 MONTHLY PUBLICATION: OHIO COOPERATIVE LIVING THE COOPERATIVE IS AN INTEGRAL PART OF THE COMMUNITY, PROVIDING ELECTRIC SERVICE TO THE MEMBERS IN BUTLER, HAMILTON, MONTGOMERY AND PREBLE COUNTIES IN THE STATE OF OHIO.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 35,958,515



**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 . . . . .   |     | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .   |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> 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 . . . . .   |     |    |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .  |     | X  |
| 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 . . . . .  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .   |     | X  |
| 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 . . . . .            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .   |     | X  |
| 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.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .   | X   |    |
| 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 . . . . .  |     | X  |
| c 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 . . . . .  | X   |    |
| 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 . . . . .   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .   | X   |    |
| 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 . . . . .  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   |     | X  |
| 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 . . . . . |     | X  |
| 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 . . . . .   |     | X  |
| 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 . . . . .   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| 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 . . . . .  |     | X  |

**Part IV Checklist of Required Schedules** *(continued)*

|  | Yes | No |
|--|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>  | X   |    |
| <b>23</b> 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? <i>If "Yes," complete Schedule J.</i>  | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>   |     |    |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I.</i>   |     |    |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>   |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>  |     |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.   | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.   |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.   |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |     |    |



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 17 main rows and sub-rows (a-h). Columns include question text, numerical input fields (e.g., 2a, 50, 10a, 36,515,936), and Yes/No checkboxes. Questions cover topics like employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year. 1b Enter the number of voting members included on line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. OH. 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O). 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Judith Persinger, 3888 Stillwell Beckett Road, Oxford, OH 45056, (513) 867-4400.

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) THOMAS C WOLFENBARGER<br>GENERAL MANAGER     | 45.00<br>0.00  |   |                       | X       | X            |                              |        | 218,602   | 65,007   |   |
| (2) MICHAEL MURRAY<br>DIR OF OPERATIONS          | 51.00<br>0.00  |   |                       |         |              | X                            |        | 148,532   | 52,748   |   |
| (3) GREGORY PHILLIPS<br>DIR OF CORP SERVICES     | 43.00<br>0.00  |   |                       |         |              | X                            |        | 145,058   | 55,161   |   |
| (4) LISA STAGGS HERRMANN<br>DIR MEMBER/COMMUNITY | 40.00<br>0.00  |   |                       |         |              | X                            |        | 144,338   | 55,574   |   |
| (5) JULIE ABBOTT<br>DIR OF HUMAN ADMIN           | 50.00<br>0.00  |   |                       |         |              | X                            |        | 142,957   | 55,766   |   |
| (6) JUDITH PERSINGER<br>DIR OF ACC&FINANCE       | 42.00<br>0.00  |   |                       | X       | X            |                              |        | 143,507   | 51,731   |   |
| (7) KEVIN MADDOCK<br>CLASS A LINEMAN             | 45.00<br>0.00  |   |                       |         |              | X                            |        | 128,096   | 48,926   |   |
| (8) THOMAS L MCQUISTON<br>PRESIDENT              | 8.00<br>0.00   | X   |                       | X       |              |                              |        | 16,288  |  |   |
| (9) ROBERT HOELLE<br>TRUSTEE                     | 7.00<br>0.00   | X   |                       | X       |              |                              |        | 16,167  |  |   |
| (10) WILLIAM FOSTER<br>TRUSTEE                   | 7.00<br>0.00   | X   |                       |         |              |                              |        | 14,853  |  |   |
| (11) JAMES MEADOR<br>TRUSTEE                     | 7.00<br>0.00   | X   |                       |         |              |                              |        | 13,863  |  |   |
| (12) MICHAEL TILTON<br>TRUSTEE                   | 5.00<br>0.00   | X   |                       |         |              |                              |        | 13,318  |  |   |
| (13) DAVID EVANS<br>SECRETARY/TREAS              | 8.00<br>0.00   | X   |                       | X       |              |                              |        | 13,279  |  |   |
| (14) JAY HASBROOK<br>TRUSTEE                     | 10.00<br>0.00  | X   |                       |         |              |                              |        | 12,693  |  |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |           | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|-----------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former    |   |  |   |
| (15) RONALD KOLB<br>TRUSTEE                                    | 7.00<br>0.00   | X  |                       |         |              |                              | 12,575    |   |  |   |
| (16) ROBERT SPAETH<br>TRUSTEE                                  | 6.00<br>0.00   | X  |                       |         |              |                              | 11,883    |   |  |   |
| (17)   |  |  |                       |         |              |                              |           |   |  |   |
| (18)   |  |  |                       |         |              |                              |           |   |  |   |
| (19)   |  |  |                       |         |              |                              |           |   |  |   |
| (20)   |  |  |                       |         |              |                              |           |   |  |   |
| (21)   |  |  |                       |         |              |                              |           |   |  |   |
| (22)   |  |  |                       |         |              |                              |           |   |  |   |
| (23)   |  |  |                       |         |              |                              |           |   |  |   |
| (24)   |  |  |                       |         |              |                              |           |   |  |   |
| (25)   |  |  |                       |         |              |                              |           |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              | 1,196,009 | 0   | 384,913  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              | 0         | 0   | 0  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 1,196,009 | 0   | 384,913  |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                    | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| NRECA 4301 WILSON BLVD ARLINGTON, VA 22203                          | INSURANCE & BENEFITS           | 2,341,350           |
| LEWIS TREE SERVICE INC. PO BOX 731897 DALLAS, TX 75373              | ROW CLEARING                   | 849,811             |
| UNITED UTILITY SUPPLY COOP PO BOX 32170 LOUISVILLE, KY 40232        | DISTRIBUTION LINE MATE         | 822,859             |
| CINCINNATI BELL PO BOX 748003 CINCINNATI, OH 45274                  | FIBER OPTIC CONSTRUCT          | 717,766             |
| FRANKART POWER LINE SERV 1650 S. TOWNSHIP BRD 1186 TIFFIN, OH 44883 | DISTRUBTION LINE CONST         | 493,716             |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 20



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

|   |  |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a   | Federated campaigns   | 0                    |  |                                      |   |  |
|   | 1b   | Membership dues   | 0                    |  |                                      |   |  |
|   | 1c   | Fundraising events  | 0                    |  |                                      |   |  |
|   | 1d   | Related organizations   | 0                    |  |                                      |   |  |
|   | 1e   | Government grants (contributions)   | 0                    |  |                                      |   |  |
|   | 1f   | All other contributions, gifts, grants, and<br>similar amounts not included above | 0                    |  |                                      |   |  |
|   | 1g   | Noncash contributions included in<br>lines 1a-1f                                  | \$ 0                 |  |                                      |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f   | 0                    |  |                                      |   |  |
|   | Program Service<br>Revenue   |   |                      | Business Code                                |                                      |   |  |
| 2a  |  | Sale of electric energy   | 221000               | 34,504,537                                   | 34,504,537                           |   |  |
| b   |  | Program Service Revenue   |                      | 690,557                                      | 690,557                              |   |  |
| c   |  |   |                      | 0  |                                      |   |  |
| d   |  |   |                      | 0  |                                      |   |  |
| e   |  |   |                      | 0  |                                      |   |  |
| f   |  | All other program service revenue   |                      | 0  |                                      |   |  |
| g   |  | <b>Total.</b> Add lines 2a-2f   |                      | 35,195,094                                   |                                      |   |  |
| Other Revenue   | 3  | Investment income (including dividends, interest, and<br>other similar amounts)   |                      | 35,721                                       |                                      | 35,721  |  |
|   | 4  | Income from investment of tax-exempt bond proceeds                                |                      | 0  |                                      |   |  |
|   | 5  | Royalties   |                      | 0  |                                      |   |  |
|   | 6a   | Gross rents   | (i) Real             | 365,750                                      |                                      |   |  |
|   |  |   | (ii) Personal        |  |                                      |   |  |
|   |  |   | <b>6a</b>            | 365,750                                      |                                      |   |  |
|   | 6b   | Less: rental expenses   |                      |  |                                      |   |  |
|   | 6c   | Rental income or (loss)   | 365,750              | 0  |                                      |   |  |
|   |  | Net rental income or (loss)   |                      | 365,750                                      |                                      | 365,750   |  |
|   | 7a   | Gross amount from<br>sales of assets<br>other than inventory                      | (i) Securities       | 0  |                                      |   |  |
|   |  |   | (ii) Other           | 60,249                                       |                                      |   |  |
|   |  |   | <b>7a</b>            | 0  | 60,249                               |   |  |
|   | 7b   | Less: cost or other basis<br>and sales expenses                                   | 0                    | 78,803                                       |                                      |   |  |
|   | 7c   | Gain or (loss)  | 0                    | -18,554                                      |                                      |   |  |
|   |  | Net gain or (loss)  |                      | -18,554                                      |                                      | -18,554   |  |
| 8a  | Gross income from fundraising<br>events (not including \$ 0<br>of contributions reported on line 1c).<br>See Part IV, line 18. | 8a  | 0                    |  |                                      |   |  |
| 8b  | Less: direct expenses  | 8b  | 0                    |  |                                      |   |  |
|   | Net income or (loss) from fundraising events   |   | 0                    |  |                                      |   |  |
| 9a  | Gross income from gaming activities.<br>See Part IV, line 19.  | 9a  | 0                    |  |                                      |   |  |
| 9b  | Less: direct expenses  | 9b  | 0                    |  |                                      |   |  |
|   | Net income or (loss) from gaming activities  |   | 0                    |  |                                      |   |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances   | 10a   | 222,828              |  |                                      |   |  |
| 10b   | Less: cost of goods sold   | 10b   | 143,141              |  |                                      |   |  |
|   | Net income or (loss) from sales of inventory   |   | 79,687               |  | 79,687                               |   |  |
| Miscellaneous<br>Revenue                                  |  |   | Business Code        |  |                                      |   |  |
|   | 11a  | Associated Orgn Patronage Capital   | 900099               | 181,584                                      |                                      | 181,584   |  |
|   | b  | Electrician Services Non Member   | 811000               | 118,866                                      | 118,866                              |   |  |
|   | c  | Internet Non Member   | 517000               | 367  | 367                                  |   |  |
|   | d  | All other revenue   |                      | 0  |                                      |   |  |
| e   | <b>Total.</b> Add lines 11a-11d  |   | 300,817              |  |                                      |   |  |
| 12  | <b>Total revenue.</b> See instructions.  |   | 35,958,515           | 35,195,094                                   | 119,233                              | 644,188   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .  | 0                     |                                 |  |                             |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 20,500                | 20,500                          |  |                             |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                     |                                 |  |                             |
| 4  | Benefits paid to or for members . . . . .   | 3,183,396             | 3,183,396                       |  |                             |
| 5  | Compensation of current officers, directors, trustees, and key employees . . . . .  | 1,196,009             | 1,196,009                       | 0                                      |                             |
| 6  | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7  | Other salaries and wages . . . . .  | 2,744,252             | 2,744,252                       |  |                             |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 454,682               | 454,682                         |  |                             |
| 9  | Other employee benefits . . . . .   | 782,508               | 782,508                         |  |                             |
| 10   | Payroll taxes . . . . .   | 286,271               | 286,271                         |  |                             |
| 11   | Fees for services (nonemployees):   |                       |                                 |  |                             |
| a  | Management . . . . .  | 0                     |                                 |  |                             |
| b  | Legal . . . . .   | 134,193               | 134,193                         |  |                             |
| c  | Accounting . . . . .  | 25,460                | 25,460                          |  |                             |
| d  | Lobbying . . . . .  | 0                     |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  |                             |
| f  | Investment management fees . . . . .  | 0                     |                                 |  |                             |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .   | 257,363               | 257,363                         | 0                                      |                             |
| 12   | Advertising and promotion . . . . .   | 150,617               | 150,617                         |  |                             |
| 13   | Office expenses . . . . .   | 165,000               | 165,000                         |  |                             |
| 14   | Information technology . . . . .  | 235,445               | 235,445                         |  |                             |
| 15   | Royalties . . . . .   | 0                     |                                 |  |                             |
| 16   | Occupancy . . . . .   | 1,481,253             | 1,481,253                       |  |                             |
| 17   | Travel . . . . .  | 29,991                | 29,991                          |  |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .  | 66,929                | 66,929                          |  |                             |
| 20   | Interest . . . . .  | 1,521,398             | 1,521,398                       |  |                             |
| 21   | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .   | 2,852,275             | 2,852,275                       | 0                                      | 0                           |
| 23   | Insurance . . . . .   | 98,201                | 98,201                          |  |                             |
| 24   | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a  | State of Ohio kWh Tax . . . . .   | 957,080               | 957,080                         |  |                             |
| b  | Cost of Power . . . . .   | 17,269,635            | 17,269,635                      |  |                             |
| c  | Right of Way Clearing (ROW) . . . . .   | 859,998               | 859,998                         |  |                             |
| d  | . . . . .   |                       |                                 |  |                             |
| e  | All other expenses . . . . .  | 1,186,059             | 1,186,059                       |  |                             |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 35,958,515            | 35,958,515                      | 0                                      | 0                           |
| 26   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

|                                    |   | (A)<br>Beginning of year  |            | (B)<br>End of year |            |
|------------------------------------|---|---|------------|--------------------|------------|
| <b>Assets</b>                      | 1   | Cash—non-interest-bearing   | 1,245,067  | 1                  | 842,184    |
|                                    | 2   | Savings and temporary cash investments  | 1,225,743  | 2                  | 90,464     |
|                                    | 3   | Pledges and grants receivable, net  | 0          | 3                  | 0          |
|                                    | 4   | Accounts receivable, net  | 3,792,957  | 4                  | 3,561,872  |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0          | 5                  |            |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   | 0          | 6                  |            |
|                                    | 7   | Notes and loans receivable, net   | 0          | 7                  | 0          |
|                                    | 8   | Inventories for sale or use   | 617,210    | 8                  | 599,062    |
|                                    | 9   | Prepaid expenses and deferred charges   | 1,708,623  | 9                  | 167,819    |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 92,957,262 | 10a                |            |
|                                    | b   | Less: accumulated depreciation  | 24,600,553 | 10b                |            |
|                                    |   |   | 67,197,752 | 10c                | 68,356,709 |
|                                    | 11  | Investments—publicly traded securities  | 0          | 11                 | 0          |
|                                    | 12  | Investments—other securities. See Part IV, line 11  | 0          | 12                 | 0          |
|                                    | 13  | Investments—program-related. See Part IV, line 11   | 15,613,591 | 13                 | 15,036,387 |
|                                    | 14  | Intangible assets   | 273,972    | 14                 | 2,474,567  |
| 15                                 | Other assets. See Part IV, line 11  | 363,807   | 15         | 368,000            |            |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | 92,038,722  | 16         | 91,497,064         |            |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 4,228,475  | 17                 | 4,152,399  |
|                                    | 18  | Grants payable  | 0          | 18                 |            |
|                                    | 19  | Deferred revenue  | 0          | 19                 |            |
|                                    | 20  | Tax-exempt bond liabilities   | 0          | 20                 |            |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   | 0          | 21                 |            |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      | 0          | 22                 |            |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  | 45,341,663 | 23                 | 44,865,435 |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  | 0          | 24                 | 0          |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   | 1,606,741  | 25                 | 1,146,705  |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 51,176,879 | 26                 | 50,164,539 |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>              |   |            |                    |            |
|                                    | 27  | Net assets without donor restrictions   | 0          | 27                 |            |
|                                    | 28  | Net assets with donor restrictions  | 0          | 28                 |            |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b> |   |            |                    |            |
|                                    | 29  | Capital stock or trust principal, or current funds  | 0          | 29                 |            |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  | 118,980    | 30                 | 120,140    |
|                                    | 31  | Retained earnings, endowment, accumulated income, or other funds  | 40,742,863 | 31                 | 41,212,385 |
| 32                                 | <b>Total net assets or fund balances</b>  | 40,861,843  | 32         | 41,332,525         |            |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 92,038,722  | 33         | 91,497,064         |            |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 35,958,515 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 35,958,515 |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 0          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 40,861,843 |
| 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 on Schedule O)   | 9  | 470,682    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 41,332,525 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization: Butler Rural Electric Cooperative, Inc. Employer identification number: 31-0231070

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate value. Rows 5-6 for donor and grantee notification with Yes/No checkboxes.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for conservation easements including checkboxes for land preservation, habitat, and open space. Includes a table for lines 2a-2d (Total number, acreage, certified historic structures) and questions 3-9 regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for art and historical treasures including questions 1a-1b and 2 regarding reporting requirements and revenue/assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f 0   |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 0                | 0              | 0                  | 0                    | 0                   |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  | 0                                    | 1,062,126                       |                              | 1,062,126      |
| b Buildings  | 0                                    | 7,570,936                       | 3,318,653                    | 4,252,283      |
| c Leasehold improvements   | 0                                    | 0                               | 0                            | 0              |
| d Equipment  | 0                                    |                                 |                              |                |
| e Other  | 0                                    | 84,324,200                      | 21,281,900                   | 63,042,300     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 68,356,709     |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   | 0              |  |
| (2) Closely held equity interests . . . . .                                 | 0              |  |
| (3) Other . . . . .   |                |  |
| (A) . . . . .   |                |  |
| (B) . . . . .   |                |  |
| (C) . . . . .   |                |  |
| (D) . . . . .   |                |  |
| (E) . . . . .   |                |  |
| (F) . . . . .   |                |  |
| (G) . . . . .   |                |  |
| (H) . . . . .   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 0              |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Investments Assoc Orgn Patronage Capital                                | 13,342,815     | C  |
| (2) Investments Assoc Orgn - Other  | 686,068        | C  |
| (3) Investments - Memberships   | 255,386        | C  |
| (4) Investments - Other   | 326,029        | C  |
| (5) Investments - Capital Term Certificates                                 | 421,070        | C  |
| (6) Investments - CTC Interest Receivable                                   | 5,019          | C  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 15,036,387     |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 0              |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  | 0              |
| (2) Accumulated Operating Provision   | 388,520        |
| (3) Accumulated Provision for Rate Refund                                   | -291,479       |
| (4) Consumer Deposits   | 119,818        |
| (5) Consumer Advance for Construction                                       | 0              |
| (6) Deferred Credits  | 929,846        |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,146,705      |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |    |   |
|---|---|----|----|---|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  |   |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |   |
| a | Net unrealized gains (losses) on investments                                    | 2a |    |   |
| 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  | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |    |   |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |    |   |
| b | Other (Describe in Part XIII.)  | 4b |    |   |
| c | Add lines 4a and 4b   |    | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  | 0 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |    |   |
|---|--|----|----|---|
| 1 | Total expenses and losses per audited financial statements                       |    | 1  |   |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |   |
| a | 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 | 0 |
| 3 | Subtract line 2e from line 1   |    | 3  | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |    |   |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |    |   |
| b | Other (Describe in Part XIII.)   | 4b |    |   |
| c | Add lines 4a and 4b  |    | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  | 0 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X Line 1A FIN 48 FOOTNOTE - THE COOPERATIVE COMPLIES WITH ACCOUNTING STANDARDS

CODIFICATION (ASC) 740-10 RELATED TO UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A

RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. MANAGEMENT IS

NOT AWARE OF ANY TAX POSITIONS TAKEN BY THE COOPERATIVE ON ITS TAX RETURNS THAT THEY

CONSIDER TO BE UNCERTAIN OR THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS. TAX RETURNS FOR

THE YEARS ENDED 2018, 2019 AND 2020 ARE STILL OPEN AND SUBJECT TO EXAMINATION BY THE

INTERNAL REVENUE SERVICE.



**Part XIII** Supplemental Information *(continued)*

Electronic Filing Only

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Butler Rural Electric Cooperative, Inc.

Employer identification number

31-0231070

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (2) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (3) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (4) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (5) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (6) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (7) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (8) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (9) -----  |         |                                 |                          |                                   |   |                                       |                                    |
| (10) -----   |         |                                 |                          |                                   |   |                                       |                                    |
| (11) -----   |         |                                 |                          |                                   |   |                                       |                                    |
| (12) -----   |         |                                 |                          |                                   |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

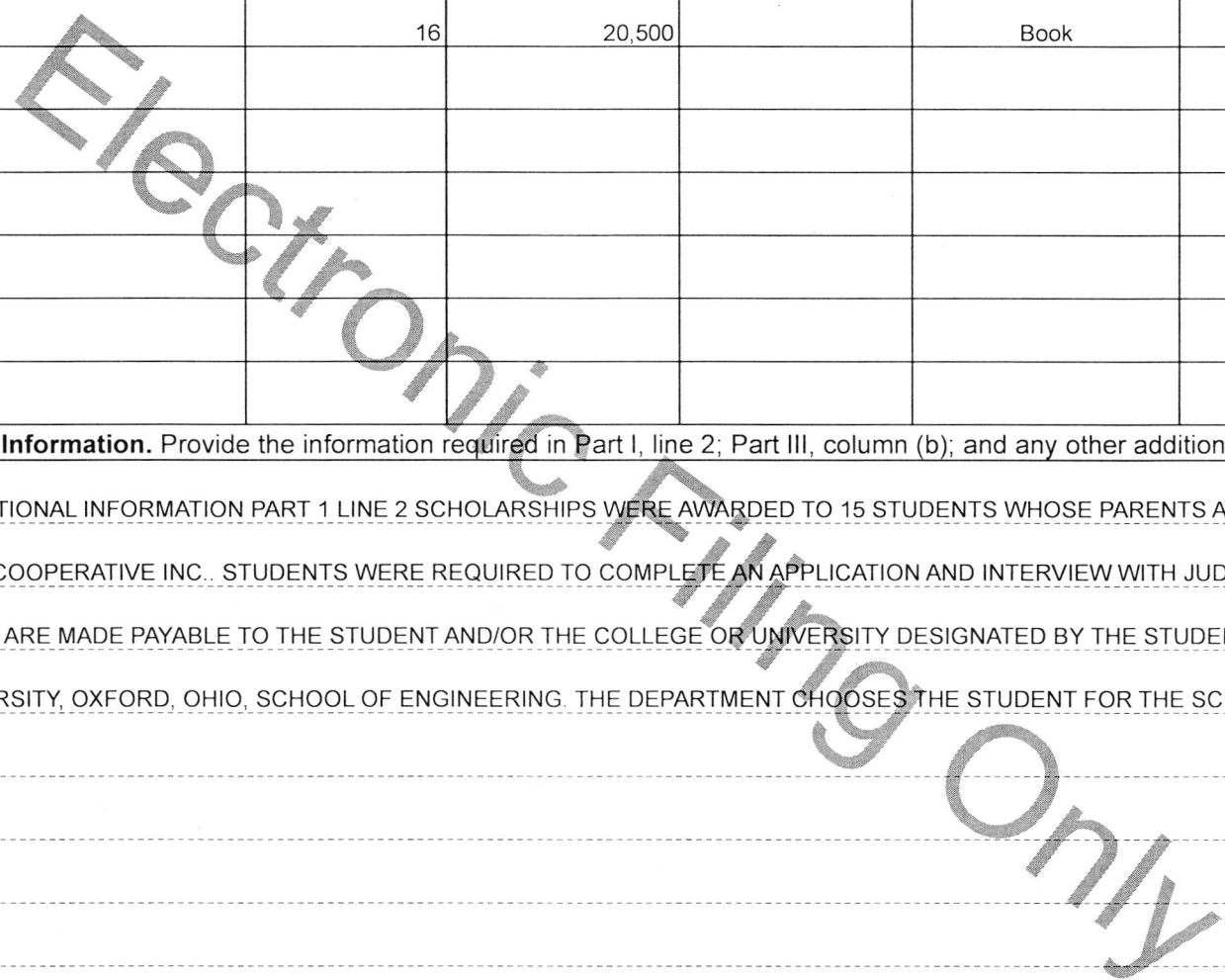
Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| BREC Scholarships               | 16                       | 20,500                   |                                  | Book  |                                       |
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part III Line 2 PART IV - ADDITIONAL INFORMATION PART 1 LINE 2 SCHOLARSHIPS WERE AWARDED TO 15 STUDENTS WHOSE PARENTS ARE MEMBERS OF BUTLER RURAL ELECTRIC COOPERATIVE INC.. STUDENTS WERE REQUIRED TO COMPLETE AN APPLICATION AND INTERVIEW WITH JUDGES FROM OUTSIDE THE COOPERATIVE. THE FUNDS ARE MADE PAYABLE TO THE STUDENT AND/OR THE COLLEGE OR UNIVERSITY DESIGNATED BY THE STUDENT. ONE SCHOLARSHIP IS AWARDED TO MIAMI UNIVERSITY, OXFORD, OHIO, SCHOOL OF ENGINEERING. THE DEPARTMENT CHOOSES THE STUDENT FOR THE SCHOLARSHIP.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Butler Rural Electric Cooperative, Inc.

Employer identification number  
31-0231070

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the 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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
  - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     |    |
| 5b |     |    |
| 6a |     |    |
| 6b |     |    |
| 7  |     |    |
| 8  |     |    |
| 9  |     |    |



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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title     |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                        |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| THOMAS C WOLFENBARGER  | (i)  | 190,402  | 6,540                               | 21,660                              | 40,397   | 65,007                  | 324,006                         | 22,793  |
| 1 GENERAL MANAGER      | (ii) |  |                                     |                                     |  |                         | 0                               |   |
| MICHAEL MURRAY         | (i)  | 135,398  | 5,457                               | 7,677                               | 28,420   | 52,748                  | 229,700                         | 26,091  |
| 2 DIR OF OPERATIONS    | (ii) |  |                                     |                                     |  |                         | 0                               |   |
| GREGORY PHILLIPS       | (i)  | 133,299  | 4,771                               | 6,988                               | 22,977   | 55,161                  | 223,196                         | 20,858  |
| 3 DIR OF CORP SERVICES | (ii) |  |                                     |                                     |  |                         | 0                               |   |
| JUDITH PERSINGER       | (i)  | 132,249  | 5,242                               | 6,016                               | 20,460   | 51,731                  | 215,698                         | 17,470  |
| 4 DIR OF ACC&FINANCE   | (ii) |  |                                     |                                     |  |                         | 0                               |   |
| JULIE ABBOTT           | (i)  | 132,249  | 4,692                               | 6,016                               | 15,764   | 55,766                  | 214,487                         | 0   |
| 5 DIR OF HUMAN ADMIN   | (ii) |  |                                     |                                     |  |                         | 0                               |   |
| KEVIN MADDOCK          | (i)  | 121,587  | 2,878                               | 3,630                               | 6,621  | 48,926                  | 183,642                         | 0   |
| 6 CLASS A LINEMAN      | (ii) |  |                                     |                                     |  |                         | 0                               |   |
| LISA STAGGS HERRMANN   | (i)  | 132,249  | 5,101                               | 6,988                               | 30,033   | 55,574                  | 229,945                         | 0   |
| 7 DIR MEMBER/COMMUNITY | (ii) |  |                                     |                                     |  |                         | 0                               |   |
| 8                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                      | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, 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.

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

Butler Rural Electric Cooperative, Inc.

31-0231070

Form 990, Part I, Line 1: TO BE A DYNAMIC, PROGRESSIVE ORGANIZATION GUIDED BY COOPERATIVE  
PRINCIPLES AND TO PROVIDE ENERGY AND OTHER VALUE-ADDED SERVICES TO ITS MEMBERS. THE  
COOPERATIVE WILL PARTICIPATE IN ITS COMMUNITIES, PROVIDING LEADERSHIP AND SUPPORT TO IMPROVE  
THE QUALITY OF LIFE FOR ALL OF ITS CITIZENS.

Form 990, Part VI, Section B, Line 10A: THE COOPERATIVE DOES NOT HAVE ANY LOCAL CHAPTERS,  
BRANCHES OR AFFILIATES. THE COOPERATIVE HAS ONLY ONE PLACE OF BUSINESS.

Form 990, Part VI, Line 6: CLASSES OF MEMBERS OR STOCKHOLDERS OF BUTLER RURAL ELECTRIC  
COOPERATIVE INC ARE COMPRISED OF MEMBERS WHO ARE ANY PERSON, WHETHER A NATURAL PERSON OR A  
FIRM, ASSOCIATION, CORPORATION, PARTNERSHIP, BODY POLITIC OR SUBDIVISION THEREOF, WHO RECEIVE  
ELECTRIC SERVICE FROM THE COOPERATIVE, AGREE TO COMPLY WITH AND BE BOUND BY THE ARTICLES OF  
INCORPORATION AND CODE OF REGULATIONS BY THE COOPERATIVE, ANY RULES AND REGULATIONS AND  
POLICIES ADOPTED BY THE BOARD OF TRUSTEES.

Form 990, Part VI, Line 7A: ELECTION OF MEMBERS AND THEIR RIGHTS THE ANNUAL MEETING OF THE  
MEMBERS SHALL BE HELD EACH YEAR AT SUCH A TIME AND PLACE SELECTED BY THE BOARD AND WHICH SHALL  
BE DESIGNATED IN THE NOTICE OF THE MEETING, FOR THE PURPOSE OF REPORTING THE RESULTS OF THE  
ELECTION OF TRUSTEES, PASSING UPON REPORTS FOR THE PREVIOUS FISCAL YEAR AND TRANSACTING SUCH  
OTHER BUSINESS AS MAY COME BEFORE THE MEETING. IT SHALL BE THE RESPONSIBILITY OF THE BOARD TO  
MAKE ADEQUATE PREPARATIONS FOR THE ANNUAL MEETING. FAILURE TO HOLD THE ANNUAL MEETING AT THE  
DESIGNATED TIME SHALL NOT WORK AS FORFEITURE OR DISSOLUTION OF THE COOPERATIVE. IN THE EVENT  
THAT SUCH ANNUAL MEETING IS NOT HELD, FOR ANY REASON, ALL MATTERS TO BE ATTENDED TO WILL BE  
CONSIDERED AT THE NEXT ANNUAL MEETING, THE DATE AND TIME TO BE DESIGNATED BY THE BOARD OF  
TRUSTEES.

Form 990, Part VI, Line 15A: COMPENSATION PROCESS FOR TOP OFFICIAL THE COOPERATIVE USES THE  
NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION'S COMPENSATION SURVEY TO ASSIST IN THE  
DECISION BY THE BOARD OF TRUSTEES ON THE COMPENSATION OF THE GENERAL MANAGER. THIS DECISION IS  
MADE EACH DECEMBER DURING THE GENERAL MANAGER'S EMPLOYEE PERFORMANCE EVALUATION. THE

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

Schedule O (Form 990) 2021

Butler Rural Electric Cooperative, Inc.

Employer identification number

31-0231070

EVALUATION IS WRITTEN AND AN ORAL REVIEW IS MADE BY THE BOARD OF TRUSTEES TO THE GENERAL

MANAGER. THIS SURVEY IS ALSO USED FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE COOPERATIVE. THE

SALARY FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE GENERAL MANAGER

Form 990, Part IX, Line 14: AS PER THE CODE OF REGULATIONS, ARTICLE VII NON-PROFIT OPERATIONS.

SECTION 2 PATRONAGE CAPITAL IN CONNECTION WITH FURNISHING ELECTRIC ENERGY. BUTLER RURAL

ELECTRIC COOPERATIVE INC. OPERATES ON A NON-PROFIT BASIS. ALL AMOUNTS IN EXCESS OPERATING

COSTS AND EXPENSES ARE CLEARLY REFLECTED AND CREDITED IN AN APPROPRIATE RECORD TO THE CAPITAL

ACCOUNT OF EACH PATRON. AT THE CLOSE OF THE YEAR, EACH PATRON IS NOTIFIED OF THE AMOUNT OF

CAPITAL THAT HAS BEEN CREDITED TO EACH PATRON'S ACCOUNT. "ALL SUCH AMOUNTS CREDITED TO THE

CAPITAL ACCOUNT OF ANY PATRON SHALL HAVE THE SAME STATUS AS THOUGH THEY HAD BEEN PAID TO THE

PATRON IN CASH IN PURSUANCE OF A LEGAL OBLIGATION TO DO SO AND THE PATRON HAD THEN FURNISHED

THE COOPERATIVE CORRESPONDING AMOUNTS FOR CAPITAL." THE AMOUNT ON PART 1 LINE 14 AND PART IX

LINE 4 BENEFITS PAID TO OR FOR MEMBERS, IS THE AMOUNT THAT WAS ALLOCATED TO THE PATRONS OF

BUTLER RURAL ELECTRIC COOPERATIVE INC. FOR THE CURRENT TAX YEAR

Form 990, Part IX, Line 9: OTHER CHANGES IN NET ASSETS EXPLANATION: CHANGE IN FUND BALANCE -

CURRENT YEAR MARGINS \$3,183,396, INCREASE IN MEMBERSHIPS \$1,160, RETIRED PATRONAGE

(\$2,798,744) RE-ALLOCATION OF UNCLAIMED FUNDS \$83,484, INCREASE IN PATRONAGE PAYABLE ACCOUNT

\$1,386 FOR A TOTAL OF \$470,682

Form 990, Part VI, Line 11B: ORGANIZATION'S PROCESS TO REVIEW FORM 990. THE FORM 990, ITS

RELATED SCHEDULES AND SUPPLEMENTAL INFORMATION ARE PRESENTED TO THE BOARD OF TRUSTEES AT A

REGULARLY SCHEDULED MEETING OF THE BOARD PRIOR TO THE FILING OF THE REPORT WITH THE INTERNAL

REVENUE SERVICE

Form 990, Part VI, Line 12C: ENFORCEMENT OF CONFLICTS OF POLICY - EACH YEAR, BOARD MEMBERS ARE

REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST. BY SIGNING A STATEMENT OF NON-CONFLICT, IF

THERE IS A CONFLICT OF INTEREST, IT WILL BE EVALUATED ON A CASE-BY-CASE BASIS AND DEALT WITH

IN AN APPROPRIATE MANNER, UPON THE ADVICE OF LEGAL COUNSEL.

Form 990, Part VII, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - THE GOVERNING

DOCUMENTS OF THE COOPERATIVE ARE GIVEN TO EACH MEMBER, IN WRITTEN FORM AND AVAILABLE ON THE



|   |  |
|---|--|
| Name of the organization<br>Butler Rural Electric Cooperative, Inc. | Employer identification number<br>31-0231070 |
|---|--|

COOPERATIVE'S WEBSITE, AT THE TIME OF MEMBERSHIP, THE CONFLICT OF INTEREST POLICY IS AVAILABLE  
UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE PUBLISHED EACH YEAR IN THE OHIO COOPERATIVE  
LIVING MAGAZINE AFTER THE ANNUAL AUDIT BY AN INDEPENDENT AUDITING FIRM. THIS MAGAZINE IS  
DISTRIBUTED MONTHLY TO EACH MEMBER OF THE COOPERATIVE.

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
Butler Rural Electric Cooperative, Inc.

Employer identification number  
31-0231070

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| (4) -----   |                         |  |                     |                           |                                  |
| (5) -----   |                         |  |                     |                           |                                  |
| (6) -----   |                         |  |                     |                           |                                  |

**Part II 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.

| (a)<br>Name, address, and EIN of related organization                           | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) Brec-Select Inc. 02-0577826<br>3888 Stillwell Beckett Road Oxford, OH 45056 | Electrician Services    | OH   | 501c12                     |   | Butler Rural Electric            |  | X  |
| (2) -----   |                         |  |                            |   |                                  |  |    |
| (3) -----   |                         |  |                            |   |                                  |  |    |
| (4) -----   |                         |  |                            |   |                                  |  |    |
| (5) -----   |                         |  |                            |   |                                  |  |    |
| (6) -----   |                         |  |                            |   |                                  |  |    |
| (7) -----   |                         |  |                            |   |                                  |  |    |

**Part III 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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

**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.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a–s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) |                                     |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |



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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

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**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Electronic Filing Only