COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Federal Communications Commission's rule on the Universal Service Fund and its impact on American

Indians and Alaska Natives June 8, 2012							
	* * * * *						
For W	itnesses Representing Organizations:						
1.	Name:						
	Shirley Bloomfield						
2.	Name of Organization(s) You are Representing at the Hearing:						
	National Telecommunications Cooperative Association (NTCA)						
3.	Business Address:						
	4121 Wilson Blvd, 10 th Floor Arlington, VA 22203						
4.	Business Email Address:						
	[Information redacted for privacy]						
5.	Business Phone Number:						
	[Information redacted for privacy]						

Name/Organization Shirley Bloomfield, NTCA_ Title/Date of Hearing Federal Communications Commission's rule on the Universal Service Fund and its impact on American Indians and Alaska Natives, June 8, 2012. a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. Bachelor of Arts in Economics and Urban Studies from Northwestern University Master's degree in Public Administration from American University b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing. N/A c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing. 26 years in telecommunications industry, including serving as Senior Vice President for Qwest and Vice President of Federal Relations for Verizon. d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior* (and /or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition,

f. Any other information you wish to convey that might aid the Members of the Committee to better

and the federal statutes under which the lawsuits or petitions were filed.

N/A

N/A

N/A

understand the context of your testimony.

Name/Organization_ _Shirley Bloomfield, NTCA_

Title/Date of Hearing_ Federal Communications Commission's rule on the Universal Service Fund and its impact on American Indians and Alaska Natives, June 8, 2012.

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

N/A

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

NTCA is a petitioner in an appeal of a November 2011 FCC order, FCC 11-161, in WC Docket No. 10-90, et al. That appeal is currently pending in the United States Court of Appeals for the Tenth Circuit as part of a consolidated set of cases; the consolidated matter is captioned as In Re: FCC 11-161, Case No. 11-9900. In the appeal, NTCA contends that certain portions of the FCC's order dealing with reform of federal universal service fund mechanisms and the intercarrier compensation regime: (i) violate various provisions of the Communications Act of 1934, as amended, and the U.S. Constitution; (ii) are inadequately explained; (iii) lack record support; and (iv) are a departure from reasoned decision-making, proper administrative procedure, and FCC precedent.

U.S. Court of Appeals, District of Columbia - Intervenor

Core Communications, Inc v. FCC, No. 07-1381.

Core sought reciprocal compensation payments for dial-up calls routed to the Internet through its ISP customers. It sought forbearance, the forbearance was denied. It challenged the FCC's ruling in court. The ruling – Memorandum Opinion and Order, *Petition of Core Communications, Inc. for Forbearance from Sections 251(g) and 254(g) of the Communications Act and Implementing Rules*, 22FCC Rcd 14118 (2007). NTCA intervened supporting the FCC.

U.S. Court of Appeals, District of Columbia

NTCA v. FCC No. 08-1071, Petition for review, FCC order to allow for "number portability."

U.S. Court of Appeals – Intervenor

Cellco Partnership DBA Verizon Wireless v. FCC, N. 11-1135, support FCC's order for automatic

data roaming agreements.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Sent separately.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

2010
Open to Public Inspection

A	or the	2010 calendar year, or tax year beginning and c	ending		
В	Check if applicable	MATIONAL TERECOMMONICATIONS COOPERATION	VE	D Employer identific	eation number
Ļ	Addres change			F 0 0	744006
누	──Name change Imitial				741336
	return Termin- ated	4121 WILSON BOULEVARD, 10TH FLOOR	Room/suite		351-2000
Ĺ	Amend	Oity or town, state or country, and ZIP + 4		G Gross receipts \$	14,215,746.
L	Application pendin	COSSS AV , NOTON, VA		H(a) Is this a group re	
	pendin	F Name and address of principal officer: SHIKLEY BLOOMFIELD		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		mpt status: 501(c)(3) _X 501(c) (6) ◀ (insert no.) 4947(a)(1) o	or 527	4 '	list, (see instructions)
-		e: ▶ WWW.NTCA.ORG		H(c) Group exemption	
		organization: Corporation Trust X Association Other	L Year	of formation: 1954 N	State of legal domicile: VA
	art I	Summary	ADD ATT	MITE OTTAT TIO	V OR TIRE
Ö	1	Briefly describe the organization's mission or most significant activities: TO II	MPROVE	THE QUALITY	A OL TILE
Activities & Governance		IN RURAL COMMUNITIES THROUGH COMMUNICATION			
E)		Check this box if the organization discontinued its operations or dispos			ssets.
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			11
o∑ (0		Number of independent voting members of the governing body (Part VI, line 1b)			70
Ę		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			<u>, , o</u>
ž	6	Total number of volunteers (estimate if necessary)		·····	2,104,258.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		·····	0.
_	D	ver direlated business taxable income from Form 990-1, line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII. line 16)	⊢	172,175.	90,585.
훒	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		11,967,186.	12,066,107.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		597,733.	771,297.
O.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		124,481.	107,714.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,861,575.	13,035,703.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
t)	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,373,723.	7,712,514.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ρ	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,528,100.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,901,823.	13,188,791.
		Revenue less expenses, Subtract line 18 from line 12		-40,248.	-153,088.
100	g	The state of the s		eginning of Current Year	End of Year
£3.	20	Total assets (Part X, line 16)		23,076,658.	
×	21	Total liabilities (Part X, line 26)	·····	6,741,070.	6,156,153.
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20		16,335,588.	16,920,201.
		Signature Block	_		
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of π	y knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	
Si	gn	Signature of officer		Dațe	
He	ere	SHIRLEY BLOOMFIELD, CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa		ROBERT CASEY Cobit Coses C	PA	self-employ	red
	eparer	Firm's name LARSONALLEN LLP		/ Firm's EIN ▶	
Us	e Only	Firm's address 2900 SOUTH QUINCY ST., SULTE 15	0	_	100 000 5400
_		ARLINGTON, VA 22206		Phone no. 7	03-998-5100
M	av the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2010) ASSOCIATION 52-0741336 Page 2
Pai	till: Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION, AN
	ASSOCIATION OF SMALL, RURAL, COMMUNITY-BASED COMMUNICATIONS PROVIDERS,
_	IS DEDICATED TO IMPROVING THE QUALITY OF LIFE IN RURAL COMMUNITIES
	THROUGH THE ADVOCACY OF BROADBAND AND OTHER ADVANCED COMMUNICATIONS
2	Did the organization undertake any significant program services during the year which were not listed on
•	the prior Form 990 or 990-EZ?
	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?
_	
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
٠.	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	CONFERENCES & MEETINGS - NATIONAL TELECOMMUNICATIONS COOPERATIVE
•	ASSOCIATION HOLDS A NUMBER OF MEETINGS, BOTH NATIONALLY AND REGIONALLY,
	WHERE EMPLOYEES OF THE MEMBER SYSTEMS AND THE DIRECTORS OF THE SYSTEMS
	SHARE EXPERIENCES, ATTEND TRAINING SEMINARS, HEAR INDUSTRY LEADERS SUCH
•	AS THE FEDERAL COMMUNICATIONS COMMISSION (FCC) AND RURAL UTILITY
	SERVICE (RUS) REPRESENTATIVES, AND DISSEMINATE INFORMATION ON PROGRAMS
	AND NEW TECHNOLOGIES.
'	
٠.	
•	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	PUBLICATIONS - NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION
	SERVES ITS MEMBERS BY CONVEYING ITS MESSAGE AND PROMOTING THE POSITIONS
	AND OBJECTIVES OF SMALL AND RURAL TELEPHONE COMPANIES AND COOPERATIVES
	ACROSS ALL INDUSTRY FRONTS. FOR THIS PURPOSE, IT PUBLISHES A
	BI-MONTHLY INFORMATION MAGAZINE, A WEEKLY REPORT THAT KEEPS MEMBERS
	CURRENT ON INDUSTRY AND LEGISLATIVE ACTIVITIES AND A NEWSLETTER THAT
	KEEPS MEMBERS CURRENT ON TECHNOLOGY ISSUES.
	AMELO THEMSELD CONTINUE OF THEMSELDS.
•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	BUSINESS DEVELOPMENT - MEMBER BUSINESS DEVELOPMENT FEES ARE GENERATED
	FROM ASSIGNING COMMON LANGUAGE LOCATION IDENTIFICATION CODES (CLLI) TO
	MEMBER SYSTEMS. ADDITIONAL BUSINESS DEVELOPMENT FEES ARE DERIVED FROM
	WEBCASTS SHOWCASING NEW TECHNOLOGIES.
	WEBCASIS SHOWCASING NEW TECHNOLOGIES.
	·
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	F 990 (2010)

Form 990 (2010) **ASSOCIATION** 52-0741336 Page 3 Part IV Checklist of Required Schedules Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	Α
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		V_{μ} is	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		42	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			37
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	v
	tocated outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		l	.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠,
•-	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospitals? // "Yes," complete Schedule H	20 a	 	 ^
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	L

Form **990** (2010)

Form 990 (52-07	741336	Pa	age 4
Part IV	Checklist of Required Schedules (continued)				
				Yes	No

				T
24	Did the ownspiration reach some than #5 000 of must and all an all and a second and		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			x
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
~~	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	·		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			L
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	Α
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		BT /	
	Schedule L, Part I	25b	N/	A.
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			X.
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_		Α.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	27		x
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21	7	(%)
	instructions for applicable filing thresholds, conditions, and exceptions):		2 44 1 - 3 - 1	(4
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	1	
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			10
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?]	x	
20	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Δ	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?]]	
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	Ť	 	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	(2010)

_	NATIONAL TELECOMMUNICATIONS COOPERATI					_
	990 (2010) ASSOCIATION		52-0741	1336	' P	age 5
Par						
	Check if Schedule O contains a response to any question in this Part V					للا
		1	0.1	- la - 16 2 2 2 2	Yes	No
	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	95	- Calin 12. 12 a		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b)		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re			域数		
	(gambling) winnings to prize winners?			1c	X	7 (9/3)
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return		70			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)		3, 1, 18	MA	強強
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority ov	er, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a		Х
b	If "Yes," enter the name of the foreign country:			12.7	and a	V.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	fala libiwa	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did tr					
	any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts	3			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	**************	N/A	76.1 184.0	7	, "61.41 16
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provid	ad to the pavor?	7a	. ()	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		 -
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
Ŭ	to file Form 8282?			7c		1
Ч	If "Yes," indicate the number of Forms 8282 filed during the year				eallah di f	ELP.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		N-00-0-	7e	ballan de b	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			71	х	
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	A
a h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				N/	_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di			The Later		1
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	3	Linaida
9	Sponsoring organizations maintaining donor advised funds.	any amo our	ing the year:			74 (3.55)
,	Did the organization make any taxable distributions under section 4966?		N/A	9a		178-54675
, a	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 	
10	Section 501(c)(7) organizations. Enter:			N AN		The Walle
		10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations, Enter:	100	<u></u>			
		11a				
a		I la				
IJ	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.)	11b 10412		175		7
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 . 1		12a	-26 G	U et det
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N7 / 7A		ACH	1250円
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a	() ()	10.641.90
	Note. See the instructions for additional information the organization must report on Schedule O.			1 基本		
Đ	Enter the amount of reserves the organization is required to maintain by the states in which the	126		な性では	de Jester	

Form **990** (2010)

14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2010) ASSOCIATION

52-0741336

Page 6

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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					<u>LX.</u>				
<u>Sec</u>	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		(3)					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		. (2)					
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 th	e dire	t supervision							
	of officers, directors or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X				
6	Does the organization have members or stockholders?			6	Х					
7a	Does the organization have members, stockholders, or other persons who may elect one or more me									
	governing body?			7a	X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken			- /:	1.	, ₍₁)				
	by the following:	·	•	1		$X_{i} \in \mathcal{X}_{i}$				
а	The governing body?			8a	X	tooliu e tess 1				
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R									
					Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?			10a		X				
	If "Yes," does the organization have written policies and procedures governing the activities of such									
	and the materials and the state of the state			10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi			11a		X				
b			••••••	-		7.7				
12a										
b	Are officers, directors or trustees, and key employees required to disclose annually interests that con			12a						
	to conflicts?	g		12b	X	ł				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes."	describe			<u> </u>				
	in Schedule O how this is done			12c	X					
13	Does the organization have a written whistleblower policy?			13	Х					
14	Does the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approve				٠,					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					.]				
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	Х	<u> </u>				
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				, j. i.	<i>4</i> .				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a							
	taxable entity during the year?			16a		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva					7				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org		• •							
	exempt status with respect to such arrangements?			16b		. by savatny				
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (501	(c)(3)s only) available	e for		·· · · · · · · · · · · · · · · · · · ·				
	public inspection. Indicate how you make these available. Check all that apply.		. , . , , ,	•						
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest policy.	and fina	ancial					
-	statements available to the public.			(
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	cords of the organiz	ation:	▶					
	MICHAEL SMITH, DIRECTOR OF FINANCE - 703-351-2000		 							
	4121 WILSON BOULEVARD, 10TH FLOOR, ARLINGTON, VA	222	203							
	, , , , , , , , , , , , , , , , , , , ,				000	(0040)				

Page 7

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	orga	IIIZZ			nper	isai	(D)	(E)	(F)
Name and Title	Average			(C) Position				Reportable	Reportable	Estimated
	hours per	(cl		(all that apply)			ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule	ustae or director	Institutional trustee	Officer	loyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	O)	를	Ξ,	£	ag.	ぎ	Œ			
HARRY THOMAS PRESIDENT	5.00	X	٠,	х				13,996.	0.	. 0.
SANDY VANDEVENDER					늘	\vdash				
VICE PRESIDENT	5.00	\mathbf{x}		x	1			6,644.	O.	0.
TERRY FORCE			,							
SECRETARY-TREASURER	5.00	X		X	,			6,593.	0.	0.
ALLEN RUSS									_	
DIRECTOR	5.00	X		<u> </u>	_			6,644.	0.	. 0.
JAMES M. DAUBY DIRECTOR	5.00	x						6,583.	0.	0.
DAVID J. HERON	3.00	<u> </u>	ļ·	 —		ļ	 -		0.	
DIRECTOR	5.00	x	١.		١,			6,500.	0.	0.
GREGORY A. HALE		<u> </u>		·		ļ		0,5001		
DIRECTOR	5.00	X		ļ		J		6,577.	0.	0.
DONALD D. MILLER	, ,			Г	Ι.	Π				
DIRECTOR	5.00	X		<u></u>	<u> </u>	Ŀ		7,121.	0.	0.
WILLIAM ROHDE	- AA								,	
DIRECTOR	5.00	X	·		<u> </u>	<u> </u>	ļ	6,617.	0.	0.
MITCHELL A. MOORE DIRECTOR	5.00	x		١.				6,593.	0.	0.
KEVIN HRANICKA	3.00	^	-	ļ		├	-	0,353.	0.	·
DIRECTOR	5.00	X				١.	ĺ	6,617.	0.	0.
LOREN DUERKSEN	T	 	· -	 	┢	1	┢╌			· · · · · · · · · · · · · · · · · · ·
DIRECTOR	5.00	x]	6,593.	0.	0.
MICHAEL E. BRUNNER	T .									
FORMER CEO (THROUGH 6/30/10)	40.00			X		:		836,693.	0.	67,771.
SHIRLEY BLOOMFIELD				T :					,	
CEO (BEGINNING 7/1/10)	40.00		Ľ	X	_	乚	L	247,500.	0.	40,216.
LISA I WANGLER	10.00	1		<u> </u>						
CHIEF FINANCIAL OFFICER	40.00	╁┈	-	X	-	 	_	280,892.	0.	68,432
MICHAEL RAMANO. SR. VP-POLICY	40.00		١.	,		x		100,659.	0.	17,735.
THOMAS D. WACKER	40.00	\vdash	\vdash	\vdash	\vdash	^	 	100,039.	· · ·	11,133.
VP-GOVERNMENT AFFAIRS	40.00			Ι,	'	x		171,898.	0.	59,268
		Щ.		_	1	1	Ь			

032007 12-21-10

Form 990 (2010)

er	(ch	i	(C Posi all t	tion hat		у)	Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		Estin amou otl compe from organi and re organi	nated unt of her insation in the lization elated zations
oe or d ions lule	ladividual trustee or director	institutional trustes	Officer	Key smployee	х	Former	the organization (W-2/1099-MISC) 158,199.	organizations (W-2/1099-MISC		compe from organi and re organi	nsation n the ization elated zations
					х				ο.	50	. 751
									<u> </u>	20	. / つ・
00					х						, , , , , ,
-							153,200.		0.	38	,036.
									_		
		_					•			<u></u>	
	ĺ										
	_										
									_		
		<u>.</u>					2,036,119.	· · · · · · · · · · · · · · · · · · ·	0.	342	,209.
1 A							0.		0.		0.
<u>.</u> .			<u></u>		>		2,036,119.		0.	342	,209.
to the	ose	liste	ed al	OOV	e) wł	o re	eceived more than \$100	,000 in reportable	:		7
							ighest compensated er			Ŷ	es No
ortable	e co	mp	ensa	itior	and	l oti	ner compensation from	the organization	1	inim	X X
mpen	ısati	ion 1	rom	any	uni	elat	ed organization or indiv	idual for services			X
									nens	ation fro	om ·
JG 111G		,,,,,,,					THE TOO STOOT THOSE WILL	+100j000 0j 00			
						Ì	(B) Description of s	services	C		
	88	30:	1				MANAGEMENT S	ERVICES		314	,700.
						_					
but n	ot li	mite	d to	tho	se li	stec	l above) who received n	nore than		7. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					1			<u>.</u>		V	4. 1940 00 0010
	ortable "Yes, mper medule ed inc	ortable con "Yes," co mpensation and independent of the control of	ortable comp "Yes," comple mpensation to ledule J for si ed independe ON C 2880:	ortable compensatives," complete some sation from sedule J for such and independent compensation from C 28801	ortable compensation "Yes," complete Sche impensation from any iedule J for such pers ed independent conti	ortable compensation and "Yes," complete Scheduk mpensation from any unredule J for such person and independent contractors. ON C 28801	ortable compensation and oth "Yes," complete Schedule J for mpensation from any unrelatedule J for such person	presentable compensation and other compensation from "Yes," complete Schedule J for such individual mpensation from any unrelated organization or individual sedule J for such person ded independent contractors that received more than Description of set of the Description of the Description of set of the Description of	but not limited to those listed above) who received more than	"Yes," complete Schedule J for such individual Impensation from any unrelated organization or individual for services Indule J for such person and independent contractors that received more than \$100,000 of compens (B) Description of services ON C 28801 MANAGEMENT SERVICES but not limited to those listed above) who received more than	but not limited to those listed above) who received more than

Form 9			IATION				52-0741	336 Page 9
Part	VIII	Statement of Reven	nue					
		等。后,这种性别的 有			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
			1a					
52		Membership dues					. ·	
<u> </u>		Fundraising events					*	
9 E	d e	Related organizations						
	-	All other contributions, gifts, grant					(* 95	
the second	•	similar amounts not included above		90,585.			; 	**************************************
and other si	g	Noncash contributions included in lines	1a-1f: \$			Res. O. Sect. 1.15	Mary Comments	
3 8	h	Total. Add lines 1a-1f			90,585.		Constant of the constant of th	***
ł				Business Code			alah di kilik kansaiko besas - ou	rode and had to the sand of
Program Service Revenue	2 a	MEMBERSHIP DUES		900099	4489537.	4489537.	2 025	
	b	CONFERENCES & M MEMBER SERVICES		900099 541800	4011445. 1772431.	4007520. 1387667.	3,925. 384,764.	
E S		ADMIN & MGT FEE		561000	1665699.	1307007.	1,665,699.	
	e	BUSINESS DEVELO		900099	99,125.	77,125.	22,000.	
£	ť	All other program service reve		561300	27,870.		27,870.	
	g	Total. Add lines 2a-2f			12,066,107.	Sagar Branch		
	3	Investment income (including						
Ì		other similar amounts)			642,477.			642,477.
- 1	4	Income from investment of tax			11 500	·		11,500.
	5	Royalties			11,500.	indu ustrual Sauktile Turnisch		11,500.
	R a	Gross Rents	(i) Real 365982.	(ii) Personal				
		Less: rental expenses	365982.		A POST MARK THE A			
•		Rental income or (loss)	0.					
	d	Net rental income or (loss) ,.			0.	e for more thought the property of is her to the tenth		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		get realized by the second		
-		assets other than inventory	942881.				V.	
	b	Less: cost or other basis	014061		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	_	and sales expenses	814061. 128820.		1.			;
ĺ		Gain or (loss)		<u> </u>	128,820.		Hilliam Hilliam	128,820.
		Gross income from fundraising				. 144 6 2004 PA	wish i Daite	An Line
3		including \$	of					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Še.		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a					
됩		Less: direct expenses						i i i i i i i i i i i i i i i i i i i
		Net income or (loss) from fund	-	>	Francisco Francisco			1.5. 1.5.
	yа	Gross income from gaming ac Part IV, line 19						aller and and a
	h	Less: direct expenses						
Į.		Net income or (loss) from garr			المنافض	l militaria e sua desta è tredicitati ti, i	Maria da de la distribuir di Sala de la	Nag' L. Blacker in the S
1		Gross sales of inventory, less						PENNSTRA
		and allowances	a					
Ī		Less: cost of goods sold		L				
-	С	Net income or (loss) from sale			Last at a flow assistance and access as	a data di tamban di Awar Birbarda.	U.E.1199 1. (A1.1)	Constant to a Constant to Provide the
-	1.4	Miscellaneous Revenu OTHER REVENUE	<u> </u>	Business Code 900099	96,214.		The second secon	96,214.
1	l1a b		***************************************	300033	30,214.		<u> </u>	30,214.
1	C				 	 		-
1	d	All other revenue			 			
	е	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·		96,214.	Topical programme in the		
	2	Total revenue. See instructions.	<u></u>	<u></u>	13,035,703	9961849.	2,104,258.	
032009 12-21-10	0					-		Form 990 (2010

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must con	nplete column (A) but are	not required to comple	te columns (B), (C), and (E)).
clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			allegical Daores and	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				Br. Ang
3	Grants and other assistance to governments,			第一直领导工工工工	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				j
4	Benefits paid to or for members			A Company of the Company	3, pa 100
5	Compensation of current officers, directors,			40	
_	trustees, and key employees	1,541,504.		·	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	'	1		
7	Other salaries and wages	4,266,090.			
8	Pension plan contributions (include section 401(k)	1,200,030			
U	and section 403(b) employer contributions)	871,364.		ļ	}
		667,217.			
9	Other employee benefits	366,339.			
10	Payroll taxes	300,333.			
11	Fees for services (non-employees):	314,700.			,
a	Management				
	Legal	15,167.			
Ç	Accounting	32,460.			
d	Lobbying		# * V L. ' 4 ! 2 *		
6	Professional fundraising services. See Part IV, line 17		表: "10 · 罗·加索公 是出作。"1946	iche groß,	
f	Investment management fees	11,064.			<u> </u>
g	Other	75,733.			
12	Advertising and promotion				
13	Office expenses	143,717.			
14	Information technology	29,958.			
15	Royalties				
16	Occupancy	1,168,270.			
17	Travel	245,162.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			L	
19	Conferences, conventions, and meetings	1,388,445.			
20	Interest				
21	Payments to affiliates	40,000.			
22	Depreciation, depletion, and amortization	147,773.			
23	Insurance	70,253.			
24	Other expenses. Itemize expenses not covered			Charles de la Caración de Cara	State of the way
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O.)				
а	MEMBER SERVICES	916,392.	1. 2.000		
b	MISCELLANEOUS EXPENSES	355,131.			
C	BOARD OF DIRECTORS	284,764.			
d	MARKETING & PUBLIC RELA	120,181.			
e	UBI TAXES	81,190.			
1	All other expenses	35,917.			
25	Total functional expenses. Add lines 1 through 24f	13,188,791.			
26	Joint costs. Check here if following SOP				
	98-2 (ASC 958-720). Complete this line only if the				
,	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
03201	0 12-21-10				Form 990 (2010)

ASSOCIATION

			(A) Beginning of year		(B) End of year
т			1,145,217.		533,436.
-1	1	Cash - non-interest-bearing	1,145,211.	1	555,450.
-	2	Savings and temporary cash investments		2	
١	3	Pledges and grants receivable, net	202 666	3	204 700
-	4	Accounts receivable, net	303,655.	4	324,709
ı	5	Receivables from current and former officers, directors, trustees, key	A PROPERTY OF THE PARTY OF THE	4.0-	
١		employees, and highest compensated employees. Complete Part II	A The Control of the		<u></u>
1		of Schedule L		5	
١	6	Receivables from other disqualified persons (as defined under section		.	
1		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ı		employers and sponsoring organizations of section 501(c)(9) voluntary	American to the comment		
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
!	8	Inventories for sale or use		8	0.14
-)	9	Prepaid expenses and deferred charges	276,140.	9	241,398
	10a	Land, buildings, and equipment: cost or other		4.4	
- 1		basis. Complete Part VI of Schedule D 10a 2,454,994.			
	b	Less: accumulated depreciation 10b 1,716,791.	851,752.		738,203
	11	Investments - publicly traded securities	17,472,773.	11	18,036,629
1	12	Investments - other securities. See Part IV, line 11	E4 n = 0.0	12	4.64 0.00
- 1	13	Investments - program-related. See Part IV, line 11	513,728.	13	461,300
-	14	Intangible assets		14	0 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
ı	15	Other assets. See Part IV, line 11	2,513,393.	15	2,740,679
	16	Total assets. Add lines 1 through 15 (must equal line 34)	23,076,658.	16	23,076,354
	17	Accounts payable and accrued expenses	422,153.	17	344,527
	18	Grants payable		18	0.486.400
1	19	Deferred revenue	3,427,894.	19	3,156,100
	20	Tax-exempt bond liabilities		20	
3 [21	Escrow or custodial account liability. Complete Part IV of Schedule D	20 x 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21	
Canilla	22	Payables to current and former officers, directors, trustees, key employees,		100	
ġ		highest compensated employees, and disqualified persons. Complete Part II		Ä.	
1	ĺ	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	0 655 506
	25	Other liabilities. Complete Part X of Schedule D	2,891,023.	25	2,655,526
	26	Total liabilities. Add lines 17 through 25	6,741,070.	26	6,156,153
		Organizations that follow SFAS 117, check here			
ß		lines 27 through 29, and lines 33 and 34.		高兴	16,682,931
ğ	27	Unrestricted net assets	16,128,138.	27	10,084,931
ă	28	Temporarily restricted net assets	207,450.	+	237,270
2	29	Permanently restricted net assets		29	1,5
ב ב	ĺ	Organizations that do not follow SFAS 117, check here and		精粹	杨雄和沙林 2.4%
ğ		complete lines 30 through 34.	Ballet of Laboratory (Thirty of Laboratory of Laboratory)		
nel Assets of Fulla Salatives	30	Capital stock or trust principal, or current funds		30	
Ĭ.	31	Pald-in or capital surplus, or land, building, or equipment fund		31	
ie l	32	Retained earnings, endowment, accumulated income, or other funds	16 335 533	32	16 000 001
-	33	Total net assets or fund balances	16,335,588.		16,920,201
	34	Total liabilities and net assets/fund balances	23,076,658.	34	23,076,354 Form 990 (2010

Pa	t XI Reconciliation of Net Assets	<u> </u>			×
	Check if Schedule O contains a response to any question in this Part XI				X
	Tatal springer of spring Dock (40 and respect to 10)	. (13,0	25 7	u a
1	Total revenue (must equal Part VIII, column (A), line 12)	-1	13,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3		53,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,3		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		37,7	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,9	20,2	01.
Pa	rt XIII Financial Statements and Reporting			•	
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1	4.4	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	954		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X
b				X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		·····		
_	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
			(2)	1	1
ч	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	u on a	建 设		
	separate basis, consolidated basis, or both:				Ì
	Separate basis		**********		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		[1	
	Act and OMB Circular A-133?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit	1		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			Fon	n 990	(2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

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

If the organization answered "Yes," to		Tax), or Form 990-E	Z, Part V, line 35a (Proxy 1	Tax), then
ASSOCIA	L TELECOMMUNICATI TION			oyer identification number 52-0741336
Part I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527 o	rganization.
Provide a description of the organiz Political expenditures Volunteer hours			≻ \$	
Part I-B Complete if the org	ganization is exempt unde	r section 501(c)	(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	š <u></u> ▶\$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a Was a correction made?	***************************************	,,,		Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the or			<u> </u>	
1 Enter the amount directly expende		· ·		
2 Enter the amount of the filing organ				
exempt function activities	A.1.0			
3 Total exempt function expenditure:			•	
line 17b	4400 001 4412			Yes No
4 Did the filing organization file Form	1120-POL for this year?			Li Yes Li No
5 Enter the names, addresses and en made payments. For each organiza				
contributions received that were pr				
political action committee (PAC). If				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(0)/200000	(0) 2.114	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	1			
,				
For Paperwork Reduction Act Notice,	see the Instructions for Form 99	00 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

Schedule C (Form 990 or 990 EZ) 2010 Part II-A Complete if the org	ASSOCIATIO	N	m E01/0\/2\ omd fi	52-0	741336 Page 2
(election under sec		npt under sectio	n sor(c)(s) and n	ieu romi 5/66	
	ition belongs to an affi	listed group			
	ition checked box A ar		visions anniv		
Limi	ts on Lobbying Expe ditures" means amou	ndītures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)		<u> </u>	
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add l	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and 1c	1)			
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:	44	· 中華漢字 计编数符
Not over \$500,000		the amount on line 1e.			A Designation of the second
Over \$500,000 but not over \$1,00	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.	The state of the s	
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		19.00 A. A. A. A. C. C.
Over \$17,000,000	\$1,000,	000.			
-			·		
g Grassroots nontaxable amount (er	•	••••••			
h Subtract line 1g from line 1a. If zer	· · · · · · · · · · · · · · · · · · ·	•••••••••			
I Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze				r	
reporting section 4911 tax for this				L	Yes No_
(Como armoni:		eraging Period Under	• •	plate all of the five	-
	zations that made a s olumns below. See th	• •		•	
		nditures During 4-Ye		ugo 11/	
	Loopying Exper	indical Editing 4-10	Averaging remod		1
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

52-0741336 Page 3

Schedule C (Form 990 or 990-EZ) 2010 ASSOCIATION 52-074133

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(8	1)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or	1777 W 1046	243	
	local legislation, including any attempt to influence public opinion on a legislative matter			ng Kanalina
	or referendum, through the use of:	40	ile of a side of a second	the faithers
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			· 建铁 克 (4) (4)
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
i	Total. Add lines 1c through 1i	大道法司基		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			12 (13)
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1,11
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	
	501(c)(6).	• •		
			-	Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		•••••	X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			X
	t III-B Complete if the organization is exempt under section 501(c)(4), sect			ection
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 ar			
	"Yes."	•		
1	Dues, assessments and similar amounts from members		1 1	4,489,537.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli			
	expenses for which the section 527(f) tax was paid).	•••	1 100 1 1 1 1 1 1 1 1	
а	Current year		2a	973,194.
	Carryover from last year			
c				973,194.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			942,803.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e			
*	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			
	expenditure next year?	i homoai	1 A	30,391.
	* *************************************		······	30,331.
	Taxable amount of lobbying and political expenditures (see instructions)		<u>.</u>	
	Supplemental Information	1.0% . 41.0%		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and Part II-B	, line 1i. Als	o, complete this part
for a	ny additional information.			
_	<u> </u>			
				- -
	,			-
			k	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047
2010
Open to Public

Open to Public

Name of the organization NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number 52-0741336

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iln		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		Yes No
Pai	t II . Conservation Easements. Complete if the on	ganization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certifi	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year,		
	÷		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		re
	listed in the National Register	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	ne organization's accounting for
Dai	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Transvers on Ot	hau Circilau Appata
1 0	Complete if the organization answered "Yes" to Form		ner Similar Assets.
Ia	If the organization elected, as permitted under SFAS 116 (As	•	
	historical treasures, or other similar assets held for public ex the text of the footnote to its financial statements that descr		ce of public service, provide, in Part XIV,
h			
U	If the organization elected, as permitted under SFAS 116 (As		
	treasures, or other similar assets held for public exhibition, e relating to these items:	ducation, or research in turtherance of pub	lic service, provide the following amounts
	-		.
	(i) Revenues included in Form 990, Part VIII, line 1		\$
2		aguiron or other cimilar agesta for financial	
~	If the organization received or held works of art, historical tree		gain, provide
a	the following amounts required to be reported under SFAS 1		▶ ¢
	Revenues included in Form 990, Part VIII, line 1		
J	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Sched	dule D (Form 990) 2010 ASSOCIA	TION	0112 0112 2	0110 0001 111			52-07	41336	Pa	ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Treasures, o	or Other	Simila	r Asse	s (conti	nued)	
	Using the organization's acquisition, accessi-									 }
	(check all that apply):									
а	Public exhibition	. q	Loan o	or exchange progra	ıms					
b	Scholarly research	е	· Cther							
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fur	ther the organizati	on's exem	pt purpo	se in Parl	XIV.		
	During the year, did the organization solicit o									_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organizatio	n's collection?			<u>_</u>	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the orga	nization answered	"Yes" to F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contri	butions or other as	sets not ir	ncluded		-		
	on Form 990, Part X?	*************					L_	Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIV								-	
								Amount	<u> </u>	
C	Beginning balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********			1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance	*************	***************************************			1f				
2 a	Did the organization include an amount on F	orm 990, Part X, line	21?				ــــ	Yes	L	No
	If "Yes," explain the arrangement in Part XIV			·· ·					P	
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes"							
		(a) Current year	(b) Prior ye	ear (c) Two yea	rs back (c	d) Three y	ears back			
	Beginning of year balance		<u> </u>				-			
b	Contributions								112	
С	Net investment earnings, gains, and losses							1.4 19 19	1000	
đ	Grants or scholarships						·			1 1 1
е	Other expenditures for facilities									
	and programs						·		1	
ſ	Administrative expenses					. n.	· · · · · ·	* * * * * * * * * * * * * * * * * * * *	· · · ·	
g	End of year balance						142 (* -)	217, 34		
2	Provide the estimated percentage of the year		as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
		<u></u> %								
3 a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held and administe	ered for th	e organi	zation	ı		
	by:							2 70	Yes	No
	(i) unrelated organizations	••••••				•••••	•••••	. 3a(i)		
	(II) related organizations	************************						. 3a(ii)		
	If "Yes" to 3a(ii), are the related organization						••••••	. 3b	1	
Day	Describe in Part XIV the intended uses of the								•	
rai	rt VI Land, Buildings, and Equipm				7			400	la condes	
	Description of investment	(a) Cost or o basis (investi) Cost or other basis (other)		cumulate reciation		(d) Boo	k valu	е
40	Land		nicity	Dadio (Otrici)	8 5 V V S					
	Land				(* / Page -)		m 27 4 4 5			
	Buildings			510,559.	 	90,0	79-	42	0,4	80.
				,071,276.		62,4			$\frac{3, \frac{3}{8}}{8, 8}$	
	Equipment Other			873,159.		64,2			8,8	
	Other		X. column /B							03.
	in the interest of the state of	anguarde or correct of the correct o	, 00.01111110	,,		******				

Schedule D (Form 990) 2010

ASSOCTATION

Part VII Investments - Other Securities. Se	e Form 990, Part X, lir		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B) · ·			
(C)			
(D)			
(E)		•	
(F)			
(G)		-	
(H)			
()			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		等: 12 人名英格兰 (1) · · · · · · · · · · · · · · · · · · ·	
Part VIII Investments - Program Related. Se	ee Form 990, Part X, I	ine 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
(10)	<u> </u>		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
	Description		(b) Book value
(1) INVESTMENT IN DEFERRED CO	MP PROGRAM		1,917,872.
(2) DEATH BENEFIT RECEIVABLE			822,307.
(3) DUE FROM BENEFIT PLANS OF	NATIONAL	TELECOMMUNICATIONS	
(4) ASSOCIATION			500.
(5)			
(6)			
(7)			
(8)			
(9)	······································		
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)		2,740,679.
	line 25.		
Part X Other Liabilities. See Form 990, Part X,	line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability	line 25.	(b) Amount	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes		(b) Amount	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT			
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION	!	(b) Amount 45,809.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIAB	r AB ~		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIA (5) NATIONAL TELECOMMUNICATION	r AB ~	45,809.	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIA (5) NATIONAL TELECOMMUNICATION (6) EMPLOYEES	AB ~ ONS ASSOC		
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIAM (5) NATIONAL TELECOMMUNICATION (6) EMPLOYEES (7) SUPPLEMENTAL ACCRUED RETIONAL TELECOMMUNICATION SUPPLEMENTAL ACCRUED RETIONAL SUPPLEMENTAL ACCRUED RETIONAL SUPPLEMENTAL SUPP	AB ~ ONS ASSOC	1,917,871.	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIA (5) NATIONAL TELECOMMUNICATIO (6) EMPLOYEES (7) SUPPLEMENTAL ACCRUED RETI (8) BENEFIT	PAB DNS ASSOC	45,809.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIAM (5) NATIONAL TELECOMMUNICATION (6) EMPLOYEES (7) SUPPLEMENTAL ACCRUED RETION (8) BENEFIT (9) DUE TO FOUNDATION FOR RUE	PAB DNS ASSOC	45,809. 1,917,871. 56,909.	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIA (5) NATIONAL TELECOMMUNICATIO (6) EMPLOYEES (7) SUPPLEMENTAL ACCRUED RETI (8) BENEFIT (9) DUE TO FOUNDATION FOR RUF (10) SERVICE	PAB DNS ASSOC	1,917,871.	
Part X Other Liabilities. See Form 990, Part X, 1. (a) Description of liability (1) Federal income taxes (2) DUE TO SERVICE MANAGEMENT (3) CORPORATION (4) DEFERRED COMP PROGRAM LIAM (5) NATIONAL TELECOMMUNICATION (6) EMPLOYEES (7) SUPPLEMENTAL ACCRUED RETION (8) BENEFIT (9) DUE TO FOUNDATION FOR RUE	PAB DNS ASSOC REMENT	45,809. 1,917,871. 56,909. 16,618.	

	dule D (Form 990) 2010 ASSOCIATION			52-0741336 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial State	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments	***************************************	7	
8	Other (Describe in Part XIV.)		8	•
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10	
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per F	Return
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:			
а	Net unrealized gains on investments			
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1	**************		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			(物形)
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b	·		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	***************************************		5
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme			r Return
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:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
C	Other losses	2c		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		.,	4c
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5
-	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III			
X, in	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	lete this part to pr	rovide any ad	iditional information.
PAI	RT X, LINE 2: NATIONAL TELECOMMUNICATIONS O	COOPERATI	VE ASSU	CLATION
/ NT	CCA) AND ITS AFFILIATES ADOPTED THE INCOME	may omanı	אבו ממגמ	OD INICIDUM TAT
7.14.	CCA/ AND IIS AFFILIATES ADDPTED THE INCOME	TAX STAN	DARD FO	OR UNCERTAIN
מים ז	POSITIONS ON JANUARY 1, 2009. NTCA AND IT	O ADDTTT	7.00 to 10.00 To 10.00	TATTIAMETO MILETO
4,712	TODITIONS ON CANCART I, 2003. NICA AND IT	S ALLILIT	ATES EV	VALUATED THEIR
TAX	Y POSITIONS AND DETERMINED THAT THEIR TAX I	POSITIONS	ARE	
MOI	RE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAM	NATION.	THE T	AX RETURNS ARE
SUI	BJECT TO REVIEW AND EXAMINATION BY FEDERAL,	STATE,	AND LOC	CAL
<u>AU'</u>	PHORITIES. THE TAX RETURNS FOR THE YEARS 20	007 TO 20	09 ARE	OPEN FOR
EXZ	AMINATION BY FEDERAL, STATE, AND LOCAL AUTH	IORITIES.		
03205				Schedule D (Form 990) 2010

		11001 0	ee Form 990, Part X, lin	\$ 20 .	
			(a) Descrip	tion of liability	(b) Amount
DEFERRED	LEASE	AND	IMPROVEMENT	ALLOWANCE	618,3
					·

			· · · · · · · · · · · · · · · · · · ·		
	_				
	_				
					
		·			
			_		
		~			
	_				
			,		
****	_				
	· · · · · · · · · · · · · · · · · · ·				•
	·· ·				
					
					
					
2451 -01-10					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL TELECOMMUNICATIONS COOPERATIVE

ASSOCIATION

Employer identification number 52-0741336

Pa	rt 🐼 Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	ing.		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1		
	First-class or charter travel Housing allowance or residence for personal use	ija.		
	Travel for companions Payments for business use of personal residence		2017 Te	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	7		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			建製料
		10 mg 1 mg	erd o	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	- *: 5 		7
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
				ŢŸ.,
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			400
	CEO/Executive Director, Check all that apply,	3 · 1		THE P
	Compensation committee X Written employment contract	1		
	Independent compensation consultant X Compensation survey or study			# 41
	Form 990 of other organizations X Approval by the board or compensation committee	entra de la composition della	(
		1	3	11.5
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
,	organization or a related organization:	Mr.		
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	(X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	40		X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	S. M.		7
	, , , , , , , , , , , , , , , , , , ,	7	49 (⁰ 1	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	[4]	4.7	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	tog	fer 1	4.7.
	contingent on the revenues of:	i i i	in	
а	The organization?	5a]
	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.	dia.		1 14
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	2.13		
	contingent on the net earnings of:		集計	
а	The organization?	6a		' '
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III,		15.7°	1h
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1	T. S. Alli.	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
•	Regulations section 53.4958-6(c)?	9	1	
	10900010 0001010000[0]1	<u> </u>		

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

Schedule J (Form 990) 2010

ASSOCIATION

Ratil officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

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

Note. The sum of columns (B)(f)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

					,			_
	(B)	(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	8	(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(a)-(i)(a)	reported in prior Form 990 or Form 990-EZ
	-	-			- 1			
	(0)	799,142.	37,551.	0.	50,710.	17,061.	904,464.	827,634.
MICHAEL E. BRUNNER	• .	0			•	·		0
		225,000.	22,500.		21,56	18,65	287,716.	0
2 SHIRLEY BLOOMFIELD		• 0	' 1	,			- 1	- 1
	(1)	261,400.	19,492.		53,270.	15,16	349,324.	348,932.
3 LISA I WANGLER		0					- Ł	1.
	(1)	168,398.	3,500		29,49	29,77	231,166.	235,812.
4 THOMAS D. WACKER	Ŀ	0	1 1					I
	8	148,699.	9,500.		26,171.	24,580.	208,950	221,369.
5 BARBARA W. RITTER	<u>_</u>	0	0	0	0	0		0
	Ŀ	145,200.	8,000.	0	25,555.	12,481.	191,236.	190,952.
6 LORI FISCHETTI	Ŀ		0	0	0	0	0	0
	 E							
	18							
•								
	ε							
ō								
	ε							
10					-			
	€							
							,	
	ε			,				
	E							
	8	-					•	
	8							
	(II)	,						
	(1)							
<u>5</u>	€							
	Θ							
16								
			,	4			Scheduk	Schedule J (Form 990) 2010

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Page 3 52-0741336 Schedule J (Form 990) 2010
Part III | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. PART I, LINE 4B: MICHAEL B. BRUNNER - DEFERRED COMPENSATION OF \$29,150 - DEFERRED COMPENSATION OF \$10,150 LISA I. WANGLER Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2010

** Open to Public ...
Inspection

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE

Employer identification number 52-0741336

ASSOCIATION	52-0741336
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	ISSION:
SERVICES.	
	·
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
INFRASTRUCTURE AND SERVICES.	
FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION IS	S COMPRISED OF
COOPERATIVE AND COMMERCIAL RURAL TELEPHONE COMPANIES AND	O RELATED ASSOCIATE
SERVICE PROVIDERS.	
FORM 990, PART VI, SECTION A, LINE 7A: EACH VOTING OFFICE	CER IS ELECTED BY
MEMBERS WITHIN THEIR REGION.	
· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART VI, SECTION A, LINE 7B: CHANGES IN ORGAN	IZATION BY-LAWS
REQUIRE A MEMBER VOTE.	
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD DOES NO	OT REVIEW THE 990
PRIOR TO FILING. THE 990 IS REVIEWED BY THE CHIEF EXECU	TIVE OFFICER, CHIEF
FINANCIAL OFFICER, AND DIRECTOR OF FINANCE PRIOR TO FILE	ING.
FORM 990, PART VI, SECTION B, LINE 12C: THE ASSOCIATION	'S CONFLICT OF
INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND OFFICE	RS. WHEN A PERSON
BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT, THEY	DISCLOSE ALL
RELEVANT INFORMATION TO THE BOARD CHAIR OR VICE CHAIR,	REMOVE THEMSELVES
FROM ALL DISCUSSIONS OF THE MATTER, AND REMOVE THEMSELV	ES FROM ALL VOTES ON
THE MATTER. THE BOARD MAY VOTE TO ENTER THE TRANSACTION	N IF IT DETERMINES
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sc 032211 01-24-11	hedule O (Form 990 or 990-EZ) (2010)

Name of the organization NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number 52-0741336

THAT THE TRANSACTION IS IN THE ASSOCIATION'S BEST INTEREST. ALL RELEVANT INFORMATION IS DOCUMENTED IN THE MEETING MINUTES. IF A PERSON VIOLATES THE ASSOCIATION'S CONFLICT OF INTEREST POLICY, THEY INFORM THE PRESIDENT OF THE BOARD AND THE ASSOCIATION'S GENERAL COUNSEL, WHO TAKE APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT THAT DOES A COMPARISON OF LIKE POSITIONS IN THE AREA AND PRESENTS THE STUDY TO THE NTCA BOARD FOR APPROVAL. OTHER OFFICERS' AND KEY EMPLOYEES' COMPENSATION IS REVIEWED BY A COMPENSATION CONSULTANT EVERY FIVE YEARS. CHANGES IN COMPENSATION ARE PRESENTED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. THIS PROCESS WAS LAST CONDUCTED IN 2010 FOR THE CEO, HOWEVER, OTHER OFFICERS' AND KEY EMPLOYEES' COMPENSATION WAS REVIEWED INTERNALLY BY THE ORGANIZATION IN 2010.

FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

737,701.

FORM 990, PART XII, LINE 2C

THE OVERSIGHT PROCESS OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

NATIONAL TELECOMMUNICATIONS COOPERATIVE

2010 Open to Public inspection

OMB No. 1545-0047

Employer Identification number 52-0741336

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity		foreign country)			entity
		-			
		1			

| Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)	(a)	(0)	(p)	(e)	£	(a)	
Name, address, and EIN of related ornanization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 572(5)(13) controlled entity?	2(5)(13) Iled 7
				501(c)(3))		Yes	ş
POUNDATION FOR RURAL SERVICE - 52-1889647	PROMOTE, EDUCATE AND		٠				
4121 WILSON BLVD.	ADVANCE RURAL			LINE 11C,			
ARLINGTON, VA 22203	TELECOMMUNICATIONS	VIRGINIA	501(C)(3)	III-FI	N/A		×
TELEPHONE EDUCATION COMMITTEE ORGANIZATION -							
52-1674218, 4121 WILSON BLVD., ARLINGTON, VA VOLUNTARY,	VOLUNTARY, NON-PARTISAN,						
22203	POLITICAL ACTION COMMITTEE	VIRGINIA	527		N/A		×
GROUP HEALTH PROGRAM - 52-1043923							
4121 WILSON BLVD,		•					
ARLINGTON, VA 22203	HEALTH & WELFARE BENEFITS	VIRGINIA	501(C)(9)		N/A		×
NATIONAL TELECOMMUNICATIONS ASSOC REGIONAL							
RETIREE MEDICAL FUNDING TRUST I -, 4121		A4-43					
WILSON BLVD., ARLINGTON, VA 22203	POST RETIREMENT BENEFITS	VIRGINIA	501(C)(9)		N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2010	Form 990) 2010

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Schedule R (Form 990) ASSOCIATION

Related Tax-Exempt Organizations

		17)	47	(6)	€	3	
(a) Name address and EIN	(u) Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section \$12(b)(13)	(b)(13)
of related organization		foreign country)	section	status (if section	entthy.	Ħ.	on?
				501(c)(3))	-	Yes	ş
"					,	· ·	
AL FUNDING TRUST II , 4121	•						;
	POST RETIREMENT BENEFITS	VIRGINIA	501(c)(9)		N/A		×
\sim 1			:				·
52-155880, 4121 WILSON							1
	DEFINED BENEFIT PLAN	VIRGINIA	501(C)(9)		N/A		×
NATIONAL TELECOMMUNICATIONS ASSOC SAVINGS		• •					
PLAN - 52-1522857, 4121 WILSON BLVD.,							
	DEFINED CONTRIBUTION FLAN	VIRGINIA	501(C)(9)		N/A		
MASTER TRUST FOR DEFERRED COMP PLANS -							
56-6678513, 4121 WILSON BLVD., ARLINGTON, VA							
22203	DEFERRED COMPENSATION	VIRGINIA	501(C)(9)		N/A		×
							: .
		•.					-
		1					
		ţ				 : 	
						:	
				:.			
			•			· ;	
			•			• • • • • • • • • • • • • • • • • • • •	.:
							Ì
						. 7 	· ``.
						,	
						; ;	
	,						
					•		
					•	_	
				•			

Page 2

52-0741336

Schedule R (Form 990) 2010 ASSOCIATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership partner? Percentage ownership 100,00% Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ 7,214,429. 6 Share of end-of-year assets Code V-UBI amount in box 20 of Schedule -K-1 (Form 1065) Ø ϵ 14,348,664. Share of total income £ te allocations? Yes No Disproportion- $\hat{\boldsymbol{\epsilon}}$ Type of entity (C corp, S corp, or trust) Share of end-of-year assets Ð G CORP Direct controlling entity Share of total income ন্ত £ N/A Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) VA ত্ <u>e</u> Primary activity BENEFIT PLANS AND (d)
Direct controlling
entity NTCA-SPONSORED <u>a</u> PA FOR Legal
domicile
(state or
foreign Primary activity - 52-1200541 Name, address, and EIN of related organization SERVICES MANAGEMENT CORPORATION Name, address, and EIN of related organization ASHEVILLE, NC 28801 ONE PACK SQUARE 032162 12-21-10 Part IV

Page 3

NATIONAL TELECOMMUNICATIONS COOPERATIVE Schedule R (Form 990) 2010 ASSOCIATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	No
1 During the tax year, did the organization endage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?	7	
a Beceint of (I) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				1a X	
				4	M
All the second contribution from other openization(s)				15	×
		· · · · · · · · · · · · · · · · · · ·		77	X
d Loans or loan guarantees to or tor other organization(s)			***************************************	;	>
e Loans or loan guarantees by other organization(s)			***************************************	<u>а</u>	4
				を記るない。	tut.
Sale of assets to other organization(s)				14	×
: 13				1g	X
				4	×
				#	X
				and .	
i Lease of facilities, equipment, or other assets from other organization(s)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			=	×
k Performance of services or membership or fundraising solicitations for other organization(s)	lzation(s)	***************************************		¥	×
	ization(s)	***************************************		=	×
m Shanno of facilities, equipment, mailing lists, or other assets				-tu	×
s Sharing of naid employees				ŧ	×
		-			1. TATE
Reimhi reement paid to other organization for expenses				ъ Х	
a Deimbureament sold by other presentation for expanses	*****			1p X	
				変しい	The second
. Other transfer of cash or property to other organization(s)				4	×
Other transfer of cash or property from other organization(s)				+	×
2 If the answer to any of the above is "Yes," see the instructions for information on "	who must complete the	nformation on who must complete this line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of deternining amount involved		
(1) SERVICE MANAGEMENT CORPORATION	A	309,677.	FAIR MARKET VALUE	!	
(2) SERVICE MANAGEMENT CORPORATION	Ĉŧ	314,700.FAIR	FAIR MARKET VALUE		
(3) SERVICE MANAGEMENT CORPORATION	0	1,665,699.FAIR	FAIR MARKET VALUE		
(4) FOUNDATION FOR RURAL SERVICE	A	56,305.	FAIR MARKET VALUE		
E.					
127					
(b) 032163 12-21-10	29		Schedule F	Schedule R (Form 990) 2010) 2010

52-0741336

NATIONAL TELECOMMUNICATIONS COOPERATIVE

Schedule R (Form 990) 2010 ASSOCIATION

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

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

(a)	(q)					(E)
Name, address, and EIN of entity	Ē	Legal domicile Are all section (state or foreign organi	Are all partners Share of end-of-section 501(c)(3) year assets	-of- Disproper- tionate S allocations?	Code V-UBI	General or managing
					1 1	Yes No
				• •		
						. •
١.,						• • •
			.;			<i>j</i>
			•	•	•	
		•		· ·		· -
					•	
		• • • • • • • • • • • • • • • • • • • •				
	1			,		
					•	
۱ ۱	_			•	•	7 7 7
				7.5 7.5		· · · · · · · · · · · · · · · · · · ·
						-
			· ·	•		
				•		
	· .		:	·		
				-		
			′			`
		-			,	
				·		-
			-		Schedule R (Form 990) 2010	n 990) 2010

Schedule R	(Form 990) 2010	ASSOCIATION	52-0741336 Page 5
Part VII	(Form 990) 2010 Supplemental Info	rmation	
	Complete this part to pr	ovide additional information for responses to questions on Schedule R (see inst	uctions).
			2010,107.
	<u> </u>		
		•	
			•
•			
		•	
P			
	·		
		•	
	_		
	····	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
		•	
	<u></u>		
		1	
		•	
		· · · · · · · · · · · · · · · · · · ·	
		•	
	-/		

55-5 -6		IRS e-file Signature			OMB No. 1545-1878
₀m 8879-EO │		for an Exempt O	ganization	·	
	For calendar year 2010, or fiscal		, 2010, and ending	_ ,20	2010
epartment of the Treasury ternal Revenue Service		Do not send to the IRS. K ► See instruc	· · ·		
ame of exempt organization				Employer	identification number
:	NATIONAL TELI ASSOCIATION	ECOMMUNICATION	IS COOPERATIVE	52-0	741336
ame and title of officer					
	SHIRLEY BLOOM	MFIELD			
Part J Type of I		nformation (Whole Doll	ars Only)	,	
n line 1a, 2a, 3a, 4a, or 5 hichever is applicable, bl nan 1 line in Part I.	a, below, and the amount of ank (do not enter -0-). But,	on that line for the return be if you entered -0- on the re	er the applicable amount, if any eing filed with this form was blar turn, then enter 0 on the applic	nk, then leave cable line belov	line 1b, 2b, 3b, 4b, or 5b v. Do not complete more
a Form 990 check here	b Total reve	enue, if any (Form 990, Pa	t VIII, column (A), line 12)	1b	1303570
a Form 990-EZ check h	ere Din b Total	revenue, if any (Form 990	EZ, line 9)	2b	
la Form 1120-POL chec		out tax posts sizes on, t	HIO ZZ/		·
a Form 990-PF check has Form 8868 check here	ere <u>▶</u> ∟ bi Tax b	ased on investment inco	me (Form 990-PF, Part VI, line 5)	
A FULLI COUG CHECK DER	D Balance	Jue (Form 8868, Part I, line	3c or Part II, line 8c)	50	
Part II Declarat	ion and Signature A	uthorization of Offic	er		
a) an acknowledgement on a date of any refund. If a lebit) entry to the financial sturn, and the financial security, and the financial recessing of the electron ayment. I have selected a rganization's consent to a	of receipt or reason for reject pplicable, I authorize the L I institution account indicate stitution to debit the entry an 2 business days prior to be payment of taxes to receipt personal identification nuelectronic funds withdraward.	ction of the transmission, (I J.S. Treasury and its design ted in the tax preparation s to this account. To revoke to the payment (settlement) beive confidential information to the (PIN) as my signature	o send the organization's return b) the reason for any delay in prinated Financial Agent to initiate oftware for payment of the orga a payment; I must contact the lidate. I also authorize the finance in necessary to answer inquiries a for the organization's electronic	ocessing the r an electronic t anization's fed J.S. Treasury I cial institutions and resolve is	etum or refund, and (c) runds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
Officer's PIN: check one		•			
X authorize LA	RSONALLEN LLP			to enter m	
		ERO firm name			Enter five numbers, do not enter all zero
is being filed wit		ating charities as part of th	d return. If I have indicated with e IRS Fed/State program, I also		
indicated within	this return that a copy of the		n the organization's tax year 20 a state agency(ies) regulating o n.		
officer's signature			Date ▶	·	
Dayl III Caulifia		tion			
Pari III Certifica	tion and Authentica	LIOII			
76 · · · · <u>1</u> 554.				<u>-</u>	
RO's EFIN/PIN. Enter yo	tion and Authentica our six-digit electronic filing your five-digit self-selected	identification	542639413 do not enter all ze		
certify that the above number that the above number that the above number that I am submitting	our six-digit electronic filing your five-digit self-selected meric entry is my PIN, which ng this return in accordanc	identification d PIN. ch is my signature on the 20		ros r the organizat	
ERO's EFIN/PIN. Enter you number (EFIN) followed by certify that the above number (EFIN) and the exponential transfer in the exponential trans	our six-digit electronic filing your five-digit self-selected meric entry is my PIN, which ng this return in accordanc	identification d PIN. ch is my signature on the 20	do not enter all ze 010 electronically filed return fo	ros r the organizat	

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047
2000
2009
Open to Public ?
Inspection :

A F	or the	2009 calendar year, or tax year beginning and end	ding							
В	Check if applicable	Please Use IRS NATIONAL TELECOMMUNICATIONS COOPERATIONS	ΛE	D Employer identific	cation number					
	Address change		V 13							
	Name change	type. Doing Business As		52-0	741336					
_	Initial		m/suite	E Telephone number						
F	Termin-	I Specific I								
一	Amende			G Gross receipts \$	13,339,662.					
	Applica-			H(a) Is this a group return						
	pending	F Name and address of principal officer.MICHAEL E. BRUNNER		for affiliates?	Yes X No					
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No					
		npt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)					
<u>J \</u>	Nebsite	:▶ WWW.NTCA.ORG		H(c) Group exemption						
		rganization: Corporation Trust X Association Other	L Year o	of formation: 1954 N	State of legal domicile: VA					
Pa		Summary								
ě	1 B	nefly describe the organization's mission or most significant activities. IMPROV	E TH	E QUALITY O	F LIFE IN					
Governance	. –	URAL COMMUNITIES THROUGH COMMUNICATIONS I								
/err	1	theck this box In the organization discontinued its operations or disposed	of more	1 1						
ő	1	lumber of voting members of the governing body (Part VI, line 1a)		3	12					
	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	72					
Activities &		otal number of employees (Part V, line 2a) otal number of volunteers (estimate if necessary)		6						
.tiv	ì	otal gross unrelated business revenue from Part VIII-column (C), line 12——	-	7a	2,081,849.					
Ă		let unrelated business taxable income from Form,990-T, line 34		7b	140,005.					
		l F		Prior Year	Current Year					
ø.	8 c	contributions and grants (Part VIII, line 1h)		189,012.	172,175.					
Ž		rogram service revenue (Part VIII, line 1h) 3	🗀	12,160,146.	11,967,186.					
Revenue	10 lr	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)		-176,938.	597,733.					
Œ		ther revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e)		172,846.	124,481.					
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,345,066.	12,861,575.					
	13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)								
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	ļ	5 000 854						
es	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	6,932,754.	7,373,723.					
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	. 725		See Suite and a second					
Ϋ́	ı	otal fundraising expenses (Part IX, column (D), line 25)	_ 🚟	5,976,471.	5,528,100.					
_	ľ	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ļ	$\frac{3,976,471.}{12,909,225.}$	12,901,823.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	- }-	-564,159.	-40,248.					
or ses		evenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year					
sets c	20 T	otal assets (Part X, line 16)	100	21,502,006.	23,076,658.					
Ass		otal liabilities (Part X, line 16)	-	6,117,835.	6,741,070.					
ĘĘ.	1	let assets or fund balances. Subtract line 21 from line 20		15,384,171.	16,335,588.					
Pa		Signature Block								
		Under penalties of peryly, declare that I have examined this return, including accompanying schedules and sta and complete Declaration of preparer (other than factories based on all information of which preparer has any kr	atements, a	and to the best of my knowledg	ge and belief, it is true, correct,					
	- 1	LIII A YOMLUIII	now loage.	. 10	61.					
Sig	n	The state of the s		10/	2110					
Her	e	Signature of officer 1		Date	•					
		Shirley Bloomfield, CEO								
		Type or print name and true	TCh	nak if I December						
Paid	3 I	Preparer's Date	I u	[- (see ins	er's identifying number structions)					
_	المحمحا	signature 10/8/30	ب y em	ployed						
Use	Only 1:	yours of AAASONATUDEN		EIN ►						
		address, and		Phono no > 7	03-998-5100					
Mar		S discuss this return with the preparer shown above? (see instructions)		Tribute tio.	X Yes No					
ivid	, uic inc	anacias una return with the proparer anown above: (ace instructions)								

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Form 990 (2009) ASSOCIATION 52-0741336 Page 2 Part III | Statement of Program Service Accomplishments Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION, AN ASSOCIATION OF SMALL, RURAL, COMMUNITY-BASED COMMUNICATIONS PROVIDERS, IS DEDICATED TO IMPROVING THE QUALITY OF LIFE IN RURAL COMMUNITIES THROUGH THE ADVOCACY OF BROADBAND AND OTHER ADVANCED COMMUNICATIONS Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.) (Expenses \$ including grants of \$) (Revenue \$ (Code: CONFERENCES & MEETINGS - NTCA HOLDS A NUMBER OF MEETINGS, BOTH NATIONALLY AND REGIONALLY, WHERE EMPLOYEES OF THE MEMBER SYSTEMS AND THE DIRECTORS OF THE SYSTEMS SHARE EXPERIENCES, ATTEND TRAINING SEMINARS, HEAR INDUSTRY LEADERS SUCH AS THE FEDERAL COMMUNICATIONS COMMISSION (FCC) AND RURAL UTILITY SERVICE (RUS) REPRESENTATIVES, AND DISSEMINATE INFORMATION ON PROGRAMS AND NEW TECHNOLOGIES. (Code:) (Expenses \$ including grants of \$) (Revenue \$ PUBLICATIONS - NTCA SERVES ITS MEMBERS BY CONVEYING ITS MESSAGE AND PROMOTING THE POSITIONS AND OBJECTIVES OF SMALL AND RURAL TELEPHONE COMPANIES AND COOPERATIVES ACROSS ALL INDUSTRY FRONTS. FOR THIS PURPOSE, IT PUBLISHES A BI-MONTHLY INFORMATION MAGAZINE, A WEEKLY REPORT THAT KEEPS MEMBERS CURRENT ON INDUSTRY AND LEGISLATIVE ACTIVITIES AND A NEWSLETTER THAT KEEPS MEMBERS CURRENT ON TECHNOLOGY ISSUES. including grants of \$) (Expenses \$) (Revenue \$ BUSINESS DEVELOPMENT - MEMBER BUSINESS DEVELOPMENT FEES ARE GENERATED FROM ASSIGNING COMMON LANGUAGE LOCATION IDENTIFICATION CODES (CLLI) TO MEMBER SYSTEMS. ADDITIONAL BUSINESS DEVELOPMENT FEES ARE DERIVED FROM ALLOWING WEBCASTS SHOWCASING THE NEW TECHNOLOGIES. Other program services. (Describe in Schedule O.) including grants of \$____ (Expenses \$) (Revenue \$ Total program service expenses ► \$

Form 990 (2009)

ASSOCIATION

52-0741336

Page 3

Form **990** (2009)

Pa	t iv Checklist of Required Schedules								
			Yes	No					
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?								
	If "Yes," complete Schedule A	1		X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X					
3									
	public office? If "Yes," complete Schedule C, Part I	3		X					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	 	 					
5	_								
Ü	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III								
6	6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to								
u									
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X					
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1 37					
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x					
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide								
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?								
	If "Yes," complete Schedule D, Part V	10		Х					
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X								
	as applicable	11	х						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	4.32	2222						
	Part VI								
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	388							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.								
•	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.								
	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.								
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.								
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		50 mm						
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.								
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	Æ.	100 E					
	Schedule D, Parts XI, XII, and XIII.	12	77 1/4 14	X					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	S. C. F.	1	3000					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X					
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			l					
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization								
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals								
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines								
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"								
	complete Schedule G, Part III	19		X					
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X					

Form 990 (2009) ASSOCIATION 52-0741336 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X 27 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 34 Was the organization related to any tax-exempt or taxable entity? Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

.

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

X Form **990** (2009)

X

36

37

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)
Part V Sta

52-0741336

Page 5

				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		427	(~ J						
	U.S. Information Returns. Enter & if not applicable	1a	101							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?		10	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,]		ارمستان استانگور					
	filed for the calendar year ending with or within the year covered by this return	2a	72							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ms?	2h	_						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)	# 12.2 ###################################							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this retum?	3a							
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X						
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	X	ļ					
b	If "Yes," enter the name of the foreign country: ► DENMARK		* X		1 100 m					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	1997							
	Financial Accounts.		\$1.7 2.55							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	. 5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	<u>5</u> b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	irding Prohibited								
	Tax Shelter Transaction?		. <u>5</u> c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solic	:rt		l					
	any contributions that were not tax deductible?		6a		X					
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts								
	were not tax deductible?		6b	_						
7	Organizations that may receive deductible contributions under section 170(c).		i,£a		100000					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services								
	provided to the payor?	•••	7a	+	 					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		+					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			1					
	to file Form 8282?		7c	s -7%	* ** ***** **					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	personal	हिंग स		Const.					
			7e		+					
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the organization file Form 8899 as required?		7f		+-					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7g 7h	\neg	┿-					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•	,	3 33 34	FEL. 25					
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding the supporting organization and suppo	_	Grafe 4							
	at any time during the year?		8	= 22.34						
9	Sponsoring organizations maintaining donor advised funds.			g /s #2000						
а	Did the organization make any taxable distributions under section 4966?		9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	., ,,,,,	9b	+	1					
10	Section 501(c)(7) organizations. Enter		3:12	5 77	***					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	2.5							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	•								
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12:	1						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	["							
			For	m 990	(2009)					

Form 990 (2009)

ASSOCIATION

52-0741336

⊃age 6

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 in Schedule O. See instructions.

			1 0	Yes	No	
1a	Enter the number of voting members of the governing body 1a		12		1,232	
b	Enter the number of voting members that are independent 1b		_0 353		**************************************	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	her	5	22,22	35,12	
	officer, director, trustee, or key employee?		. 2	<u> </u>	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct super	rvision				
	of officers, directors or trustees, or key employees to a management company or other person?		3		X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	iled?	4		Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		. 5		X	
6	Does the organization have members or stockholders?		6	X		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	;				
	governing body?		. 7a	X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		, 7b	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear	3	15 July 2	100	
	by the following		in a	4	15. 544 1.11: 3	
а	The governing body?		8a	X		
b	Each committee with authority to act on behalf of the governing body?		8b	Х		
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 in Schedule O		9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	:)				
				Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, aff	ilıates,				
	and branches to ensure their operations are consistent with those of the organization?		. 10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	>	11		X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		32.00 c	7777	2	
12a	a Does the organization have a written conflict of interest policy? If "No," go to line 13					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					
	to conflicts?		12b	X		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described)e				
	ın Schedule O how this is done		12c	X		
13	Does the organization have a written whistleblower policy?		13	Х		
14	Does the organization have a written document retention and destruction policy?		14	Х	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by indeper	dent	7 32			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1			
а	The organization's CEO, Executive Director, or top management official		. 15a	X		
b	Other officers or key employees of the organization	-	15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?		16a		X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its part	cipation			745	
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		13.50			
	exempt status with respect to such arrangements?		16b	ł	L	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►VA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	inly) availa	able for			
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest polic	y, and fina	ancial		
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of MTCHARI CMTMH DIRECTION OF RINANCE 70.2 351 2000	the organ	nization:			
	MICHAEL SMITH, DIRECTOR OF FINANCE - 703-351-2000 4121 WILSON BOULEVARD, 10TH FLOOR, ARLINGTON, VA 22203					

Form 990 (2009)

932007 02-04-10

ASSOCIATION

52-0741336

Page 7

Form 990 (2009)

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)					-010	(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
value and value	hours	(ct	(check all that app				ly)	compensation	compensation	amount of
	per	101						from	from related	other
	week	direc				g		the	organizations	compensation
		tee or	ustee	1		ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al trus	onal tr		loyee	g E E E		(11 2 1000 111100)		and related
		ndividual trustee or director	nstitutional trustes	Officer	ı, em	Highest compensated employee	ije E			organizations
		٥	=	, p		± ≅	8			
HARRY THOMAS								15 151	•	•
PRESIDENT	5.00	X		X	ļ	<u> </u>	<u> </u>	16,461.	0.	0.
SANDY VANDEVENDER		, ,						6 644		•
VICE PRESIDENT	5.00	Х		Х			<u> </u>	6,644.	0.	0.
CURLEY HUGGINS	- 00	,,		١,,				F 117		•
SECRETARY-TREASURER	5.00	Х	ļ	Х			<u> </u>	5,117.	0.	0.
ALLEN RUSS DIRECTOR	5.00	x						6,632.	0.	0
JAMES M. DAUBY	3.00	^		-		 		0,032.	0.	0.
DIRECTOR	5.00	x						6,575.	0.	0.
TERRY FORCE	3.00	Δ					 	0,373.	0.	•
DIRECTOR	5.00	\mathbf{x}						6,593.	0.	0.
GREGORY A. HALE	3.00		<u> </u>	-				0,333.		
DIRECTOR	5.00	\mathbf{x}						6,577.	0.	0.
DONALD D. MILLER				\vdash	-		\vdash	7,000		
DIRECTOR	5.00	X						5,597.	0.	0.
WILLIAM ROHDE						\vdash				
DIRECTOR	5.00	x			1			5,117.	0.	0.
MITCHELL A. MOORE									-	
DIRECTOR	5.00	Х						6,593.	0.	0.
KEVIN HRANICKA										
DIRECTOR	5.00	X						6,617.	0.	0.
LOREN DUERKSEN					-					
DIRECTOR	5.00	X					L.	6,593.	0.	0.
MICHAEL E. BRUNNER										
CHIEF EXECUTIVE OFFICER	40.00			Х			L	729,282.	0.	98,352.
LISA I WANGLER									_	
CHIEF FINANCIAL OFFICER	40.00		L.,	X		L	L.	262,330.	0.	86,602.
DANIEL MITCHELL	40.00						İ	100 061		D4 045
VP-LEGAL & INDUSTRY	40.00	Ш	_	<u> </u>		X	_	192,961.	0.	71,947.
THOMAS D. WACKER	40.00					۱,,		160 764		75 040
VP-GOVERNMENT AFFAIRS	40.00	Н	ļ	 -	<u> </u>	X	<u> </u>	160,764.	0.	75,048.
BARBARA W. RITTER VP-HUMAN RESOURCES	40.00					x		154,772.	0.	66 507
AL-UNWAN KERONKCER	40.00	L	L	L	Ц.	ഥ≏	Ь.	154,//2.	U.	66,597.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mpl	оуеє	s, a	nd l	High	es	Compensated Employ	ees (continued)			
(A)	(B)	l		-	C)			(D)	(E)		((F)
Name and title	Average	Position (check all that apply)						Reportable	Reportable		l	mated
	hours per week	ndividual frustes or director	Institutional trustee	Call		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensati from relate organizatioi (W-2/1099-MI	d ns	ot compe fror orgar	ount of ther ensation in the nization related
		Individu	Instituti	Officer	Key employee	Highest employ	Former				organ	ızatıons
LORI FISCHETTI VP-ASSOCIATION SERVICES	40.00					x	_	138,885.		0.	52	,067.
KEVIN MCGUIRE VP-BUSINESS & TECHNOLOGY	40.00					х	L	135,872.		0.	63	,382.
					_							
		_			_							· · · ·
			_		_		_				_	
		_	_		_	L						-
						-	_					
					_							
		_			_	_	_					
1b Total			<u></u>					1,859,982.	·	0.	513	,995.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wt	no r		,000 in reportat	ole		7
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	ıplo	yee,	or	highest compensated er	nployee on		1	es No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	m of reportab	le co	omp		ation		to t		the organization	. . I	3	X
and related organizations greater than \$150 bid any person listed on line 1a receive or a									 ices rendered to)	4 .	X X (See See See See See See See See See Se
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	оп					<u> </u>	- 	<u>.</u>	5	X
 Complete this table for your five highest co the organization. 	mpensated inc	depe	ende	nt c	onti	racto	ors	that received more than	\$100,000 of co	mpens	ation fro	m
(A) Name and business								(B) Description of s	ervices	C	(C) Compens	
SERVICES MANAGEMENT CORPO ONE PACK SQUARE, ASHEVILI		288	301	<u>L</u>				MANAGEMENT S	ERVICES		308	,500.
			_									
									_			
G. Tatal number of rada-and-a-tt	noludina hui -		m-t -	al 4-	# h -	ac I.	•	d about of the version of	on the	Special Sta	<u>بدشتر ت</u>	r man jeske d
Total number of independent contractors (ii \$100,000 in compensation from the organize	•	IOI III	mre	u 10	_	se 18	sie	adove) who received in	uore unan			

Form 990 (2009) ASSOCIATION 52-0741336 Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from exempt function tax under sections 512 business revenue revenue 513, or 514 1 a Federated campaigns b Membership dues 1b c Fundraising events d Related organizations 1d Contributions, and other simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 172,175. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 172,175. h Total. Add lines 1a-1f **Business Code** 4615172 2 a MEMBERSHIP DUES 900099 4615172. Program Service Revenue ь CONFERENCES & MEETINGS 900099 3877963. 3877963. c MEMBER SERVICES 541800 1730973. 1301272. 429,701 d ADMIN & MGT FEES 561000 1633000. 1,633,000 e BUSINESS DEVELOPMENT 900099 90,930. 90,930 561300 19,148 f All other program service revenue 19,148 11,967,186. 海 工程表。 電流 g Total. Add lines 2a-2f and the state of t Investment income (including dividends, interest, and 672,126. other similar amounts) 672,126. Income from investment of tax-exempt bond proceeds 10,000 10,000. Rovalties (i) Real (ii) Personal 349596. 6 a Gross Rents 349596. b Less: rental expenses 0. c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (ii) Other 54,098. assets other than inventory b Less cost or other basis 128491 and sales expenses -74393. c Gain or (loss) -74,393. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER REVENUE 900099 114,481. 114,481 d All other revenue 114,481. e Total. Add lines 11a-11d 12,861,575. 9885337. Total revenue. See instructions. 2,081,849. 722,214.

Form **990** (2009)

932009 02-04-10

ASSOCIATION

Form 990 (2009) ASSOCIATION
Part IX Statement of Functional Expenses

52-0741336 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	į	1	建设设置等等等						
2	Grants and other assistance to individuals in			the same of the sa						
	the U.S. See Part IV, line 22				FREE TO					
3	Grants and other assistance to governments,			提出了3月第五节 。	Designation of the property of					
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16		}							
4	Benefits paid to or for members				リングの MA 17 2年 1783 7					
5	Compensation of current officers, directors,									
	trustees, and key employees	1,220,730.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	4,510,360.								
8	Pension plan contributions (include section 401(k)									
-	and section 403(b) employer contributions)	416,597.								
9	Other employee benefits	885,765.								
10	Payroll taxes	340,271.								
11	Fees for services (non-employees):	<u></u> -								
а	Management	308,500.	†							
b	Legal	2,051.		· · · · · · · · · · · · · · · · · · ·						
c	Accounting	40,208.								
d	Lobbying			 						
	Professional fundraising services. See Part IV, line 17		ZETELE THE MALE	allery et la reco.						
f	Investment management fees	10,365.								
g g	Other	30,924.								
12	Advertising and promotion	,	 							
13	Office expenses	140,808.			-					
14	Information technology	25,494.								
15	Royalties									
16	Occupancy	1,118,755.								
17	Travel	215,253.		· · · · · · · · · · · · · · · · · · ·						
18	Payments of travel or entertainment expenses	<u>·</u>								
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,666,956.		· · · · · · · · · · · · · · · · · · ·						
20	Interest	14,643.								
21	Payments to affiliates	40,000.								
22	Depreciation, depletion, and amortization	182,509.		··						
23	Insurance	68,339.								
24	Other expenses. Itemize expenses not covered									
	above. (Expenses grouped together and labeled									
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
а	MEMBER SERVICES	949,930.								
b	MISCELLANEOUS EXPENSES	404,771.								
c	BOARD OF DIRECTORS	169,549.								
4	MARKETING & PUBLIC RELA	75,370.								
e	UBI TAXES	22,250.								
f	All other expenses	41,425.								
25	Total functional expenses. Add lines 1 through 24f	12,901,823.								
26	Joint costs. Check here J following									
20	SOP 98-2. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation	!								
	corocaonal campaign and fundialising actionation	<u> </u>	l	L	L					

Form 990 (2009) ASSOCIATION

Part X Balance Sheet (A) Beginning of year End of year 1,617,287. 1,145,217. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 303,655. 447,717 4 Accounts receivable, net 4 ••• Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Notes and loans receivable, net 7 Inventories for sale or use 301,725. 276,140. Prepaid expenses and deferred charges 851,752. 10a Land, buildings, and equipment: cost or other 2,371,564 basis. Complete Part VI of Schedule D 452,701. 1,519,812. b Less: accumulated depreciation 10b 16,024,240. 17,472,773. 11 11 Investments - publicly traded securities 341,261. 12 Investments - other securties. See Part IV, line 11 12 513,728. Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 2,317,075. 2,513,393. Other assets. See Part IV, line 11 15 15 21,502,006. 23,076,658. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 601,579. 422,153. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 3,334,922. 3,427,894. 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 _labilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 2,181,334. 2,891,023. Other liabilities. Complete Part X of Schedule D 6,117,835. 6,741,070. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 15,208,154. 16,128,138. 27 Unrestricted net assets 176,017. 207,450. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 15,384,171. 16,335,588. 33 33 Total net assets or fund balances 21,502,006. 23,076,658. Total liabilities and net assets/fund balances

Form 990 (2009)

52-0741336 Page 11

			41336	Pa	ge 1≱
Pa	ţΧI	Financial Statements and Reporting			
				Yes	No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Cother	1272.4	255	-1,5
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		1.00	
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
b	Were	e the organization's financial statements audited by an independent accountant?	_2b	X	
C	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	revie	w, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	[]	1.00	ĭ
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	cons	olidated basis, separate basis, or both.		200	
	L	Separate basis X Consolidated basis Both consolidated and separate basis			, T. 3.
3а	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 a	and OMB Circular A-133?	3a		Х
b	if "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

OMR No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. NATIONAL TELECOMMUNICATIONS COOPERATIVE **Employer identification number** Name of organization ASSOCIATION 52-0741336 Part I-A | Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?] Yes No 4a Was a correction made? J Yes No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-.

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

932041 02-04-10

I HA

Schedule C (Form 990 or 990-EZ) 2009	ASSOCIATIO	N		52-0	741336 Page 2
Part II-A Complete if the orga		mpt under sectio	n 501(c)(3) and fi	led Form 5768	
(election under sect	ion 501(h)).				
A Check Filing organizati	ion belongs to an affi	liated group.			
B Check Lifthe filing organization	on checked box A ar	nd "limited control" pro	visions apply.		
	s on Lobbying Exper itures" means amou	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditure	s				
 Total exempt purpose expenditures 	(add lines 1c and 1c	l)			
f Lobbying nontaxable amount. Enter	the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	O plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c If zero	or less, enter -0-			L	
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this y	ear? .	· · · · · · · · · · · · · · · · · · ·	·	L	Yes No
	tions that made a s	raging Period Under ection 501(h) election e instructions for line	do not have to com		
	Lobbying Expen	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	ranta				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		and the state of t			
(150% of line 2d, column (e))		Control of the Contro			
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 ASSOCIATION 52-0741336 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

-		(;	1)	(b)		
		Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or	144 84	riakija rigij	PROBLET.		
	local legislation, including any attempt to influence public opinion on a legislative matter	m h mar m h mar m h m m m	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	or referendum, through the use of:					
а	Volunteers?		3,220			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total. Add lines 1c through 1i	Offath				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912	<u> </u>				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		Х	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, li	ne 3 is a	nswered	l	
1	Dues, assessments and similar amounts from members		1	4,61	5,172.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal	J. 1997			
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a	96!	5,733.	
b	Carryover from last year		2b			
С	Total		2c	96!	5,733.	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		3,262.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess	47			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		0.	
Par	t/IV: Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B,	line 1ı. Also	, complete	this part	
or ar	y additional information.			•	•	
		······································	-			
_						
	-					

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number 52-0741336

Рà	rt.I, Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		• • • • • •
	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year >	,	3 3 3 3 3
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pel		
	violations, and enforcement of the conservation easements i	_ · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	unng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pul	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. • \$
	(ii) Assets included in Form 990, Part X		. > \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	·	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	•

	edule D (Form 990) 2009 ASSOCIA							52-07			
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	torical T	reasures,	or Oth	er Simi	ar Asse	ts (con	tinued	,
3	Using the organization's acquisition, access	ion, and other record	ds, checl	k any of the	e following th	at are a	significant	use of its	collection	n item	—— 1s
	(check all that apply):										
а	Public exhibition	c	: 🗀 :	Loan or ex	change progi	rams					
b	Scholarly research	e	, 🖂	Other							
c	Preservation for future generations					•					
4	Provide a description of the organization's co	ollections and explai	in how th	ney further	the organizat	tion's ex	empt purp	ose in Par	t XIV.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m						_		Yes		No
Pa	rt IV Escrow and Custodial Arran					s" to Fo	rm 990, Pa	art IV. line	9. or		
	reported an amount on Form 990, Pa						•	•	•		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contributio	ns or other a	ssets no	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina t	able:	• •	•		•			
	, .	•							Amoun	ıt .	
С	Beginning balance						1c		,	<u>-</u>	
	Additions during the year		•	•	*****		1d				
				• ••	• • • • •		1e				
f	Ending balance			•••	•		1f				
	Did the organization include an amount on Fe	orm 990. Part X. line	212			• •			Yes		No
	If "Yes," explain the arrangement in Part XIV.			• •	• •		• • • •	-	03		3 140
	T V Endowment Funds. Complete		swered	"Yes" to Fo	orm 990. Parl	t IV. line	10.				
L		(a) Current year		nor year	(c) Two year		(d) Three	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(-)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		received.	"LATERNIA		358223	a de la composition della comp	7757
b					A STATE OF THE STA		Subjected &	<u> </u>	3. 2. A.	astata Astata	<u> </u>
	Net investment earnings, gains, and losses				14 44 22 42	J. 13.20	in andicate	in the state of th	at the latest	# 134 . L	
	Grants or scholarships				The state of the s	***************************************	the first of		200	372	
	Other expenditures for facilities					174 July 124	CA SHARES		der Branch	and a say	
•	and programs										197.3
f	Administrative expenses				and the feet her	-1. 1		The state of	And Control		20 10 10 10 10 10 10 10 10 10 10 10 10 10
g g	End of year balance						ti-de inicialis at		4, 32,34C	2 144 -	35000
2	Provide the estimated percentage of the year	r end halance held a			a to mark their	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0 01/1/44	- ware actions	32-02	*****	, 3, 3
	Board designated or quasi-endowment	i cha balance nela a	%								
h	Permanent endowment		– ″								
	·										
	Are there endowment funds not in the posse		ation tha	t are held :	and administr	arad for	the ergani	zation			
	by:	333011 Of the organiza	adon tha	t are new t		erea lor	are organi	Zation		Voc	No
	(i) unrelated organizations								2=(i)	Yes	No
	(ii) related organizations	• • •	• • • • •	•					3a(i)		-
h	If "Yes" to 3a(ii), are the related organizations		 n Cabad	 Julo D2			-		3a(ii)		
4	Describe in Part XIV the intended uses of the							•	3b		
	t VI Investments - Land, Building				Dart V line	10					
<u> </u>	Description of investment	(a) Cost or o	r		t or other				/-N D	l	
	Description of investment	basis (investr			(other)	1	ccumulate preciation		(d) Boo	k valu	e
12	Land	Duals (investi	ilerity		(Outci)		Preciation				
	Land					1,550,550,3	Laurante de	anta,			
0		-		51	0,559.	 	40,6	11 -	A C	9,9	10
C	Leasehold improvements				8,760.		$\frac{40,6}{858,9}$				
d		· ·			2,245.		$\frac{636,3}{620,2}$				56.
	Other	aual Form 200, C==	V 0-1::-			<u> </u>	040,4	21.		$\frac{1,9}{1,7}$	
rotal	l. Add lines 1a through 1e. (Column (d) must e	quai rom 990, Part	x, colum	ın (B), line	ιυ(C).)				83	<u> </u>	52.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 ASSOCIATION 52-0741336 Page 3 Part-VIII Investments - Other Securities. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives . . . Closely-held equity interests Other Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) PANESTE STEEL DE POIG TEN OFF A CELUI Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value INVESTMENT IN DEFERRED COMP PROGRAM 1,749,935. ACCRUED INTEREST RECEIVABLE 538. DEATH BENEFIT RECEIVABLE 758,422. LEASE RENOVATION CREDITS 4,498. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) 2,513,393. Part X: Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes 1,592. DUE TO SMC DEFERRED COMP PROGRAM LIABILITY -1,749,935. **EMPLOYEES** SUPPLEMENTAL ACCRUED RETIREMENT BENEFIT 527,802. DUE TO FOUNDATION 57,015. DUE TO BENEFIT PLANS OF NTCA 275. DEFERRED LEASE AND IMPROVEMENT ALLOWANCE 554,404

 \triangleright

2,891,023.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 ASSOCIATION			·····				6 Page 4
Pa	t·XI: Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Fir	nancial S	Stater	nents	i	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			. 1				
2	Total expenses (Form 990, Part IX, column (A), line 25)		_	. 2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		•		
4	Net unrealized gains (losses) on investments	••		4				_
5	Donated services and use of facilities	••		5				
6	Investment expenses			6				
7	Prior period adjustments	•	-	7				
8	Other (Describe in Part XIV)	•• ••	-	8				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	10		10				
	t XII. Reconciliation of Revenue per Audited Financial Statemer		ith Re		er Re	turn		
<u> </u>		110 11		venue p	1			
1	Total revenue, gains, and other support per audited financial statements			•••		1 235		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _	1			-3.7		
a	Net unrealized gains on investments	2a				17.5.7 1.1.0.7		
b	Donated services and use of facilities	2b						
C	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d				.	2e		
3	Subtract line 2e from line 1				L	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b			3			
С	Add lines 4a and 4b				L	4c		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5		
Ра	t-XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Ex	cpenses	per l	Return	1	
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:				[STORY SELVE		
а	Donated services and use of facilities	2a						
b	Pnor year adjustments	2b						
С	Other losses	2c						
ď	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1	•		• •	·	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				7	-355		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1		,			
	Other (Describe in Part XIV.)	4b		-				
	Add lines 4a and 4b					4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				·	5		
	t XIV Supplemental Information			<u> </u>		3		
		l		D-4 1/ 1	· 41-	01-	D-AV I-	. 4. 0 . 4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,							
X, IIn	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	ete thi	s part to	provide a	ny addi	tional in	itormation.	
	<u> </u>							

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Open to Public

OMB No 1545-0047

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE

Employer identification number ASSOCIATION 52-0741336 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	, 5.4. 	F. (1)	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	10.5	7 17 7 1	7.7
	Travel for companions Payments for business use of personal residence	3 44 5	1.15	3131
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	3.70		-3.73
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	3		3.3
		25.5		4,33
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	23.	2 <u>2</u>	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	.4	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
			5 J. C. 10	-32.0
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		17.7	
	CEO/Executive Director, Check all that apply.		47.	
	Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		***	Tart Tart
	• • • • • • • • • • • • • • • • • • • •	100 mg/s 2 mg/s		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	132		
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a	Parkette	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	£**.	His	25.22.22
				- Trans
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	2	463	
а	The organization?	5a	-202707	20122002
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			E
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		E.SALL CE
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.	SORTE.	STATE OF	美海道
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		230311.1	241741300
•				
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8		7		
	not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III			
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		

ASSOCIATION

Schedule J (Form 990) 2009 ASSOCIATION 52-0741336 [Part III] Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	611,073.	117,997.	212.	43,301.	55,051.	827,634.	766,759.
MICHAEL E. BRUNNER	€ €	255 062	7 018	250	43 301	43 301	348 932	350 224
LISA I WANGLER	€ (8		0	0			~	~l
	ε	190,76	2,000.	196.	31,211.	40,736.	264,908.	239,402.
DANIEL MITCHELL	₿			0	ŀ			
	ε	156,730.	4,000.	34.	29,493.	45,555.	235,812.	203,679.
THOMAS D. WACKER	≣	- 1	- 1	0		- 1	ı	- 1
	ε	150,48	4,250.	34.	27,98	38,613.	221,369.	192,167.
BARBARA W. RITTER	耳	7 6 7	- 1	0	L			ď
1	€	130,831.	2,000.	34.	86,62	26,082.	190,952.	159,340.
LOKI FISCHETTI	₿	ŀ		0	1	- 1		- 1
	Ξ	133,703.	2,000.	169.	25,456.	37,926.	199,254.	177,306.
KEVIN MCGUIRE	▣	• 0	0	0.	• 0	0.	0	0
] (i)							
	▣							
	(E)							
	(ii)							
	Ξ							
	▣							
	Ξ							
	Ξ							
	Θ							
	▣							
] (i)							
1	▣							
	(i)							
	<u> </u>							
	ε							
	₿							
	Ξ							
1	▣							

Schedule J (Form 990) 2009

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

52-0741336

Page 3

Schedule J (Form 990) 2009 Part III Supplemental Information

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009
Open to Rublic

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number 52-0741336

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INFRASTRUCTURE AND SERVICES. FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION IS COMPRISED OF COOPERATIVE AND COMMERCIAL RURAL TELEPHONE COMPANIES AND RELATED ASSOCIATE SERVICE PROVIDERS. FORM 990, PART VI, SECTION A, LINE 7A: EACH VOTING OFFICER IS ELECTED BY MEMBERS WITHIN THEIR REGION. FORM 990, PART VI, SECTION A, LINE 7B: CHANGES IN ORGANIZATION BY-LAWS REOUIRE A MEMBER VOTE. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ASSOCIATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND OFFICERS. WHEN A PERSON BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT, THEY DISCLOSE ALL RELEVANT INFORMATION TO THE BOARD CHAIR OR VICE CHAIR, REMOVE THEMSELVES FROM ALL DISCUSSIONS OF THE MATTER, AND REMOVE THEMSELVES FROM ALL VOTES ON THE MATTER. THE BOARD MAY VOTE TO ENTER THE TRANSACTION IF IT DETERMINES THAT THE TRANSACTION IS IN THE ASSOCIATION'S BEST INTEREST. ALL RELEVANT INFORMATION IS DOCUMENTED IN THE MEETING MINUTES. IF A PERSON VIOLATES THE ASSOCIATION'S CONFLICT OF INTEREST POLICY, THEY INFORM THE PRESIDENT OF THE BOARD AND THE ASSOCIATION'S GENERAL COUNSEL, WHO TAKE APPROPRIATE ACTION.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Sopen to Public Solids

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 0741336 \end{array}$

FORM 990, PART VI, SECTION B, LINE 15A: THE CHIEF EXECUTIVE OFFICER'S
COMPENSATION IS REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT THAT
DOES A COMPARISON OF LIKE POSITIONS IN THE AREA AND PRESENTS THE STUDY TO
THE NTCA BOARD FOR APPROVAL. OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION
IS REVIEWED BY A COMPENSATION CONSULTANT EVERY FIVE YEARS. CHANGES IN
COMPENSATION ARE PRESENTED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER.
THESE PROCESSES WERE LAST CONDUCTED IN 2009 AND 2005, RESPECTIVELY.
FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S GOVERNING
DOCUMENTS ARE AVAILABLE ON THE WEBSITE. THE CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047 *

Employer identification number 52-0741336

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

► Attach to Form 990.

► See separate instructions.

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION Name of the organization

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

Parti

Direct controlling entity Ξ End-of-year assets <u>e</u> Total income Ē Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part

(a)	(q)	(2)	(b)	(e)	(£)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
FOUNDATION FOR RURAL SERVICE - 52-1889647	PROMOTE, EDUCATE AND				
4121 WILSON BLVD.	ADVANCE RURAL			LINE 11C,	
ARLINGTON, VA 22203	TELECOMMUNICATIONS	VIRGINIA	501(C)(3)		N/A
TELEPHONE EDUCATION COMMITTEE ORGANIZATION -					
52-1674218, 4121 WILSON BLVD., ARLINGTON, VA VOLUNTARY,	VOLUNTARY, NON-PARTISAN,				
22203	POLITICAL ACTION COMMITTEE	VIRGINIA	527		N/A
GROUP HEALTH PROGRAM - 52-1043923					
4121 WILSON BLVD.					
ARLINGTON, VA 22203	HEALTH & WELFARE BENEFITS	VIRGINIA	501(C)(9)		N/A
NTCA REGIONAL RETIREE MEDICAL FUNDING TRUST					
I - 52-6737391, 4121 WILSON BLVD.,					
ARLINGTON, VA 22203	POST RETIREMENT BENEFITS	VIRGINIA	501(C)(9)		N/A
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instructions for Form 990				Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 ASSOCIATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part

Page 2

52-0741336

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Sh income end	Share of Disproy end-of-year also assets	ontion-	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related the design of the fax year.)	panizations Taxable as a Correportation or trust during the tax	poration or 'x year.)	rust (Complete if th	ne organizatio	n answered "Yes	to Form 990, Part	IV, line 34 bec	ause it ha	ld one or more re	lated
(a) Name, address, and EIN of related organization	≅c		(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(1) Share of total income		Share of Percend-of-year own	(h) Percentage ownership
SERVICES MANAGEMENT CORPORATION ONE PACK SQUARE ASHEVILLE, NC 28801	N - 52-1200541	TPA FOR NTCA-SPONSORED BENEFIT PLANS	TPA FOR NTCA-SPONSORED BENEFIT PLANS AND	VA N	N/A	C CORP	14,044,1	,130.6	,447,845.	100.00%
								_		
				-						
										<u> </u>

Schedule R (Form 990) 2009

932162 07-21-10

52-0741336 Page 3

Schedule R (Form 990) 2009 ASSOCIATION

Reart VI Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No.
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:	ta X	_
Gift, grant, or capital contribution to other organization(s)		1b	×
Gift, grant, or capital contribution from other organization(s)		10	×
Loans or loan guarantees to or for other organization(s)		1d	×
Loans or loan guarantees by other organization(s)		10	×
		BOY OF BURNEY	3.4
Sale of assets to other organization(s)		11	×
Purchase of assets from other organization(s)	ž	1g	×
Exchange of assets .		‡	×
Lease of faoilities, equipment, or other assets to other organization(s)		11	×
		1000 45 Med	ं 7 क्र
Lease of facilities, equipment, or other assets from other organization(s)		1)	×
Performance of services or membership or fundraising solicitations for other organization(s)		4	×
Performance of services or membership or fundraising solicitations by other organization(s)		=	×
Sharing of facilities, equipment, mailing lists, or other assets		13	×
Sharing of paid employees	٠	£	×
		130 W. 250	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Reimbursement paid to other organization for expenses		To X	
Reimbursement paid by other organization for expenses		X dt	
		A. 16. 14. 24. 45.	対なが
Other transfer of cash or property to other organization(s)		19	×
Other transfer of cash or property from other organization(s)		11	×
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.	n thresholds.		
	(p)	(၁)	7
Name of other organization(s) typ	ransaction type (a-r)	Amount involved	5

Schedule R (Form 990) 2009

308,500.

0

(3) SERVICE MANAGEMENT CORPORATION

(4) FOUNDATION FOR RURAL SERVICE

(6) 932163 02-04-10

<u>@</u>

(2) SERVICE MANAGEMENT CORPORATION

(1) SERVICE MANAGEMENT CORPORATION

53,789.

ď

295,807.

4

1,633,000.

Д

52-0741336

Page 4

NATIONAL TELECOMMUNICATIONS COOPERATIVE

ASSOCIATION Schedule R (Form 990) 2009 [Barry VI] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(4)		1	(2)	3	٩	(2)	1
(a)	(a)	<u> </u>	3		€ ;	(6)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing partner?
		country)	Yes No		Yes No	(Form 1065)	1 -
							_
			_				
	· · ·						_
	1				-		
-					-		
							+
					-		
					_		
							+
						Schedule R (Form 990) 2009	990) 2009

NATIONAL TELECOMMUNICATIONS COOPERATIVE Schedule R-1 (Form 990) 2009 ASSOCIATION

52-0741336

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(D)	(e)	E	•
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	
				501(c)(3))	•	
NTCA REGIONAL RETIREE MEDICAL FUNDING TRUST						
II - 52-6685526, 4121 WILSON BLVD.,						
ARLINGTON, VA 22203	POST RETIREMENT BENEFITS	VIRGINIA	501(C)(9)		N/A	
NTCA RETIREMENT AND SAVINGS PROGRAM -						
52-1558805, 4121 WILSON BLVD., ARLINGTON, VA						
	DEFINED BENEFIT PLAN	VIRGINIA	501(C)(9)		N/A	
NTCA SAVINGS PLAN - 52-1522857						
4121 WILSON BLVD.						
ARLINGTON, VA 22203	DEFINED CONTRIBUTION PLAN	VIRGINIA	501(C)(9)		N/A	
ST FOR DEFERRED COMP PLANS -						
56-6678513, 4121 WILSON BLVD., ARLINGTON, VA						
	DEFERRED COMPENSATION	VIRGINIA	501(C)(9)		N/A	
		-				
			;			
					Schedule R-1 (Form 990) 2009	

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008
Open to Public Inspection

Α	For the	2008 calendar year, or tax	year beginning	and	ending		
В	Check if applicable	Please C Name of organi	zation			D Employer iden	tification number
			TELECOMMUNICATIONS	COOPERA'	TIVE		
	Addre chang	as label or print or ASSOCIATI	ON				
	Name chang	type D D	As			52-	-0741336
	Initial return		reet (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone num	nber
	Termination		ON BOULEVARD 10TH I				3-351-2000
F	Amen		ate or country, and ZIP + 4			G Gross receipts \$	14,721,516.
	Application	- ARLINGTÓN	, VA 22203			H(a) Is this a grou	
	pendi		principal officer:MICHAEL E.	BRUNNER		for affiliates?	. — —
			BLVD., 10TH FLOOR,			H(b) Are all affiliates	
T	Tax-ex	empt status: X 501(c) (6					h a list. (see instructions)
		e: HTTP://WWW.		,		H(c) Group exemp	
_		organization: Corporation		Other >	L Year		4 M State of legal domicile: VA
	art I	Summary		-		-	
_	1	Briefly describe the organiza	tion's mission or most significant acti	ivities: SEE	SCHEDU	LE O FOR (ORGANIZATION
Activities & Governance		MIŚSION STATEM					
r	2	Check this box	the organization discontinued its oper	rations or dispo	sed of more	than 25% of its as	sets.
ove.	3		of the governing body (Part VI, line 1a				3 10
Ğ	4		ng members of the governing body (F				4 10
Se Se	5		(Part V, line 2a)				5 68
ξį	6		estimate if necessary)				6 0
Ę	7a		ess revenue from Part VIII, line 12, col				7a 2,065,680.
٩	b		ble income from Form 990-T, line 34.				7b 90,428.
						Prior Year	Current Year
ø	8	Contributions and grants (Pa	art VIII, line 1h)			881,084	189,012.
Revenue		Program service revenue (Pa				12,426,230	
eve			, column (A), lines 3, 4, and 7d)			1,099,002	2. <176,938.
Œ			umn (A), lines 5, 6d, 8c, 9c, 10c, and			115,213	3. 172,846.
			nrough 11 (must equal Part VIII, colun	W		14,521,529	9. 12,345,066.
	+		paid (Part IX, column (A), lines 1-3)				
			(A) Es A)				
Ş	1		n, employee benefits (Part IX, column			6,545,747	7. 6,932,754.
Expenses	16a		s (Part IX, column (A), line 11e)				
g.	b		Part IX, column (D), line 25)				
û	17		umn (A), lines 11a-11d, 11f-24f)			6,647,75	7. 5,976,471.
			3-17 (must equal Part IX, column (A), I			13,193,504	4. 12,909,225.
	19		otract line 18 from line 12			1,328,029	5. <564,159.
10 S	3					Beginning of Year	End of Year
sets	20	Total assets (Part X, line 16)				24,057,492	2. 21,502,006.
t As	21	Total liabilities (Part X, line 2	6)			6,295,07	
Net Assets or	22	Net assets or fund balances	. Subtract line 21 from line 20			17,762,41	5. 15,384,171.
	art II	Signature Block					
		Under penalties of perjury, I declare and complete. Declaration of prepare	that I have examined this return, including accomper (other than officer) is based on all information of	panying schedules ar f which preparer has a	nd statements, any knowledge.	and to the best of my know	wledge and belief, it is true, correct,
Sig	ın						
He	re	Signature of officer				Date	
		MICHAEL E.					
		Type or print name and t	tle		1.01		
Pai	d	Preparer's		Date	Ch sel		eparer's identifying number ee instructions)
_	u parer's	signature				ployed 🕨 🔲	
	Only	VOUIS II	ON LAMBERT & CO LLI			EIN ►	
			PRING FOREST ROAD,	STE 115			040 840 6100
		ZIP + 4 RALEI	GH, NC 27609			Phone no.	919-719-6400
Ма	y the II	RS discuss this return with the	ne preparer shown above? (see instru	ıctions)			X Yes No

008) **ASSOCIATION** 52-0741336 Page **2**

Pai	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	THE NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION, AN
	ASSOCIATION OF SMALL, RURAL TELECOMMUNICATIONS PROVIDERS, IS DEDICATED
	TO IMPROVING THE QUALITY OF LIFE IN RURAL COMMUNITIES THROUGH ADVANCED
	TELECOMMUNICATIONS BY EDUCATION, ADVOCACY AND COOPERATION.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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 X No
3	If "Yes", describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	CONFERENCES AND MEETINGS - NTCA HOLDS A NUMBER OF MEETINGS, BOTH
	NATIONALLY AND REGIONALLY, WHERE EMPLOYEES OF THE MEMBER SYSTEMS AND
	THE DIRECTORS OF THE SYSTEMS SHARE EXPERIENCES, ATTEND TRAINING
	SEMINARS, HEAR INDUSTRY LEADERS SUCH AS THE FEDERAL COMMUNICATIONS
	COMMISSION (FCC) AND RURAL UTILITY SERVICE (RUS) REPRESENTATIVES, AND
	DISSEMINATE INFORMATION ON PROGRAMS AND NEW TECHNOLOGIES.
415	(Code) \(\(\(\(\(\) \\ \) \) \(
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PUBLICATIONS - NTCA SERVES ITS MEMBERS BY CONVEYING ITS MESSAGE AND
	PROMOTING THE POSITIONS AND OBJECTIVES OF SMALL AND RURAL TELEPHONE
	COMPANIES AND COOPERATIVES ACROSS ALL INDUSTRY FRONTS. FOR THIS
	PURPOSE, IT PUBLISHES A BIMONTHLY INFORMATIONAL MAGAZINE, A WEEKLY
	REPORT THAT KEEPS MEMBERS CURRENT ON INDUSTRY AND LEGISLATIVE
	ACTIVITIES AND A NEWSLETTER THAT KEEPS MEMBERS CURRENT ON TECHNOLOGY
	ISSUES.
	*
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	BUSINESS DEVELOPMENT - MEMBER BUSINESS DEVELOPMENT FEES ARE GENERATED
	FROM ASSIGNING COMMON LANGUAGE LOCATION IDENTIFICATION CODES (CLLI) TO
	MEMBER SYSTEMS. ADDITIONAL BUSINESS DEVELOPMENT FEES ARE DERIVED FROM
	ALLOWING WEBCASTS SHOWCASING THE NEW TECHNOLOGIES.
	
۸،۷	Other program convices (Describe in Schedule O.)
+u	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
10	
+e	Total program service expenses ►\$ (Must equal Part IX, Line 25, column (B).)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		٦,	
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			3,7
40	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , ,	14a		Α.
b		4.415		X
45	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	45		X
16	located outside the United States? If "Yes," complete Schedule F, Part II	15		- 22
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Form 990 (2008)

ASSOCIATION

52-0741336 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	l			100	
	U.S. Information Returns. Enter -0- if not applicable	1a	106			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	68			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► DENMARK					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Rega	rding Prohibited			
	Tax Shelter Transaction?			5с		L
	Did the organization solicit any contributions that were not tax deductible?	,		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	7d	I	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a property of the property of the pay premium of the property of the p					
е				7e		
f	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required:			7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			79 7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
_	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or					
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: N/A		_			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

Form 990 (2008)

ASSOCIATION

52-0741336

Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A. Governing Body and Management					
			Yes	No		
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,					
	processes, or changes in Schedule O. See instructions.					
1a	Enter the number of voting members of the governing body 10					
b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	X		
6	Does the organization have members or stockholders?					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the					
	governing body?	7a	X			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	by the following:					
а	The governing body?	8a	X			
b		8b	X			
9a		9a		X		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must					
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х		
Sec	etion B. Policies					
			Vaa	NI.		
			Yes	No		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	NO		
	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a		NO		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a		NO		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		Х	NO		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Х	NO		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b	X	NO		
b c	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12b	X X	NO		
b c 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12b 12c 13	X X X	No		
b c 13 14	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12b 12c 13	X X X	No		
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12b 12c 13	X X X	No		
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	X X X X	No		
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	X X X X X	No		
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14	X X X X X	No		
13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12b 12c 13 14	X X X X X	X		
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b	X X X X X			
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	12b 12c 13 14 15a 15b	X X X X X			
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	12b 12c 13 14 15a 15b	X X X X X			
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b	X X X X X			
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure	12b 12c 13 14 15a 15b	X X X X X			
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure	12b 12c 13 14 15a 15b 16a	X X X X X			
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availables	12b 12c 13 14 15a 15b 16a	X X X X X			
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	X X X X X			
b c 13 14 15 a b 16a b Sec 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? **Etion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	12b 12c 13 14 15a 15b 16a 16b	X X X X X			
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	12b 12c 13 14 15a 15b 16a 16b	X X X X X			
b c 13 14 15 a b 16a b Sec 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Extion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a statements available to the public.	12b 12c 13 14 15a 15b 16a 16b	X X X X X X ancial			
b c 13 14 15 a b 16a b Sec 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	12b 12c 13 14 15a 15b 16a 16b	X X X X X X ancial			

Page 7

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not c	ompensate an	y of	ficer	, dir	ecto	r, trı	uste	e, or key employee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours	(c	hecl	k all	that	app	ly)	compensation	compensation	amount of
	per week	ctor						from the	from related organizations	other compensation
	Week	or dire	a.			ted		organization	(W-2/1099-MISC)	from the
		stee	truste		au	pens		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
		ualtri	ional		ploye	t com				and related
		ndividual trustee or director	nstitutional trustee	Officer	(ey em	Highest compensated employee	ormer			organizations
DENNIS WALLACE JR.					1	- 4	-			
BOARD MEMBER	5.00	x					K	7,097.	0.	0.
GREGORY A. HALE			R					, 11		
BOARD MEMBER	5.00	Х						6,564.	0.	0.
TERRY FORCE										
BOARD MEMBER	5.00	Х						6,593.	0.	0.
CURLEY P. HUGGINS	7			М						_
BOARD MEMBER	5.00	X						5,092.	0.	0.
DONALD D. MILLER	E 00	77						F 507	0	0
BOARD MEMBER WILLIAM ROHDE	5.00	Х						5,597.	0.	0.
BOARD MEMBER	5.00	v						5,117.	0.	0.
MITCHELL A. MOORE	3.00	Δ						J, 117•	0.	<u></u>
BOARD MEMBER	5.00	x						6,579.	0.	0.
KEVIN HRANICKA								7,010		
BOARD MEMBER	5.00	х						6,617.	0.	0.
LOREN DUERKSEN								-		
BOARD MEMBER	5.00	Х						6,593.	0.	0.
MICHAEL E. BRUNNER										
CHIEF EXECUTIVE OFFICER	40.00			Х				679,672.	0.	87,087.
CHRIS A. BONNER									_	_
PRESIDENT	5.00			Х				11,774.	0.	0.
HARRY THOMAS	- 00			l				6 605	•	•
VICE-PRESIDENT	5.00			Х				6,695.	0.	0.
SANDY VANDEVENDER	F 00			37				C C17	0	0
SECRETARY/TREASURER LISA I. WANGLER	5.00			Х				6,617.	0.	0.
CHIEF FINANCIAL OFFICER	40.00			Х				292,392.	0.	57,832.
DANIEL MITCHELL	40.00			22				272,372.	0.	37,032.
VICE-PRESIDENT LEGAL & I	40.00					х		188,693.	0.	50,709.
THOMAS D. WACKER								,		
VICE-PRESIDENT GOVERNMEN	40.00	L			L	х		152,937.	0.	50,742.
BARBARA W. RITTER										
VICE-PRESIDENT HUMAN RES	40.00					Х		148,947.	0.	43,220.

Form 990 (2008) ASSOCIAT									52-07	<u> 141</u>	336	Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mpl	oyee	es, aı	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average			Posit				Reportable	Reportable		Estir	nated
	hours	(c	heck	k all t	that	app	oly)	compensation	compensatio			unt of
	per	tor						from	from related			her
	week	direc				eg eg		the	organizations			ensation
		tee or	ustee			ensat		organization (W-2/1099-MISC)	(W-2/1099-MIS	,(,)		n the iization
		ll trus	nal tri		oyee	dwo:		(***2/1099*****130)			•	elated
		ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer					izations
		hl	lus	₩	Key	Fig.	For				_	
LORI FISCHETTI										\neg		
VICE-PRESIDENT ASSOCIATI	40.00					X		135,134.		0.	24	,206.
KEVIN MCGUIRE				\Box								,
VICE-PRESIDENT BUSINESS	40.00					x		137,351.		0.	39	,955.
1102 11122122111 20211122				\vdash				137,73323		-		,,,,,,
				H						-		
										\dashv		
				H						-		
						Ι.						
				H						-		
				\vdash						\dashv		
										-		
					>					\longrightarrow		
				М		1						
dh. Tatal						Ļ		1,816,061.		0.	3 5 3	,751.
1b Total					46	<u> </u>	00.4			0 •	333	, / 51 •
2 Total number of individuals (including those												15
compensation from the organization				/						🚩	TV	es No
O Did the appropriation list and form							1					30 110
3 Did the organization list any former officer,												X
line 1a? If "Yes," complete Schedule J for s											3	^_
4 For any individual listed on line 1a, is the su			-					· ·	-			v
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a											_	v
the organization? If "Yes," complete Sched	ule J for such	pers	son .								5	X
Section B. Independent Contractors					_				*			
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fro	m
the organization. NONE												
(A) Name and business	address							(B) Description of s	envices	C	(C) ompens	ation
TVario and business	addicss						\dashv	Description of a	SCIVICCS		Ompens	ation
							\dashv					
							-					
							\dashv					
							\dashv					
O Tabal months on aftire 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10		٠. ١	l				H #100 000 '				
2 Total number of independent contractors (in	ncluding those 0	e in	ı) Wl	no re	cei	ved	mor	re than \$100,000 in com	ipensation			
from the organization	<u> </u>											

Form 990 (2008) ASSOCIATION 52-0741336 Page **9**

Pa	rt V	Ш	Statement of Revenue						
						(A)	(B)	(C)	(D) Revenue
						Total revenue	Related or	Unrelated	excluded from
							exempt function revenue	business revenue	tax under sections 512,
(0]									513, or 514
Contributions, gifts, grants and other similar amounts			Federated campaigns	1a 1b					
nor			Membership dues	1c					
ifts Iral			Related organizations	1d					
s, g			Government grants (contributions)	1e					
ion r si			All other contributions, gifts, grants, and						
ibu				1f 1	.89,012.				
덩		g N	Noncash contributions included in lines 1a-1f: \$						
ğ Ö		h T	Total. Add lines 1a-1f		>	189,012.			
		_			Business Code				
ice	2		MEMBERSHIP DUES AND			4,557,102.			
er v		_	CONFERENCES & MEETI	NGS		3,944,923.		410 045	
Program Service Revenue		_	MEMBER SERVICES			1,936,588.		412,945.	
gra		_	COST REIMBURSEMENT			1,570,200.		1570200.	
Pro		_	BUSINESS DEVELOPMEN		900099 561300		117,064.	34,269.	
_			All other program service revenue		-	34,269. 12160146.		34,209.	
	3		Fotal. Add lines 2a-2fnvestment income (including dividence			12100140.			
	Ü		other similar amounts)			789,765.			789,765.
	4		ncome from investment of tax-exempt						
	5		Royalties			10,000.			10,000.
			(i) F	eal	(ii) Personal				
	6	a (Gross Rents 313,	729.					
		b L	_ess: rental expenses 265,	463.					
			Rental income or (loss) 48,						
		d N	Net rental income or (loss)	_		48,266.		48,266.	
	7		Gross amount from sales of (i) Sec	_	(ii) Other				
			assets other than inventory 1144	284.					
			Less: cost or other basis	247	1 640				
		а - с	and sales expenses 2109 Gain or (loss) <965	063	1,640.				
			Net gain or (loss)			<966 703.	><966,703.	_	
-	Ω	u i	Gross income from fundraising events	(not		4300,703.	/ \		
nue			ncluding \$						
eve			contributions reported on line 1c). See						
Other Revenue			Part IV, line 18						
the			₋ess: direct expenses						
		c N	Net income or (loss) from fundraising e	vents					
	9	a G	Gross income from gaming activities.	See					
			Part IV, line 19						
			Less: direct expenses		L				
			Net income or (loss) from gaming activ	ities	····· •				
	10		Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
ł	-	۱۱ ت	Net income or (loss) from sales of inve Miscellaneous Revenue	погу	Business Code				
ł	11	a (OTHER REVENUE		900099	114,580.			114,580.
		- <u>-</u> b				,			
		c _							
		d A	All other revenue						
			Total. Add lines 11a-11d			114,580.	0 176 020	2065622	014 245
	40		Total Davanua				u i / h (17) (1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41/1 4/16

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
_	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 1 6 0 0 1 2			
_	trustees, and key employees	2,169,812.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 472 022			
7	Other salaries and wages	3,472,933.			
8	Pension plan contributions (include section 401(k)	E04 202			
^	and section 403(b) employer contributions)	584,392.			
9	Other employee benefits	377,167. 328,450.			
10	Payroll taxes	328,430.			
11	Fees for services (non-employees):	296,600.			
a	Management	25,813.			
b	Legal	40,864.			
C	Accounting	40,004.			
d	Lobbying Professional fundraising convices. See Part IV. line 17.				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	115,330.			
g	Other	115,550.			
12	Advertising and promotion	199,710.			
13 14	Office expenses	93,331.			
15	Information technology Royalties	33,331.			
16		1,010,916.			
17	Occupancy	248,421.			
18	Payments of travel or entertainment expenses	210,121.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,547,723.			
20	Interest	16,679.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	209,590.			
23	Insurance	60,781.			
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MEMBER SERVICES	958,944.			
b	BOARD OF DIRECTORS	166,049.			
С	MISCELLANEOUS EXPENSES	165,728.			
d	OTHER TAXES	146,428.			
е	MARKETING & PUBLIC RELA	122,016.			
f	All other expenses	551,548.			
25	Total functional expenses. Add lines 1 through 24f	12,909,225.			
26	Joint Costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X	Balai	nce Shee	<u> 1</u>

•			(A) Beginning of year		(B) End of year
	-	Cook, non interest hearing	1,225,769.	1	1,617,287.
	1 2	Cash - non-interest-bearing	1,223,709.	2	1,017,207.
	3	Savings and temporary cash investments		3	
	4	Pledges and grants receivable, net	529,414.	4	447,717.
	5	Accounts receivable, net Receivables from current and former officers, directors, trustees, key	323,414.	4	447,717·
	3	employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		3	
	"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	355,137.	9	301,725.
	l	Land, buildings, and equipment: cost basis 10a 1,908,572.			30177231
		Less: accumulated depreciation. Complete			
	~	Part VI of Schedule D 10b 1,455,871.	449,305.	10c	452,701.
	11	Investments - publicly traded securities	17,669,530.	11	16,024,240.
	12	Investments - other securities. See Part IV, line 11	351,566.	12	341,261.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,476,771.	15	2,317,075.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,057,492.	16	21,502,006.
	17	Accounts payable and accrued expenses	616,807.	17	601,579.
	18	Grants payable		18	
	19	Deferred revenue	3,211,943.	19	3,334,922.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iabi		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	2,466,327.	25	2,181,334.
	26	Total liabilities. Add lines 17 through 25	6,295,077.	26	6,117,835.
		Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	15 624 150		15 000 154
anc	27	Unrestricted net assets	17,634,159.	27	15,208,154.
Bal	28	Temporarily restricted net assets	128,256.	28	176,017.
Fund Balanc	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here			
s or		complete lines 30 through 34.		00	
Net Assets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Red	32	Retained earnings, endowment, accumulated income, or other funds	17,762,415.	32	15,384,171.
	34	Total net assets or fund balances Total liabilities and net assets/fund balances	24,057,492.	34	21,502,006.
Pa		Financial Statements and Reporting	24,037,4326	34	21,302,000
		i manorar otatomonto ana rioporang			Yes No
1	Acco	unting method used to prepare the Form 990: Cash X Accrual	Other		
2a	Were	the organization's financial statements compiled or reviewed by an independent	accountant?		2a X
b		the organization's financial statements audited by an independent accountant?			
С		es" to lines 2a or 2b, does the organization have a committee that assumes respon			
	revie	w, or compilation of its financial statements and selection of an independent acco	untant?		2c
За		result of a federal award, was the organization required to undergo an audit or au	_		
		nd OMB Circular A-133?			
b	If "Ye	es," did the organization undergo the required audit or audits?			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2008
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

● Se	ction 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name	of organization NATIONA	L TELECOMMUNICAT	IONS COOPER	ATIVE Empl	oyer identification number
	ASSOCIA	TION			52-0741336
Part	I-A To be completed b	y all organizations exem	pt under section	501(c) and section 5	27 organizations.
	See the instructions for S	schedule C for details.			
1 P	rovide a description of the organiz	zation's direct and indirect politic	cal campaign activities	in Part IV.	
	olitical expenditures				340,586.
	olunteer hours				
Part	I-B To be completed b	y all organizations exem	not under section	501(c)(3).	
	See the instructions for S	•			
1 E	nter the amount of any excise tax		der section 4955	▶ \$	
	nter the amount of any excise tax	, ,			
	the organization incurred a section				
	as a correction made?				
	"Yes," describe in Part IV.				
Part	I-C To be completed b	y all organizations exem	pt under section	501(c), except section	on 501(c)(3).
	See the instructions for S				` , , ,
1 E	nter the amount directly expended		ection 527 exempt func	tion activities > \$	340,586.
	nter the amount of the filing organ				·
	kempt function activities				0.
	otal of direct and indirect exempt				
	orm 1120-POL, line 17b			▶ \$	340,586.
	id the filing organization file Form	1120-POL for this year?		F ¥	X Yes No
	tate the names, addresses and er				
	nter the amount paid and indicate				• •
	romptly and directly delivered to a			· ·	
	additional space is needed, provi		,	3 3 1	,
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) (11)	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
				·	delivered to a separate
					political organization. If none, enter -0
					ii iione, emer e i

LHA

ASSOCTATION 52-0741336 Page 2 Schedule C. (Form 990 or 990-F7) 2008

	01111 990 01 990-LZ) 2006		CIMITO				7741330 Fage 2
Part II-A					section 501(c)(3) tha	at filed Form 576	8
	(election under sec	tion 501	(h)). See t	the instructions for	Schedule C for details.		
A Check	if the filing organiza	ation belong	gs to an affi	iliated group.			
B Check 🕨	if the filing organiza	ation check	ed box A a	nd "limited control	" provisions apply.		
	Limi (The term "expend		oying Expe eans amou		red.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lo	obying expenditures to infl	uence pub	lic opinion (grassroots lobbyir	ng)		
b Total lo	obying expenditures to infl	uence a leç	gislative boo	dy (direct lobbying)		
c Total lo	obying expenditures (add I	ines 1a and	d 1b)				
	xempt purpose expenditur						
	empt purpose expenditure						
	ng nontaxable amount. Ent						
	nount on line 1e, column (a) (bying nontaxable			
1	r \$500,000	` /		the amount on line			
Over \$5	00,000 but not over \$1,00	0.000	\$100.00	00 plus 15% of the	e excess over \$500,000.		
Over \$1	,000,000 but not over \$1,5	500.000			e excess over \$1,000,000.		
	,500,000 but not over \$17						
-	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000.						
<u> </u>	, ,	-	. , ,				
q Grassro	ots nontaxable amount (er	nter 25% o	f line 1f)				
_	t line 1g from line 1a. Ente		,				
	t line 1f from line 1c. Enter					•	
	is an amount other than ze					<u></u>	
-	g section 4911 tax for this	_					Yes No
	9				nder Section 501(h)		
	, -	ns below.	See the ins	structions for line	ction do not have to comes 2a through 2f of the ins	•	
		Lobb	ying Expe	nditures During 4	-Year Averaging Period		
	alendar year al year beginning in)	(a) 2	2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
	ng non-taxable amount		V				
•	ng ceiling amount						
(150% (of line 2a, column(e))						
c Total lo	obying expenditures						
d Grassro	ots non-taxable amount						
	ots ceiling amount						
(150% (of line 2d, column (e))						
		I					

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

ASSOCIATION

52-0741336 Page 3

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768
	(election under section 501(h)). See the instructions for Schedule C for details.

		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				<u>.</u>
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	—			
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5), or sec	tion
	501(c)(6). See the instructions for Schedule C for details.				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	Х	
Pai	t III-B To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5), or sec	tion
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part II	II-A, que	stion 3 is	3
	answered "Yes." See Schedule C instructions for details.				
1	Dues, assessments and similar amounts from members		1	4,55	7,101.
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	99	0,616.
	Carryover from last year			<26	0,769.>
	Total			72	9,847.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				5,411.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4	1	
					5,564.>

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART I-A, LINE 1:

AGGRESSIVELY ADVOCATE THE INTERESTS OF THE MEMBERSHIP BEFORE

LEGISLATIVE, REGULATORY, AND JUDICIAL BODIES AND OTHER ORGANIZATIONS

AND ENTITIES. THIS IS ACCOMPLISHED BY DEVELOPING, PRIORITIZING, AND

IMPLEMENTING POSITIONS, RESOLUTIONS, AND STRATEGIES TO GENERATE PUBLIC

SUPPORT FOR OUR POLICY AGENDA, AND REGULARLY CONVEYING ITS PARAMETERS

52-0741336 Page 4 Schedule C (Form 990 or 990-EZ) 2008 ASSOCIATION Part IV Supplemental Information (continued) TO MEMBERSHIP, POLICYMAKERS AND PUBLIC. TOOLS USED TO SECURE MAXIMUM INTERNAL AND EXTERNAL SUPPORT FOR ASSOCIATION'S PRIORITIES ARE COMMITTEES, AD HOC MEETINGS, WEBCASTS, MANAGERS' FORUMS, SITE VISITS, TECO, SPIRIT, FRS AND PARTNERSHIPS TO BUILD RELATIONSHIPS WITH ALLIES AND POLICYMAKERS TO INCREASE AWARENESS OF RURAL COMMUNICATIONS-ORIENTED ISSUES AND NEEDS.

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

 $\begin{array}{c} \text{Employer identification number} \\ 52-0741336 \end{array}$

Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization'	's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds may b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor or other impermissible p	rivate benefit? Yes No
Pa	Irt II Conservation Easements. Complete if the o	organization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	ation (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cor	nservation contribution in the form of a co	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic s	structure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 8/17/06	2d
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the	ne organization during the taxable
	year >		
4	Number of states where property subject to conservation e	easement is located >	
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, violations,	and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	
9	In Part XIV, describe how the organization reports conserva-	·	
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describe	s the organization's accounting for
_	conservation easements.	(O
Ра	organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, r	•	·
	treasures, or other similar assets held for public exhibition,		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		.
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tr		ial gain, provide
	the following amounts required to be reported under SFAS	_	
a	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2008

ASSOCIATION 52-0741336 Page **2**

Pai	rt III Organizations Maintaining Co	llections of Art	, Historical Tr	easures, or	Other S	Similar <i>F</i>	Assets (d	continue	d)
3	Using the organization's accession and other r	ecords, check any o	of the following tha	at are a significa	ant use of	its collecti	on items (check al	I
	that apply):								
а	Public exhibition	d	Loan or exc	hange program	าร				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further t	he organizatior	n's exemp	t purpose i	n Part XIV	' .	
5	During the year, did the organization solicit or r								
	to be sold to raise funds rather than to be mair	ntained as part of th	e organization's co	ollection?			🔲 Ye	s [☐ No
Pai	rt IV Trust, Escrow and Custodial A							line 9, or	ſ
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ary for contribution	ns or other asse	ets not inc	luded			
	on Form 990, Part X?						Ye	es [☐ No
b	If "Yes," explain the arrangement in Part XIV ar								
	, 1	•	3				Am	ount	
С	Beginning balance					1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
							Ye	es	No
	If "Yes," explain the arrangement in Part XIV.	555,					—	_	
	rt V Endowment Funds. Complete if o	rganization answer	ed "Yes" to Form 9	990. Part IV. lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years		Three years	back (e)	Four year	rs back
1a		(a) carrerri year	(2) 1 (2) 5 (2)	(c) in your	(3.)		- C (C)	, our your	
	Contributions								
c	Investment earnings or losses								
	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses		<u> </u>						
g	End of year balance								
2	Provide the estimated percentage of the year e	and halance held as							
a	Board designated or quasi-endowment	and balance neld as	0/6						
b	Permanent endowment	%	-70						
	Term endowment > %	_							
	Are there endowment funds not in the possess		ion that are held a	and administers	d for the	organizatio	n		
Ou	by:	non or the organizat	ion that are neid a	ina aaniinistere		organizatio	"	Yes	No
	(i) unrelated organizations						3	a(i)	110
								a(ii)	+-
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations li	etad as required on	Schedule R2					3b	+-
4	Describe in Part XIV the intended uses of the o							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	rt VI Investments - Land, Buildings			Part X line 10)				
I G	Description of investment	(a) Cost or oth		or other	(c) Depr	ociation	(4)	Book val	
	บอริเทียเดิก ดี แพ้อริเทาอีกเ	basis (investme		(other)	(c) Depr	ColatiOH	(u)	JOOK VAI	u c
10	Land	,	,	(53.10.)					
	Land						1		
	Buildings						+		
	Leasehold improvements						+		
	Equipment		1 00	8,572.	1 15	5 Q71	+	452,	701
	Other			0,314.	1,43	5,871	•	452, 452,	701 •
ıvta	n. Auu IIIIES Ta-TE. (C <i>Olullii (U) SNOUIG Equal FON</i>	ıı ээυ, rarı Λ, colun	III (D), IIIIE TU(C).)				1	エノム ,	, U T •

Schedule D (Form 990) 2008

ASSOCIATION 52-0741336 Page **3**

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.	
(a) Description of security or category	(b) Book value	(c) Method	of valuation:
(including name of security)	(b) Book value	Cost or end-of-y	ear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		_	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, lin	e 13.	
(a) Description of investment type	(b) Book value	(c) Method	of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-y	ear market value
Total (Col /h) should aqual Form 000 Part V and (P) line 12)			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
INVESTMENT IN DEFERRED COMP P.			1,551,817.
ACCRUED INTEREST RECEIVABLE			535.
DEATH BENEFIT RECEIVABLE			698,154.
INVESTMENT IN JOINT PROJECT			66,569.
	*		
			215 055
Total. (Column (b) should equal Form 990, Part X, col (B) lin			2,317,075.
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(b) Amount	
		(a) / uneant	
Federal income taxes DUE TO SMC		97,123.	
	YEES OF	97,123.	
NTCA	1110 01	1,551,817.	
SUPPLEMENTAL ACCRUED RETIREME	NT BENEFIT	463,623.	
DUE TO FOUNDATION		68,771.	
Total. (Column (b) should equal Form 990, Part X, col (B) lii	ne 25.)	2,181,334.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008

SSOCIATION 52-0741336 Page 4

	dule D (Form 990) 2008 ASSOCIATION			<u> </u>	74133	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial State	emer	nts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1				
2	Total expenses (Form 990, Part IX, column (A), line 25)	2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3				
4	Net unrealized gains (losses) on investments	4				
5	Donated services and use of facilities	5				
6	Investment expenses	6				
7	Prior period adjustments	7				
8	Other (Describe in Part XIV)	8				
9	Total adjustments (net). Add lines 4-8	9				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10				
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue p	er Ret	turn		
1	Total revenue, gains, and other support per audited financial statements		L	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV)					
е	Add lines 2a through 2d		2	2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV)					
С	Add lines 4a and 4b		4	4c		
_5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe			etur	n	
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:					
а	Donated services and use of facilities					
b	Prior year adjustments 2b					
С	Losses reported on Form 990, Part IX, line 25					
d						
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV)					
С	Add lines 4a and 4b		4	4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5		
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ırt IV, I	ines 1b a	and 2b	o; Part V,	iine 4; Part
X; Pa	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ASSOCIATION

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23. NATIONAL TELECOMMUNICATIONS COOPERATIVE

Employer identification number

52-0741336

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If line 1a is 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Written employment contract Compensation committee X Compensation survey or study X Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A. line 1a: a Receive a severance payment or change of control payment? X Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b X Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? 5b If "Yes," to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Any related organization? 6b

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

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

not described in lines 5 and 6? If "Yes," describe in Part III

If "Yes" to line 6a or 6b, describe in Part III.

initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III Schedule J (Form 990) 2008 NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION 52-0741336

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(4)) ((i) Base	(ii) Bonus &	(iii) Other	compensation	benefits	(B)(i)-(D)	reported in prior
(A) Name		compensation	incentive	compensation	o o mponounon	55.15.115	(-)()(-)	Form 990 or
			compensation					Form 990-EZ
	(i)	579,049.	100,413.	210.	29,150.	57,937.	766,759.	0.
MICHAEL E. BRUNNER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	244,000.	48,167.	225.	15,500.	42,332.	350,224.	0.
LISA I. WANGLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	180,554.	8,000.	139.	0.	50,709.	239,402.	0.
DANIEL MITCHELL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	149,900.	3,000.	37.	0.	50,742.	203,679.	0.
THOMAS D. WACKER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	135,563.	13,347.	37.	0.	43,220.	192,167.	0.
BARBARA W. RITTER	(ii)	0.	0.	0.	0.	0.	0.	0.
LODI BIGGUERRI	(i)	131,097.	4,000.	37.	0.	24,206.	159,340.	0.
LORI FISCHETTI	(ii)	0. 128,687.	0. 8,500.	0. 164.	0.	0. 39,955.	0. 177,306.	0.
KEVIN MCGUIRE	(i)	128,687.	0.	0.	0.	39,955.	0.	0.
KEVIN MCGOIKE	(ii) (i)	0.	0.	0.	0.	0.	0.	· ·
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 4B: MICHAEL E. BRUNNER, DEFERRED COMPENSATION, \$29,150
LISA I. WANGLER, DEFERRED COMPENSATION, \$15,500

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number 52-0741336

THE NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION, AN ASSOCIATION
OF SMALL, RURAL TELECOMMUNICATIONS PROVIDERS, IS DEDICTATED TO

IMPROVING THE QUALITY OF LIFE IN RURAL COMMUNITIES THROUGH ADVANCED

TELECOMMUNICATIONS BY EDUCATION, ADVOCACY AND COOPERATION.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION IS COMPRISED OF

COOPERATIVE AND COMMERCIAL RURAL TELEPHONE COMPANIES AND RELATED ASSOCIATE

SERVICE PROVIDERS.

FORM 990, PART VI, SECTION A, LINE 7A: EACH VOTING OFFICER IS ELECTED BY MEMBERS WITHIN THEIR REGION.

FORM 990, PART VI, SECTION A, LINE 7B: CHANGES IN THE ORGANIZATION BY-LAWS REQUIRE A MEMBER VOTE.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS PRESENTED AND REVIEWED BY THE BOARD OFFICERS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

REVIEWED ANNUALLY. ALL STAFF AND BOARD OF DIRECTORS ARE REQUIRED TO SIGN

OFF INDICATING ADHERENCE TO THE POLICY. THROUGHOUT THE YEAR, MANAGEMENT IS

REQUIRED TO REPORT ANY VIOLATIONS OF THE POLICY TO THE CEO.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS REVIEWED

BY AN INDEPENDENT COMPENSATION CONSULTANT THAT DOES A COMPARISON OF LIKE

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Internal Revenue Service NATIONAL TELECOMMUNICATIONS COOPERATIVE Name of the organization **Employer identification number** 52-0741336 ASSOCIATION POSITIONS IN THE AREA AND PRESENTS THE STUDY TO THE NTCA BOARD FOR APPROVAL. OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS REVIEWED BY A COMPENSATION CONSULTANT EVERY FIVE YEARS. CHANGES IN COMPENSATION ARE PRESENTED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 2: FINANCIAL STATEMENTS WERE PREPARED ON A CONSOLIDATED BASIS FOR NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION AND ITS SUBSIDIARIES.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

See separate instructions.

OMB No. 1545-0047 **2008**

2008
Open to Public
Inspection

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE

Employer identification number 52-0741336

ASSOCIATION							
Part I Identification of Disregarded Entities							
(A)	(B)	(C)	(D)	(E)	(F)		
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year asset	Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz	zations						
(A)	(B)	(C)	(D)	(E)	(F)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity		
	PROMOTE, EDUCATE AND ADVANCE RURAL						
OUNDATION FOR RURAL SERVICE - 52-1889647	TELECOMMUNICATIONS	VIRGINIA	501(C)(3)	11C			
ELEPHONE EDUCATION COMMITTEE ORGANIZATION	POLITICAL ACTION COMMITTEE	VIRGINIA					
ROUP HEALTH PROGRAM - 52-1043923	HEALTH AND WELFARE	VIRGINIA	501(C)(9)	N/A			
TCA REGIONAL RETIREE MEDICAL FUNDING TRUST	-						

VIRGINIA

501(C)(9)

N/A

POST RETIREMENT BENEFITS

I - 52-6737391

Schedule R (Form 990) 2008 ASSOCIATION

Part III	Identification of Related Organizations Taxable as a Partnership
	racination of ficially of gamzadone raxable as a faither only

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(,	J)
Name, address, and EIN of related organization		Legal domicile (state or foreign			Share of total income	Share of end-of-year assets	Dispro ate allo	portion- cations?	Code V-UBI amount in box 20 of Schedule	Gene mana partr	eral or aging ner?
		country)		,			Yes	No	K-1 (Form 1065)	Yes	No
											1
											1
											ĺ
											<u> </u>
											ĺ
											ĺ
											1
										\vdash	<u> </u>
											ĺ
											1
										\vdash	\vdash
											1
					l .	l					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
NTCA RETIREMENT AND SAVINGS PROGRAM - 52-1558805	DEFINED BENEFIT PLAN	VA		TRUST	0.	0.	.00%
NTCA SAVINGS PLAN - 52-1522857	DEFINED CONTRIBUTION PLAN	VA		TRUST	0.	0.	.00%
MASTER TRUST FOR DEFERRED COMP PLANS - 56-6678513	DEFERRED COMPENSATION	VA		TRUST	0.	0.	.00%
NTCA NATIONAL RETIREE MEDICAL FUNDING TRUST - 52-6685526	POST RETIREMENT BENEFITS	VA		TRUST	0.	0.	.00%

Schedule R (Form 990) 2008 ASSOCIATION

Page 3

Part V	Transactions With Related Organizations

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X	
	Gift, grant, or capital contribution to other organization(s)	1b	X	
	Gift, grant, or capital contribution from other organization(s)	1c		Х
d	Loans or loan guarantees to or for other organization(s)	1d		Х
е	Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s)	1e		Х
f	Sale of assets to other organization(s)	1f		Х
g	Sale of assets to other organization(s) Purchase of assets from other organization(s)	1g		Х
h	Exchange of assets	1h		Х
	Lease of facilities, equipment, or other assets to other organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		Х
	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
-1	Performance of services or membership or fundraising solicitations by other organization(s)	11	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		Х
n	Sharing of paid employees	1n		Х
0	Reimbursement paid to other organization for expenses	10		Х
р	Reimbursement paid by other organization for expenses	1p		Х
q	Other transfer of cash or property to other organization(s)	1q		Х
r	Other transfer of cash or property from other organization(s)	1r		Х
2	If the appropriate any of the above is "Vee" one the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

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) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) SERVICE MANAGEMENT CORP.	A	265,449.
(2) FOUNDATION FOR RURAL SERVICE	A	48,280.
(3) FOUNDATION FOR RURAL SERVICE	В	40,000.
(4) SERVICE MANAGEMENT CORP.	K	296,600.
(5) FOUNDATION FOR RURAL SERVICE	K	24,860.
(6) SERVICE MANAGEMENT CORP.	L	1,570,200.

Part VI Unrelated Organizations Taxable as a Partnership

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

(A)	(B)	(C))	(E)	(I	F)	(G)		H)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all p section organiz	oartners 501(c)(3) ations?	Share of end-of- year assets	l tion	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or aging tner?
		country)		No		Yes	No	(Form 1065)	Yes	No
			1							
	_									
	-									
	+									
	-									
	-									
	*									

Schedule R-1 (Form 990) 2008 ASSOCIATION

(A)	(B)	(C)	(D)	(E)	(F)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
NATIONAL RETIREE MEDICAL FUNDING TRU	ST				
52-1889144	POST RETIREMENT BENEFITS	VIRGINIA	501(C)(9)	N/A	
				+	