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Department of the Treasury

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

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please use IRS MIDDLE TENNESSEE ELECTRIC MEMBERSHIP CORPORATION Address change 62-0293472 label or Doing Business As E Telephone number Name change print or type. See Specific (615) 494-1551 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 500,818,831 555 NEW SALEM ROAD Termination tions. City or town, state or country, and ZIP + 4 MURFREESBORO, TN 37129 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for FRANK JENNINGS affiliates? 555 NEW SALEM ROAD MURFREESBORO, TN 37129 H(b) Are all affiliates included? ┌ Yes ┌ No Tax-exempt status (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW MTEMC COM **K** Type of organization
✓ Corporation

trust

association L Year of Formation 1936 M State of legal domicile TN Part I Summary Briefly describe the organization's mission or most significant activities RURAL ELECTRICITY DISTRIBUTION Activities & Governance Check this box 🗀 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . 11 Total number of employees (Part V, line 2a) 379 Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) . 423,357,778 495,511,476 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 239,563 1.452.514 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 358,113 567,712 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 423,955,454 497,531,702 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 20,073,450 22,355,895 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 384,973,892 447,404,076 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 469,759,971 18 405,047,342 19 Revenue less expenses Subtract line 18 from line 12 18,908,112 27,771,731 89 **Beginning of Year End of Year** Assets (1 Bafaec 20 Total assets (Part X, line 16) 373.585.302 393,415,496 21 Total liabilities (Part X, line 26) 142,616,114 135,693,877 22 Net assets or fund balances Subtract line 21 from line 20 230,969,188 257,721,619 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please ***** 2010-05-07 Sign Signature of officer Here FRANK JENNINGS PRESIDENT Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's signature PATRICK R LILE Paid empolyed 🕨 🔽 Preparer's WINNETT ASSOCIATES PLLC Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 P O BOX 745 Phone no (931) 684-7142

May the IRS discuss this return with the preparer shown above? (See instructions)

SHELBYVILLE, TN 37162

▼Yes 「No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organizati	on's mission			
2	Did the organization unde the prior Form 990 or 99		program services during the year w	hich were not listed on	∕es 🔽 No
	If "Yes," describe these n	iew services on Sched	iule O		
3	Did the organization ceas		significant changes in how it condu	ucts any program	res ☑ No
	If "Yes," describe these o	hanges on Schedule (o		
4	Section 501(c)(3) and (4) organizations and 49	r each of the organization's three la 947(a)(1) trusts are required to rep , for each program service reported		
 4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	RURAL ELECTRICITY DISTRIB Williamson Counties IN MIDD	UTION TO APPROXIMATELY	182,000 MEMBERS LOCATED IN Rutherford	d, Wilson, Cannon, Maury, Smith, Troi	usdale, DeKalb, and
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Expenses \$		le O) ng grants of \$) (Revenue \$)
4e	Total program service e	xpenses \$	Must equal Part IX, Lıı	ne 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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		No
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		
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
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		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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		No
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	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		
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			
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		No
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		No

Part VI . . .

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			
		28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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	Yes	
36	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 percent 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,	37		No

Form	990 (2008)			Page 5
Pa	rt 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 U.S. Information Returns. Enter -0- if not applicable			
	1a 143			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	4a		No
Ь	account)?			IN O
_	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 \$75 or	7a		
	more?	1		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		
f	benefit contract?	7f		
g		7: 7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 9		
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		
	year [?]	 		<u>L</u> I
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	_		
_	Did the organization make any taxable distributions under section 4966?	9a		
b 10	, , , , , , , , , , , , , , , , , , , ,	9Ь		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
U	facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
4	11a 495,511,476			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	l		I

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

Section A. Governing Body	y and Management

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	11			
Ь	Enter the number of voting members that are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.			3		No
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	ince t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νo
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
b	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, 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 to describe in Schedule O the process, if any, the organization uses to review the			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
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		Νo
b	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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available 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 interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BERNIE STEEN JR VP OF FINANCE

555 NEW SALEM ROAD MURFREESBORO, TN 37129 (615) 494-1551

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

The check this box in the organization and i		Posit	(C) chec	:k al				(5)	(F)
(A) Name and Title	(B) Average hours per week	Former Highest compensated employee Key employee Officer Institutional Trustee Inclividual Trustee				Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

			tion that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			+							
			₩		\vdash		\vdash			
			+							
1b Total							►	1,562,008	3	689,322

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►14

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PIKE ELECTRIC INC PO BOX 1000 MEMPHIS, TN 381480517	LINE CONSTRUCTION	6,208,794
POWER RESOURCES 120 CLARK STREET PELHAM, AL 35124	SUBSTATION CONSTRUCTION	3,020,794
BUSH METER READING 1842 LOCKE CREEK ROAD READYVILLE, TN 37149	METER READING	1,549,630
WOLF TREE EXPERTS INC PO BOX 415000-0046 NASHVILLE, TN 372410046	RIGHT OF WAY CLEARING	1,485,198
ASPLUNDH 708 BLAIR MILL ROAD WILLOW GROVE, PA 19090	RIGHT OF WAY CLEARING	876,658
Total number of independent contractors (including those in 1) who re from the organization	. ,	17

Part State
VIII

Statement	of	Rev	enu
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					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			No volido		012, 010, 0. 011
Contributions, gifts, grants and other similar amounts	b	Membership d	lues					
	с	Fundraising ev	vents					
ara ara	d	Related organ	1c izations1d					
TS, C	e	Government gran	nts (contributions) 1e					
ution er s	f	All other contribut	tions, gifts, grants, and not included above					
更	_		1f ributions included in					
and	g	lines 1a-1f \$						
	h	Total (Add lin	es 1a-1f)					
<u>9</u>	2-	ELECTRIC DEVEN	WEG.	Business Code	405 544 476	105 511 476		
Program Serwce Revenue	2a b	ELECTRIC REVEN	IUES	221,000	495,511,476	495,511,476		
<u>a</u>	c							
rwc.	d							
38	e							
gran	f	All other prog	ram service revenue					
£	g		es 2a-2f					
	3	► \$ 495,511,4 Investment in	176 Icome (including divi	dends. Interest				
			amounts)	· ·	517,717			517,717
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	2,954,868 3,123,889					
	b	expenses Rental income	-169,021					
	C	or (loss)	ome or (loss)		-169,021			-169,021
	d	Net rental inco		▶	105,021			103,021
	7a	Gross amount	(ı) Securities	(II) O ther 1,098,037				
		from sales of assets other						
	ь	than inventory Less cost or		163,240				
		other basis and sales expenses		024 707				
	c d	Gain or (loss) Net gain or (lo		934,797	934,797			934,797
				. ▶				·
ຕ່າ	8a	events (not ın \$						
ž ¥		of contributior 1c) See Part	ns reported on line IV, line 18					
Şe ve			le G ıf total exceeds					
<u>т</u> Н	ь		xpensesb					
Other Revenue	с		· · (loss) from fundrais					
-	9a	Gross Income						
		Complete Sche						
		exceeds \$15,00	00 a					
	b	Less directe	xpensesb					
	С		(loss) from gaming	activities •				
	10a	Gross sales o returns and al	f inventory, less lowances					
	ь	lace cost of	a goods sold b					
	С		(loss) from sales of					
		Miscellaneou		Business Code	736 733	706 700		
	11a b	PATRONAGE	CAPITAL	900,099	736,733	736,733		
	С							
		All other royal	nue					
	d e		nue es 11a-11d					
	12		e. Add lines 1h, 2g, 3	\$ 736,733	497,531,702	496,248,209	0	1,283,493
	**	8c,			.57,331,702	.50,210,203	O	1,200,470
	J	9c, 10c, and 1	11e	. •				Form 990 (2008)

Part IX Statement of Functional Expenses

-	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do	not include amounts reported on lines 6b, 7b, 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					
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, trustees, and key employees	608,659				
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	15,387,591				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,896,963				
9	Other employee benefits	2,221,723				
10	Payroll taxes	1,240,959				
11	Fees for services (non-employees)					
а	Management					
b	Legal	480,399				
c	Accounting	48,000				
d	Lobbying					
е	Professional fundraising See Part IV, line 17					
f	Investment management fees					
g	Other					
12	Advertising and promotion					
13	Office expenses	1,710,847				
14	Information technology					
15	Royalties					
16	Occupancy	4,288,865				
17	Travel					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials					
19	Conferences, conventions and meetings					
20	Interest	3,764,964				
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	12,433,999				
23	Insurance					
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)					
ā	COST OF ELECTRICITY SOL	400,834,024				
Ŀ	CUSTOMER ACCOUNTS EXPEN	8,330,927				
c	LINE MAINTENANCE EXPENS	7,934,747				
c	LINE OPERATING EXPENSE	6,047,481				
•	ADMINISTRATIVE AND INFO	873,488				
f	All other expenses	656,335				
25	Total functional expenses. Add lines 1 through 24f	469,759,971				
26	Joint Costs. Check I 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	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,982,063	1	578,445
	2	Savings and temporary cash investments		1,282,870	2	5,100,053	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			31,553,792	4	30,378,588
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	n 4958(f)(1)) and		6	
	7	Notes and loans receivable, net			7,111,598	7	6,553,633
	8	Inventories for sale or use			7,755,250	8	6,102,930
2	9	Prepaid expenses and deferred charges			2,923,224	9	4,622,207
Assets	10a	Land, buildings, and equipment cost basis	10a	481,044,965			
•	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	148,190,239		100	332,854,726
	11	Investments—publicly traded securities	100	140,100,200	010,404,070	11	002,004,720
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VI.	I of	4,411,358	12	4,731,888
	13	Investments—program-related See Part IV, line 11 Complete in of Schedule D.	Part VI	II		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			1,100,768		2,493,026
			272 505 202	15	202 445 400		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			373,585,302	16	393,415,496
	17	Accounts payable and accrued expenses .			39,393,586	17	32,855,135
	18 19	Grants payable			18 19		
	20	Deferred revenue			20		
Ø.	21		•			21	
≝	22	Escrow account liability Complete Part IV of Schedule D Payable to current and former officers, directors, trustees, key		•		21	
Liabilities	22	employees, highest compensated employees, and disqualified					
		persons Complete Part II of Schedule L	72.926.559	22	67 226 026		
	23	Secured mortgages and notes payable to unrelated third parties	5.	•	72,836,558	23	67,236,926
	24	Unsecured notes and loans payable		20 295 070	24	25 004 840	
	25	Other liabilities Complete Part X of Schedule D	30,385,970	25	35,601,816		
	26	Total liabilities. Add lines 17 through 25	_1_4_ 1	li 27	142,616,114	26	135,693,877
S O		Organizations that follow SFAS 117, check here ► and complete through 29, and lines 33 and 34.	piete i	iines 2/			
e E	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets				28	
=	29	Permanently restricted net assets		29			
r Fund		Organizations that do not follow SFAS 117, check here ▶ $\overline{\wp}$ at lines 30 through 34.	nplete				
S O.	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0	
AS	32	Retained earnings, endowment, accumulated income, or other for		230,969,188	32	257,721,619	
Net	33	Total net assets or fund balances			230,969,188		257,721,619
Z	34	Total liabilities and net assets/fund balances			373,585,302		393,415,496
	I						
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
			165	140
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b Were the organization's financial statements audited by an independent accountant?			Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b	·	

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

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.

Employer identification number Name of the organization MIDDLE TENNESSEE ELECTRIC MEMBERSHIP CORPORATION

			62-0293472	
Part I	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		Funds or Accounts. Comple	ete if the
	organization answered Tes to FOITH 95	(a) Donor advised funds	(b) Funds and other acco	unts
Total	number at end of year			
Aggre	egate Contributions to (during year)			
Aggre	egate Grants from (during year)			
A ggre	egate value at end of year			
	he organization inform all donors and donor advi		nor advised Yes	┌ No
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben rmissible private benefit?			∏ No
art II	Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part IV, line 7.	
F	ose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of a Preservation of c	n historically importantly land are ertified historic structure n of a conservation easement	ea
	e last day of the tax year		Held at the End o	f the Ye
Tota	al number of conservation easements		2a	
	al acreage restricted by conservation easement	e	2b	
	nber of conservation easements on a certified hi		2c	
	nber of conservation easements included in (c) a		2d	
	ber of conservation easements modified, transfe	rred, released, extinguished, or terminat	ed by the organization during	
the ta	axable year 🕨			
Numb	ber of states where property subject to conserva	ation easement is located ►		
	the organization have a written policy regarding cement of the conservation easements it holds?		lations, and	┌ No
Staff	or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during th	e year 🟲	
A mot	unt of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	⁄ear ► \$	
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	┌ No
balan the o	ort XIV, describe how the organization reports concesheet, and include, if applicable, the text of tour ganization's accounting for conservation easer	the footnote to the organization's financia nents	al statements that describes	
rt III	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.	
art, h	e organization elected, as permitted under SFAS historical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	rch in furtherance of public servic	e,
hısto	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for de the following amounts relating to these items	public exhibition, education, or research		
(i) _R	evenues included in Form 990, Part VIII, line 1		► \$	
(ii) A	ssets included in Form 990, Part X		▶ \$	
	organization received or held works of art, hist wing amounts required to be reported under SFA		for financial gain, provide the	
Reve	nues included in Form 990, Part VIII, line 1		► \$	
• Asse	Assets included in Form 990, Part X			

Cat No 52283D

Part		Organizations Maintaining Colle	ections of Art,	His	<u>tori</u>	cal Treas	ures, or Othe	er Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)										
а	Γ	Public exhibition		d	Γ	Loan or exc	change programs	5			
b	Γ	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's colle XIV	ections and explain	how	v they	further the	organization's e	xempt purpo	ose in		
5		ng the year, did the organization solicit or r ts to be sold to raise funds rather than to b						nılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a		e organization an agent, trustee, custodiar ded on Form 990, Part X?	n or other intermed	iary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If"Y	es," explain why in Part XIV and complete	the following table								
									A mou	nt	
С	Begi	nnıng balance					1c				
d	Add	tions during the year					1d				
е	Dıst	ributions during the year					1e				
f	End	ng balance					1f				
2a	Dıd t	he organization include an amount on Form	n 990, Part X, line	21?					Γ	Yes	∏ No
		es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete if t					Form 990, Pa wo Years Back (d			1 Faur Va	ara Da ak
1a	Beau	nning of year balance	(a)Current Year	(D)	Prior Y	ear (c) ii	wo fears back (a	Tillee fears b	ack (e	rour re	ears back
b		cributions									
c		stment earnings or losses									
d		its or scholarships									
e		er expenditures for facilities									
	and	programs									
f	Adm	inistrative expenses									
g	End	of year balance									
2	Prov	ide the estimated percentage of the year e	nd balance held as								
а	Boar	d designated or quasi-endowment 🕨									
Ь	Perm	nanent endowment 🕨									
c	Term	n endowment 🕨									
3a		there endowment funds not in the possessi	on of the organizat	ion t	hat a	re held and	admınıstered for	the		V	N-
	_	nization by nrelated organizations						[3a(i)	Yes	No
		elated organizations			•				3a(ii)		
b		es" to 3a(II), are the related organizations				ule R?			3b		
4	Desc	ribe in Part XIV the intended uses of the o	organization's endo	wme	nt fu	nds					
Par	t VI	Investments—Land, Buildings,	and Equipmen	t. S	ee F	orm 990, F	art X, line 10.				
		Description of investment				Cost or other (investment)	(b) Cost or other basis (other)	(c) Deprecia	ation	(d) Boo	ok value
1 a l	and						5,882,308	_			5,882,308
b E	Buildii	ngs					20,404,609	3,63	7,369	16	5,767,240
c l	_ease	hold improvements									
d E	Equip	ment					112,339,208	55,14	9,840	5	7,189,368
e (Other						342,418,840	89,40	3,030	25:	3,015,810

Part VII Investments-Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Dook value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	no 1E	
(a) Descri		(b) Book value
	•	
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED POST RETIREMENT BENEFITS OTHER THAN PENSIONS	18,531,545	
ADVANCES FROM TVA CONSERVATION LOANS	5,575,890	
PAYABLES FOR PLANT PURCHASES	250,000	
CUSTOMER DEPOSITS	7,423,645	
ACCRUED LIABILITIES-POLE RENTALS	159,283	
ACCRUED LEAVE - VACATION	2,726,251	
TAX COLLECTIONS PAYABLE - SALES TAX	782,565	
CAPITAL LEASE	152,637	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	35,601,816	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	497,531,702
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	469,759,971
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	27,771,731
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	-1,019,300
9	Total adjustments (net) Add lines 4 - 8	9	-1,019,300
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	26,752,431
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial		500,655,591
	statements	1	
2	A mounts 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	2e	0
3	Subtract line 2e from line 1	3	500,655,591
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)		
С	Add lines 4a and 4b	4c	-3,123,889
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	497,531,702
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	472,883,860
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments	1	
С	Losses reported on Form 990, Part IX, line 25	4	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	3,123,889
3	Subtract line 2e from line 1	3	469,759,971
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	469,759,971
Pai	rt XIV Supplemental Information		
Cor	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art XI\	, lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		PART XI LINE 8 - OTHER ADJUSTMENTS INCLUDE AMORTIZATION OF ACTUARIAL LOSS (FAS 106) POSTRETIREMENT LIABILITY OF \$336,400 AND A POSTRETIREMENT BENEFIT (FAS 106) ACTUARIAL LOSS OF \$1,355,700

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133005370

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury

ın Part III

Name of the organization

Internal Revenue Service

Compensation Information

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

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

Open to Public Inspection

MID	DDLE TENNESSEE ELECTRIC MEMBERSHIP CORPORATION			• •			
				62-0293472			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropiate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t						
	First class or charter travel	Г	Housing allowance or residence for				
	Travel for companions	Г	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiati	on fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauf	feur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			ment or	1b		
2	Did the organization require substantiation prior to recofficers, directors, trustees, and the CEO/Executive [2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha Compensation committee Independent compensation consultant Form 990 of other organizations		y Written employment contract				
	- -	·					
4	During the year, did any person listed in Form 990, Pa	art V I	I, Section A, line 1a				
а	a Receive a severance payment or change of control payment?						
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde tl	ne applicable amounts for each item ii	n Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue ai	ny			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue ai	ny			
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6° If "Yes," de			- fi x e d	7		
8	Were any amounts reported in Form 990, Part VII, pa						

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-M	1ISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
				(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
C FRANK JENNINGS	(1) (11)			14,233	72,146	10,023	296,493	110,285
BERNIE STEEN	(1) (11)	132,669		5,037	44,216	10,023	191,945	
JEFF GILL	(1) (11)			16,843	111,245	10,023	3 252,525	
RON WASHINGTON	(1) (11)			4,687	73,187	10,023	197,144	
TOM SUGGS	(1) (11)			6,191	51,853	10,023	3 202,505	
SHANNON KAPRIVE	(1) (11)	130,351		9,522	49,893	10,023	199,789	
JOHN FLORIDA	(1) (11)			11,636	24,277	10,023	177,589	
KEN THRO NEBERRY	(1) (11)	124,537		11,340	46,489	10,023	192,389	
DAN FLORIDA	(1) (11)			13,066	93,440	10,023	3 241,449	
	(ii)						1	
	(i)	<u> </u>	1			1]
	(ii)	<u> </u>	1		,	1	<u> </u>	1
	(i)	 	 		,	 	<u> </u>	4
	(ii)	 	+		,J	+	<u> </u>	4
l	(i) (ii)	 '	+	+	,	+	 '	4
	(III)	1	1	J	,	1	1	

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

Ident if ier	Return Reference	Explanation				
-						
	·					

Employer identification number

62-0293472

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization
MIDDLE TENNESSEE ELECTRIC MEMBERSHIP CORPORATION

 Identifier
 Return Reference
 Explanation

 Form 990, Part VI, Section A, line 6
 There is only one class of members all members have the right to elect the members of the board of directors (the governing body of mtemc)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THERE IS ONLY ONE CLASS OF MEMBERS AND ALL MEMBERS MAY VOTE TO FILL VACANCIES ON THE BOARD OF DIRECTORS DIRECTORS MUST BE MEMBERS AND ARE ELECTED BASED ON GEOGRAPHICAL LOCATIONS AS STATED IN THE BYLAWS DIRECTORS SERVE THREE YEAR TERMS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Bylaws may be Altered, Amended or repealed by the members

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Both the Controller and VP of Finance review form 990. The VP of Finance reviews with President AND Finance Committee of the board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		MTEMC HAS SEVERAL POLICIES THAT ADDRESS CONFLICTS OF INTEREST THESE POLICIES APPLY TO DIRECTORS AND EMPLOYEES AND ARE RENEWED ON AN ANNUAL BASIS EMPLOYEES ARE TO REPORT CONFLICTS OF INTEREST TO THEIR SUPERVISORS WHEN FAMILY MEMBERS OF DIRECTORS OR EMPLOYEES SEEK TO DO BUSINESS WITH MTEMC SEALED BIDS ARE REQUIRED THE BOARD OF DIRECTORS IS RESPONSIBLE FOR RESOLVING ANY DISPUTES CONCERNING CONFLICTS OF INTEREST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION OF THE PRESIDENT IS DETERMINED BY ANNUAL REVIEW MADE BY THE PERFORMANCE AND APPRAISAL COMMITTEE THE COMMITTEE'S RECOMMENDATION IS GIVEN TO THE FULL BOARD FOR APPROVAL THE EVALUATION INCLUDES SALARY COMPARIBILITY DATA BOARD APPROVAL IS DOCUMENTED IN THE MINUTES

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section C, line 19		THE COOPERATIVE'S BY LAWS AND RULES AND REGULATIONS ARE MADE AVAILABLE ON OUR WEBSITE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY(S), AND FINANCIAL STATEMENTS ARE AVAILABLE TO OUR MEMBERS UPON REQUEST SUMMARIZED FINANCIAL INFORMATION IS PUBLISHED ANNUALLY IN THE TENNESSEE MAGAZINE						

DLN: 93493133005370

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

MIDDLE TENNESSEE ELECTRIC MEMBERSHIP CORPORATION				62-0293472	
Part I Identification of Disregarded Entities				•	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) e Exempt Code sec	(E) Public charity st (if section 501(c	(F) Direct controlling entity
555 NEW SALEM ROAD	ACCUMULATION AND W SALEM ROAD DISBURSEMENT OF FUNDS LEESBORO, TN37129 FOR CHARITABLE PURPOSES		501(C)(3)	9	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	5Y		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity		(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtions allocations?		Code V—UBI amount on Box 20 of K-1		iral o aging ner?
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(4)

(5)

(6)

Part V	Transactions wit	h Related Organizations
		-

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations listed in Parts II-IV	7			
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
Ь	b Gift, grant, or capital contribution to other organization(s)			1b		No
c	c Gift, grant, or capital contribution from other organization(s)			1c		No
d	d Loans or loan guarantees to or for other organization(s)			1d		No
e	e Loans or loan guarantees by other organization(s)			1e		No
f	f Sale of assets to other organization(s)			1f		No
g	g Purchase of assets from other organization(s)			1g		No
h	h Exchange of assets			1h		No
i	i Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	j Lease of facilities, equipment, or other assets from other organization(s)			1j		No
k	k Performance of services or membership or fundraising solicitations for other organization(s)			1k	Yes	
1	I Performance of services or membership or fundraising solicitations by other organization(s)			11		No
m	m Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	n Sharing of paid employees			1n	Yes	
0	• Reimbursement paid to other organization for expenses			10		No
р	p Reimbursement paid by other organization for expenses			1р		No
q	q O ther transfer of cash or property to other organization(s)			1q	Yes	
r	r Other transfer of cash or property from other organization(s)			1r		No
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered relationship;	s and transaction thresholds			
_		(B)				
	(A) Name of other organization(s)	Transaction type(a-r)	(C) Amount Involved			
(1)	(1) MIDDLE TENNESSEE ELECTRIC CUSTOMERS CARE INC	Q			825,38	32
(2)	2)				023,3	
(~)						
(3)	3)					
,	-,					

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) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes No			Yes	No
			•	•		•		Cabadul	. D / Farms	9907 2008

Software ID: Software Version:

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Name: MIDDLE TENNESSEE ELECTRIC MEMBERSHIP

CORPORATION

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Gordon Bone , Board Chairman	8 30	Х		Х				15,682	0	0	
Charles BOWMAN , BOARD VICE CHAIRMAN	4 40	х		х				14,322	0	0	
JAMES E MILLS , BOARD SECRETARY/TREASURE	2 00	Х		х				11,575	0	0	
RICHARD D SMITH , DIRECTOR	6 80	Х						15,307	0	0	
GLORIA O'STEEN , DIRECTOR	8 20	Х						13,557	0	0	
LUTHER LENNING , DIRECTOR	2 70	Х						12,615	0	0	
MIKE WOODS , DIRECTOR	8 40	Х						14,730	0	0	
BILL GIDDENS , DIRECTOR	3 70	Х						12,615	0	0	
DAVID LEE , DIRECTOR	6 10	Х						14,400	0	0	
STEVE SEGER , DIRECTOR	4 30	Х						13,622	0	0	
WILL JORDAN , DIRECTOR	8 60	Х						15,165	0	0	
C FRANK JENNINGS , PRESIDENT	60 00			Х				214,324	0	82,169	
BERNIE STEEN , VP-FINANCE	50 00			Х				137,706	0	54,239	
CHRIS JONES , VP- COMMUNICATIONS/MEMBER	50 00				х			113,543	0	32,369	
JEFF GILL , VP-OPERATIONS	45 00				Χ			131,257	0	121,268	
RON WASHINGTON , DISTRICT MANAGER	46 00				х			113,934	0	83,210	
TOM SUGGS , VP-ENGINEERING	43 00					Х		140,629	0	61,876	
SHANNON KAPRIVE , VP-HUMAN RESOURCES/CORPO	50 00					х		139,873	0	59,916	
JOHN FLORIDA , VP-INFORMATION SERVICES	50 00					х		143,289	0	34,300	
KEN THRONEBERRY , DISTRICT MANAGER	40 00					х		135,877	0	56,512	
DAN FLORIDA , DISTRICT MANAGER	45 00					X		137,986	0	103,463	

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Name: MIDDLE TENNESSEE ELECTRIC MEMBERSHIP CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

10 m 250 y Contract 2									
(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	1	(E) Total of columns	(F) Compensation reported in prior Form		
	(i) Base Compensation (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ		
C FRANK JENNINGS (I	200,091		14,233	72,146	10,023	296,493	110,285		
BERNIE STEEN (I	132,669		5,037	44,216	10,023	191,945			
JEFF GILL (I	114,414		16,843	111,245	10,023	252,525			
RON WASHINGTON (I	109,247 1)		4,687	73,187	10,023	197,144			
TOM SUGGS (I	134,438		6,191	51,853	10,023	202,505			
SHANNON KAPRIVE (I	130,351		9,522	49,893	10,023	199,789			
JOHN FLORIDA (I	131,653		11,636	24,277	10,023	177,589			
KEN THRO NEBERRY (I	124,537		11,340	46,489	10,023	192,389			
DAN FLORIDA (I	124,920		13,066	93,440	10,023	241,449			