

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasure Internal Revenue Service

Address change

Name change

Initial return

Termin-

Amended

Applica-

pending

Please use IRS label or

print or

type

Specific

I Tax-exempt status X 501(c) ( 12

J Website: ► WWW.ODEC.COM

A For the 2009 calendar year, or tax year beginning

C Name of organization

Doing Business As

GLEN ALLEN, VA

SAME AS C ABOVE

OLD DOMINION ELECTRIC COOPERATIVE

4201 DOMINION BOULEVARD

City or town, state or country, and ZIP + 4

F Name and address of principal officer JACK REASOR

) ◀ (insert no)

GREENVILLE, SC 29601

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

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

Number and street (or P 0, box if mail is not delivered to street address)

## Return of Organization Exempt From Income Tax

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

4947(a)(1) or

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

and ending

Room/suite

OMB No 1545-0047 Open to Public Inspection

968-4034

737,085,836.

Yes X No

JYes ◯ No

D Employer identification number

(804)

E Telephone number

H(a) Is this a group return

H(b) Are all affiliates included?

**H(c)** Group exemption number ▶

for affiliates?

G Gross receipts \$

23-7048405

If "No," attach a list (see instructions)

K Form of organization X Corporation Trust Year of formation 1948 M State of legal domicile: VA Part I Summary Bnefly describe the organization's mission or most significant activities: PROVIDE WHOLESALE POWER TO Activities & Governance MEMBER COOPERATIVES Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 22 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b)  $\overline{114}$ 5 Total number of employees (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Feith (990) line 34 7b **Prior Year Current Year** Contributions and grants (Party III, line 1h)
Program service revenue (Part VIII, line 2g) 1 0 2010 S 8 Revenue О 1038639674 712,376,025. 44,024,558. 18,890,789. 10 Investment income (Part VIII column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A ) 1085 5 60,8c, βς-10c, and 11e) 41,720. 76,866 1082741098. 308,534. 12 Total revenue add lines 8 through 11 (must equal P Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 11,887,628. 12,613,620. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1049158104. 699,679,262. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 712,292,882. 1061045732 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 21,695,366. 19,015,652. 19 Revenue less expenses Subtract line 18 from line 12 Net Assets or und Balances Beginning of Current Year **End of Year** 1427161096. 1497609684. 20 Total assets (Part X, line 16) CANNED 1177776191. 1097640116. Total liabilities (Part X, line 26) 319,833,493. 329,520,980. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/4/10 Sign Signature of officer Here ROBERT L. KEES, SR. VP & CFO Type or print name and title Check it self-Date Preparer's identifying number (see instructions) Paid 11/2/10 signature employed Preparer's Firm's name (o EIN > 34-6565596 **ERNST & YOUNG US LLP** Use Only self-employed),

0

864-242-5740

X Yes No

Form 990 (2009)

Phone no

932002 02 04-10

Page 3

Pai	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_		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? 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 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		Х
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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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, 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			
	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	1		
	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		1	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	, , , , , , , , , , , , , , , , , , , ,		37	
	Schedule D, Parts XI, XII, and XIII	12	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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446		Х
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	-	
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>'</u>		<del>                                     </del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>		<del></del> -
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- <del>.~</del>		<del></del> -
	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		_	990 (	2009)

Х Form 990 (2009)

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

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

Pai	t 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			
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 reportable gaming			ĺ
•	(gambling) winnings to prize winners?	1c	Х	ĺ
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 114			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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 instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
ь	If "Yes," enter the name of the foreign country			
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	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		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
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).			
a	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	i	l
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ĺ
	benefit contract?	7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the		,	
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		<b></b> _
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<b>-</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			•
11	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders  11a 707106805.			1
p	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b 26901554.			1
40-		10-		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	<u> </u>	<del>                                     </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Form	990	(2009)

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

<u>Sec</u>	tion A. Governing Body and Management	<del></del>					
				_	Yes	No	
1a	Enter the number of voting members of the governing body	1a	22				
þ	Enter the number of voting members that are independent	1b	22	ŀ		}	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other		İ			
	officer, director, trustee, or key employee?		ļ.	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision		3		x	
	of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the pnor Fo		- 1	4	Х	<del></del>	
5	Did the organization become aware during the year of a material diversion of the organization's asser	ts?	F	5	37	Х	
6	Does the organization have members or stockholders?		-	6	X	<u> </u>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the				٠,,	
	governing body?	_	-	7a		X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per		-	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	ł				
	by the following			_	v		
а	The governing body?			8a	X		
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 real	iched at the				v	
<u> </u>	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	evenue Code )		······································			
40-	December a reconstruction have been been broaden as officiation?		Г	10a	Yes	No X	
	Does the organization have local chapters, branches, or affiliates?	abantom offiliates	F	iua			
D	If "Yes," does the organization have written policies and procedures governing the activities of such	criapters, arimates,		10b			
11	and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	-	11	X		
11A		mig the form:	 		<del></del>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х		
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld awe rise		120	-		
J	to conflicts?	na give rise	],	12b	Х		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? $\it lf$	"Yes," describe	Γ				
	ın Schedule O how this is done			12c	X		
13	Does the organization have a written whistleblower policy?		L	13	_X_		
14	Does the organization have a written document retention and destruction policy?		L	14	X		
15	Did the process for determining compensation of the following persons include a review and approve	al by independent	}	J			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ			
а	The organization's CEO, Executive Director, or top management official		L	15a	<u>X</u>		
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)		ľ	ľ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ment with a		Į	,,		
	taxable entity during the year?			16a	<u> </u>		
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-		١	Į			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anization's		Į	.,		
	exempt status with respect to such arrangements?			16b	X		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►IN, NC, AZ						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	(501(c)(3)s only) ava	ulable fo	or			
	public inspection. Indicate how you make these available. Check all that apply  Own website. X Another's website. X Upon request.						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of interest po	icy, and	i fina	ncıal		
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a BRYAN ROGERS $-$ (804) $968-4035$	nd records of the org	janizatio	on 🕨	·		
	4201 DOMINION BOULEVARD, GLEN ALLEN, VA 23060		-				
				Form	aan	2009)	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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) Name and Title	(B) Average				C)	, <u>u</u>		(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours	(ct				app	ly)	compensation	compensation	amount of
	per week	rector						from the	from related organizations	other compensation
		ndividual trustee or director	ustee			ensated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
•		al trus	onal tri		ployee	E a		(***271099****130)		and related
		Individi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
J. WILLIAM ANDREW, JR.					· -					
BOARD MEMBER	6.00	Х						0.	0.	0.
M. DALE BRADSHAW								_	_	
BOARD MEMBER	6.00	Х			<u> </u>	L	L	0.	0.	0.
VERNON N. BRINKLEY										_
BOARD MEMBER	7.00	Х			<u> </u>			0.	0.	0.
DARLENE CARPENTER					İ			14 000		•
BOARD MEMBER-START 7/09	6.00	Х			<u> </u>		_	11,200.	0.	0.
GLENN F. CHAPPELL	( 00	.,						25 400	0	0
BOARD MEMBER EARL CURRIN	6.00	Х		_	<u> </u>	<del> </del>		25,400.	0.	0.
BOARD MEMBER	7.00	x			}		ŀ	26,200.	0.	0.
JEFFREY S. EDWARDS	7.00	Δ	_	-	-	├	┝	20,200.	U •	<u> </u>
BOARD MEMBER	6.00	Х						0.	0.	0.
KENT D. FARMER	0.00	Ĥ	-		├─	├	├	0.	0.	-
BOARD MEMBER	6.00	$ _{\mathbf{x}} $						0.	0.	0.
WILLIAM C. FRAZIER	1 3 3 3 3				-	┢╾	H			
BOARD MEMBER-ENDED 7/09	6.00	х						17,200.	0.	0.
FRED C. GARBER										<del></del>
BOARD MEMBER	6.00	Х			ļ			25,800.	0.	0.
HUNTER R. GREENLAW, JR.										
BOARD MEMBER	6.00	Х			l			25,800.	0.	0.
BRUCE A. HENRY										
BOARD MEMBER	6.00	X		L		<u> </u>	<u> </u>	25,200.	0.	0.
FREDERICK L. HUBBARD	]			j				_	_	_
VICE CHAIRMAN	6.00	Х		Х	L	<u> </u>	<u> </u>	0.	0.	0.
DAVID J. JONES									_	_
BOARD MEMBER	6.00	Х		_		<u> </u>		26,200.	0.	0.
BRUCE M. KING										•
BOARD MEMBER	6.00	Х		<u> </u>	<u> </u>	_		0.	0.	0.
JOHN C. LEE, JR.	2 00			ĺ	ĺ	ĺ	ĺ	0.	0.	_
BOARD MEMBER PAUL E. OWEN	3.00	X	$\vdash$	<u> </u>	<del> </del>	┝	_	0.	U •	0.
BOARD MEMBER	6.00	$ \mathbf{v} $						24,400.	0.	0.
DOWN MEMBER	1 6.00	Δ.	L	<u> </u>	<u> </u>	Щ.	L	24,400.		<u> </u>

932007 02-04-10

Form **990** (2009)

Page 8

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)	<u> </u>
(A)	(B)			(C	<b>&gt;</b> )			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(ct	neck	all 1	that	app	ly)	compensation	compensation	amount of
	per	ctor	l					from the	from related organizations	other compensation
	week	die				Ē		organization	(W-2/1099-MISC)	from the
		stee o	ruste		۵.	bensa		(W-2/1099-MISC)	(,,	organization
		nal tru	onalt		ploye	E 9		,		and related
		ndividual trustee or director	nstitutional trustee	Officer	Key amployee	Highest compensated employee	Former			organizations
		Ē	_	0	×	T 5	T.			
JAMES M. REYNOLDS									_	_
CHAIRMAN	6.00	Х		X	ļ	<u> </u>	_	0.	0.	0.
MYRON D. RUMMEL	- 00					ļ			•	0
BOARD MEMBER	6.00	Х		L.	_	ļ		0.	0.	0.
KEITH L. SWISHER					ļ			05 000		_
BOARD MEMBER	6.00	Х				ļ		25,200.	0.	0.
PHILIP B. TANKARD	<i>c</i> 00	١.,	ľ	İ			1	25 200	0.	_
BOARD MEMBER	6.00	Х		ļ	<u> </u>	<u> </u>	<u> </u>	25,200.	U •	0.
GREGORY W. WHITE	<b>6</b> 00	١		,,					_	_
SECRETARY/TREASURER	6.00	X		Х	<u> </u>	⊢	<u> </u>	0.	0.	0.
CARL R. WIDDOWSON	c 00				ĺ		ļ	25 000	_ ا	_
BOARD MEMBER	6.00	X		<u> </u>	<u> </u>	┢	<u> </u>	25,800.	0.	0.
JACK E. REASOR	40 00			١,,			}	440 117	_ ا	227 746
PRESIDENT & CEO	40.00	ļ		X	<u> </u>	ļ	<u> </u>	442,117.	0.	227,746.
ROBERT L. KEES	1 40 00	ļ		١,,				252 054	0.	104 720
SR VP & CFO	40.00	<u> </u>		Х		<b> </b>	┝	253,054.	0.	194,720.
LISA D. JOHNSON	40 00		:	٦,				202 402	0.	07 002
SR VP POWER SUPPLY PLANN	40.00	-	$\vdash$	X	<del> </del>	<b>├</b>	_	292,403.	U •	97,883.
ELISSA M. ECKER	40 00		Ì	x		1		167 022	0.	77,980.
VP HUMAN RESOURCES	40.00	L		Λ	<u> </u>	ل	<u> </u>	167,933. 2,498,139.	0.	1155410.
1b Total								∠,430,±39.	0.	TT224T0.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 42 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 Section B. Independent Contractors

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
LECLAIR RYAN		
P. O. BOX 2499, RICHMOND, VA 21218	LEGAL SERVICES	1,942,197.
ACES POWER MARKETING	POWER MARKETING	· ·
4140 WEST 99TH STREET, CARMEL, IN 46032	CONSULTING	1,896,376.
ORRICK HERRINGTON & SUTCLIFFE, 4253		
COLLECTIONS CENTER DRIVE, CHICAGO, IL	LEGAL SERVICES	654,352.
STINSON MORRISON HECKER LLP		
P. O. BOX 219492, KANSAS CITY, MO 64121	LEGAL SERVICES	488,661.
ERNST & YOUNG, LLP	ACCOUNTING/TAX	
P.O. BOX 828135, PHILADELPHIA, PA 19182	SERVICES	400,799.
2 Total number of independent contractors (including but not limited to those li	sted above) who received more than	
\$100,000 in compensation from the organization		
SEE SCHEDULE J-2 FOR PART VII, SECTION	N A CONTINUATION	Form <b>990</b> (2009)

932008 02-04-10

<1,046.>

731308534.712418791

41,720.

900099

Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

b

<1,046.>

0.18889743.

Form 990 (2009)

### Part IX | Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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 US				
	See Part IV, lines 15 and 16		·		<del> </del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,981,938.			
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	7,555,118.			
8	Pension plan contributions (include section 401(k)	454 044			
	and section 403(b) employer contributions)	1,454,211.	<del></del>		
9	Other employee benefits	889,058.			
10	Payroll taxes	733,295.			
11	Fees for services (non-employees)				
a	Management	2 001 220			<del></del>
b	Legal	2,981,339. 384,220.			
C	Accounting	304,220.	<del></del> -		
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,471,806.			
g 10	Other Advertising and promotion	0,471,000.			· <del>····································</del>
12 13	Office expenses	104,102.			
14	Information technology				
15	Royalties	<u> </u>			
16	Occupancy	349,690.			
17	Travel	234,331.	· ·		<del></del>
18	Payments of travel or entertainment expenses				<del></del> -
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	322,399.			<del> </del>
20	Interest	51,311,269.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,333,186.			
23	Insurance	340,489.			
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	POWER COSTS	404,564,272.			
b	PROD & MAINT - FOSSIL F	99,291,010.			
С	PROD & MAINT - MAINTENA	48,130,518.			
d	MISC EXP-CLOVER LEASE E	13,984,895.			
е	PROD & MAINT - ADMIN &	13,966,129.			
f	All other expenses	16,909,607.			
25	Total functional expenses. Add lines 1 through 24f	712,292,882.			
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				
93201	0 02-04-10	•			Form <b>990</b> (2009)

			LECTRIC COOPERAT	T A FI		7046403 Page II
Par	tΧ	Balance Sheet			_	<del></del>
				(A)		(B)
	<u></u>			Beginning of year		End of year
	1	Cash - non-interest-bearing		2,600.	_1	2,100.
	2	Savings and temporary cash investments		5,530,694.	_2_	218,712.
	3	Pledges and grants receivable, net		4054000	_3_	7.6.014
	4	Accounts receivable, net	106,497,381.	4	76,811,646.	
	5	Receivables from current and former officers, dire				
l		employees, and highest compensated employee				
		of Schedule L			_5	
	6	Receivables from other disqualified persons (as o				
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) Complete			
		Part II of Schedule L			6	
ets	7	Notes and loans receivable, net		26 050 007	7	40 200 620
Assets	8	Inventories for sale or use `		36,852,227.	8	49,290,639.
`	9	Prepaid expenses and deferred charges		133,019,151.	9	116,388,836.
	10a	Land, buildings, and equipment. cost or other	1720641401			
		basis Complete Part VI of Schedule D	10a 1728641491.	1016570557		1000272021
	b	Less accumulated depreciation	10b 720,268,560.	1016578557. 459,953.	$\overline{}$	1008372931. 459,953.
- 1	11	Investments - publicly traded securities		198,669,121.	11	175,616,279.
	12	Investments - other securities See Part IV, line 1	190,009,121.	12	1/3,010,2/3.	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1497609684.	15	1427161096.
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	177,080,181.	16 17	88,109,328.
	17	Accounts payable and accrued expenses	177,000,101.	18	00,100,520.	
	18	Grants payable			19	
	19	Deferred revenue			20	
.	20	Tax-exempt bond liabilities  Escrow or custodial account liability Complete F	lest IV of Schodulo D		21	
Liabilities	21 22	Payables to current and former officers, directors		<del></del>	-21	
ib li	22	highest compensated employees, and disqualifie				
Lia		of Schedule L	d persons Complete Fart II		22	
	23	Secured mortgages and notes payable to unrela	ted third parties	734,591,940.	23	711,652,758.
Ì	24	Unsecured notes and loans payable to unrelated		62,000,000.	24	26,954,000.
	25	Other liabilities Complete Part X of Schedule D	timo parties	204,104,070.	25	270,924,030.
	26	Total liabilities. Add lines 17 through 25		1177776191.	26	1097640116.
		Organizations that follow SFAS 117, check he	re and complete			
S		lines 27 through 29, and lines 33 and 34.			ļ	
JC.	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets		28		
8 P	29	Permanently restricted net assets			29	
F.		Organizations that do not follow SFAS 117, ch	eck here 🕨 🗓 and			
o		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		0.	30	0.
ASS	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds	319,833,493.	32	329,520,980.
Z	33	Total net assets or fund balances		319,833,493.	33	329,520,980.
	34	Total liabilities and net assets/fund balances		1497609684.	34	1427161096.

Form **990** (2009)

Pai	t XI Financial Statements and Reporting			
		Y	es	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		- }	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	a 📗	$\perp$	<u> X</u>
b	Were the organization's financial statements audited by an independent accountant?	2	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1	- 1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis	ł		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		
	Act and OMB Circular A-133?	<u> </u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	-	ļ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>		
	For	m <b>9</b> 9	<b>90</b> (2	(009

#### 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 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

<ul> <li>Section 501(c)(4), (5</li> </ul>	), or (6) organiza	tions Complete Part III			
Name of organization				Er	nployer identification number
		INION ELECTRIC			23-7048405
Part I-A Compl	ete if the org	anization is exempt un	der section 501(c)	or is a section 527	organization.
1 Provide a descripti	on of the organiz	ation's direct and indirect polit	ical campaign activities	ın Part IV	
2 Political expenditu	res			•	s 33,000.
3 Volunteer hours					
		janization is exempt un			
1 Enter the amount of	of any excise tax	incurred by the organization u	nder section 4955	_	* \$
2 Enter the amount of	of any excise tax	incurred by organization mana	gers under section 495	5	* \$
3 If the organization	incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction n					└─ Yes └─ No
b If "Yes," describe					27.70
L		janization is exempt un			
1 Enter the amount of	directly expended	d by the filing organization for s	section 527 exempt fund	ction activities	<b>\$</b>
2 Enter the amount of	of the filing organ	ization's funds contributed to	other organizations for s	section 527	
exempt function ac	ctivities			•	<b>\$</b>
3 Total exempt funct	ion expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		
line 17b				•	* \$
4 Did the filing organ	ization file <b>Form</b>	1120-POL for this year?			X Yes No
		nployer identification number (	•	•	• •
•	•	he amount paid from the filing	•	•	
	•	vered to a separate political or	-	eparate segregated fund	or a political action committee
(PAC) If additional	space is needed	I, provide information in Part IV	<u>-                                      </u>		
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from	1 ' '
				filing organization's	
				funds. If none, enter -	delivered to a separate
			1		political organization
					If none, enter -0
	<del></del>				
		•			
				<del></del>	<del></del>

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Part II-A   Complete if the org	OLD I	OMINI n is exe	ON ELECTRIC	C COOPERATIV	E 23-7 ed Form 5768	7048405 Page 2
lelection under sec			• •			•
A Check ► if the filing organizate  B Check ► if the filing organizate	_		iliated group.	ovisions apply		
Limit	s on Lobb	ying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience publ	ic opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ience a leg	jislative bo	dy (direct lobbying)	'		ļ
c Total lobbying expenditures (add li	nes 1a and	d 1b)				
d Other exempt purpose expenditure	es			,		<del> </del>
e Total exempt purpose expenditure:	s (add line:	s 1c and 1c	d)		·	ļ <del> </del>
f Lobbying nontaxable amount Ente						
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable an			
Not over \$500,000			the amount on line 1e			1
Over \$500,000 but not over \$1,000			00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5	<del></del>			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a If zero						<del></del>
i Subtract line 1f from line 1c If zero	-				* · · · · · · · · · · · · · · · · · · ·	
j If there is an amount other than zei	ro on eithe	r line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this						Yes No
, ,	ations tha lumns bel	t made a s ow. See th	e instructions for lin	on do not have to comp es 2a through 2f on pa		
<del></del>	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
_2a Lobbying nontaxable amount						
b Lobbying ceiling amount				-		
(150% of line 2a, column(e))						<u> </u>
c Total lobbying expenditures						
d Grassroots nontaxable amount	<del> </del>	···				
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots labbuing expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 OLD DOMINION ELECTRIC COOPERATIVE 23-704840 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)).

		(;	3)	(b	)
		Yes	No	Amo	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.	Ì			
	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?	ļ			
	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?		<b></b>	<u> </u>	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV		<u> </u>		
j	Total. Add lines 1c through 1i			·	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	··			
	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	<u> </u>			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ion 501/c	(5) or se	ction	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the pnor year?  t III-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if P "Yes."  Dues, assessments and similar amounts from members		1		<u></u>
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	l political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)	<del></del>	5		
Par					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, by additional information	and Part II-B	, line 1ı. Also	o, complete	this part
	RT I-A, LINE 1:				
<b>a</b> oi	TRIBUTIONS TO CANDIDATE CAMPAIGNS.				
COI	TRIBUTIONS TO CANDIDATE CAMPAIGNS.				
		·			

#### 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 Inspection

Name of the organization

OLD DOMINION ELECTRIC COOPERATIVE

Employer identification number 23-7048405

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s 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 advi	sed 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	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
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 public use)	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified 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	• •	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e 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		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservat	ion canomonts in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization	· ·	
	conservation easements	tions intericial statements that describes	s the organization s accounting to
Pai	t III   Organizations Maintaining Collections o	f Art. Historical Treasures, or C	Other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" to Form		
	<del></del>		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	·	
	the footnote to its financial statements that describes these	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, of	·	· ·
	these items		-,,,
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1		<b>5</b> .,
а	Revenues included in Form 990, Part VIII, line 1	-	<b>▶</b> \$
b	Assets included in Form 990, Part X		► \$

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Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Securities.	e Form 990, Part X, line 1	2		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuatest or end-of-year mark	
Financial derivatives				
Closely-held equity interests				_ <del></del>
Other				
CAPITAL TERM CERTIFICATES -		<u> </u>		
BOOKED AT COST	141,933	. COST	<del> </del>	
DECOMMISSIONING FUND	85,436,730			<del>-</del>
CLOVER UNIT 1 LEASE DEPOSIT -	03/130/730			
EQUITY	84,818,383	. COST	<del></del>	
TREASURY STRIPS - LEASE 1 & 2	04,010,303			
DRAG	2,233,510	COST	<del></del>	
TEMPORARY INVESTMENTS OVER 90	2,233,310			
DAYS	1,813,193	. COST		
·			<del></del>	<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	175,616,279			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.	<del></del>	
(a) Description of investment type	(b) Book value	Со	(c) Method of valuat st or end-of-year mark	
		<del></del>	<del></del>	
			<del>-</del>	
		<del></del>	<del></del>	
		<del>                                     </del>		
				<del></del>
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
		<del>1. =-1</del>		
				·
			···	
<del></del>				
		·		
		· <del></del>	<del></del>	<del></del>
		<del></del> ,		
		- <del></del>		
Tatal (Column (b) must equal Form 000, Port V and (B) line	151			·····
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,				
(a) December of Establish	line 25	(b) Amount	7	
	<del></del>	(b) Amount	{	
Federal income taxes		E		
OTHER DEFERRED CREDITS	023 2012	56,555.		
	93A 2013	25,756.	4	
	93A 2023	819,543.	1	
DEF CR - GAIN CLOVER U1 LEASE		8,666,410.	1	
CLOVER LEASE OBLIGATIONS		60,612,402.	1	
OTHER REGULATORY LIABILITY -		36,123,201.		
ASSET RETIREMENT OBILIGATION		64,543,327.	1	
DEFERRED ENERGY		38,73 <u>9,</u> 987.	Ī	
			1	
REG LIAB - NORFOLK SOUTHERN  Total. (Column (b) must equal Form 990, Part X, col (B) line		59,487,133. 70,924,030.		

<sup>2.</sup> 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 SEE PART XIV FOR CONTINUATIONS

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Schedule D (Form 990) 20 Schedule D (Form 990) 2009

19

Part XIV | Supplemental Information (continued)

Part'VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
COBANK STOCK	1,000.	COST
INVESTMENT ACES - BOOKED AT COST	1,087,889.	COST
HOMESTEAD FUND - DEFERRED COMP PLAN	56,555.	COST
INVESTMENT NRCO	27,086.	COST
932421 09-02-09	1	Schedule D (Form 990) 2009

Part X	Other Liabilities. See Form 990, Part X, line 25	
	(a) Description of liability	(b) Amount
NYMEX	MARG MTM	822,610. 751,539. 275,567.
DEF CF	R - MISC OVERDRAFT	751,539.
CASH C	DVERDRAFT	275,567.
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#### **SCHEDULE J** (Form 990)

Department of the Treasury

# **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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

OLD DOMINION ELECTRIC COOPERATIVE

Employer identification number 23-7048405

Pa	rt I Questions Regarding Compensation			<del> </del>			
			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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2							
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	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 Compensation committee X Written employment contract						
	Independent compensation consultant  X Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
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						
а	Receive a severance payment or change-of-control payment?	4a	X				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X				
С	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						
	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:						
а	The organization?	5a		ļ			
b	Any related organization?	5b					
	If "Yes" to line 5a or 5b, describe in Part III			Ì			
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		Ļ			
b	Any related organization?	6b		ļ			
	If "Yes" to line 6a or 6b, describe in Part III	ļ	}				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	1					
	not described in lines 5 and 67 If "Yes," describe in Part III	7		<u> </u>			
8	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	8		<u> </u>			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		]				
	Regulations section 53 4958-6(c)?	9					

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

Schedule J (Form 990) 2009

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)

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 Do not list any individuals that are not listed on Form 990, Part VII

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
		(i) Base	(II) Bonus &	(iii) Other	other deferred	henefits	(B)(h-(D)	reported in prior
<b>(A)</b> Name		compensation	incentive	reportable compensation	compensation		(2) (3)(2)	Form 990 or Form 990 EZ
	3	415,576.	20,000.	6,541.	212,909.	14,837.	669,863.	0
JACK E. REASOR	€ ≘		0	0				0
	Ξ	250,158.	0	2,896.	177,926.	16,794.	447,774.	0
ROBERT L. KEES	Ξ	L	0	0.		1 1		0
	≘	291,22	0	1,176.	84,117.	13,766.	390,286.	0
LISA D. JOHNSON	Ξ		0	0.	1 1	0		0
	Ξ	166,56	0	1,367.	57,960.	20,020.	245,913.	0
ELISSA M. ECKER	€	0	0	0				0
1	18	208,362.	0	837.	47,422.	4,340.	260,961.	
B. LEE MCDANIEL	Ξ		0		1			
	Ξ	165,655.	0	2,050.	104,546.	15,194.	287,445.	0
KEN ALEXANDER	Ξ	0	0	0	• 0		- 1	0
	ε	174,818.	0.	795.	88,416.	13,154.	277,183.	0
RICK BEAM	≘		0	0	l i	Į		0
	(i)	168,28	0.	1,398.	102,486.	6,510.	278,676.	0
ED TATUM	≘		0			1	ļ	0
	Ξ	171,41	0	2,370.	70,830.	11,724.	256,334.	0
JIM DEBIEC	€	ì	0	0		- 1		0.
	Ξ	162,088.	0	967.	69,717.	22,742.	255,514.	0.
BRYAN ROGERS	҈	0	0	0	0.	0	0.	0
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Schedule J (Form 990) 2009

| 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 4A:	
LEE MCDANIEL - \$84,923 - SEVERANCE PAYMENT	
\$15,000 - SUPPLEMENTA	
Schedule J (Form 990) 2006	0) 2005

# SCHEDULE J-2

(Form 990)

**Continuation Sheet for Form 990** 

2009

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

OLD DOMINION ELECTRIC COOPERATIVE

Employer Identification number 23-7048405

OLD DOMIN									23-704	
Part I Continuation of Officers, Di	rectors, Tr	ust	ees	s, K	ey	Em	<u>ıpl</u>	oyees, and Highes	t Compensated	Employees
(A)	(B)			(0	) )			(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
i	per	<u> </u>				۰	<u> </u>	from	from related	other
	week					æ	İ	the	organizations	compensation
		횽				뒽		organization	(W-2/1099-MISC)	from the
		퉏				Pa Ba		(W-2/1099-MISC)	·	organization
		Individual trustee or director	institutional trustee			Highest compensated employee	ļ			and related
		T S	를		Key employee	E .		[		organizations
		ndua	ğ	ية	шb	iest C	힐			
		盲	lst t	Officer	Key	Ħ	Богте			
B. LEE MCDANIEL		T	T							
VP OF IT - END 8/09	40.00	l	1	х			ļ	209,199.	0.	51,762.
KEN ALEXANDER	10.00	┝╌			-	├─	┢	200,200		3277020
	40.00					x		167,705.	0.	110 740
VP ENGINEERING SVCS	40.00	_	<u> </u>		<u> </u>	Λ	ļ	107,703.	<u> </u>	119,740.
RICK BEAM	40.00						ł	105 (10)	•	101 550
VP POWER SUPPLY/TRANS PL	40.00	L_	$oxed{\Box}$		<u> </u>	Х		175,613.	0.	101,570.
ED TATUM										
VP RTO & REGULATORY AFFA	40.00		L.	L		X	<u></u>	169,680.	0.	108,996.
JIM DEBIEC										
VP OPS & ASSET MGMT	40.00			1		Х	1	173,780.	0.	82,554.
BRYAN ROGERS					$\vdash$	T	$\Box$			
VP & CONTROLLER	40.00		·	Ì		х		163,055.	0.	92,459.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization OT	D DOMIN	IION E	LECTRI	C COOP	ERATI'	VE			:mploye 23 – 70		fication r ) 5	number
Part I Excess Benefi							ns only)					-
Complete if the org	anization ans	wered "Yes	on Form 9	90, Part IV,	line 25a or	25b, or Fo	m 990-E	Z, Part	V, line 40	0b		
1 (a) Name of d	ĺ		(b) E	Description	of transa	ection			(c) Con	rected?		
ta) Name of a				<u>-</u>							Yes	No
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		<del></del>		<del></del>							1	
2 Enter the amount of tax im	posed on the	organizatio	n managers	or disqualifi	ed person	s dunng the	year ur	der			_	
section 4958									<b>&gt;</b> \$			
3 Enter the amount of tax, if	any, on line 2,	above, reir	nbursed by	the organiza	ation				<b>▶</b> \$			<del></del>
Part II   Loans to and/	or From Int	erested	Persons			-						
Complete if the org					line 26 or	Form 990 F	7 Part \	/ line 3	Ra			
(a) Name of interested		to or from		al principal		ince due		) In	(f) Ap	proved	(g) W	/ritten
person and purpose		nization?		ount	(-,		defau					ment?
<del></del>	То	From					Yes	No			Yes	No
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Total		·		▶ \$					1.			<u> </u>
Part III Grants or Ass	stance Be	nefiting	ntereste	d Person	s.							
Complete if the org		wered "Yes										
(a) Name of interested	d person		(b) Relation	nship betwo	een interes ganization		and			nount ar assistar	nd type o	of
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Part IV Business Tran		•										
Complete if the org					1			(4)	Dagarra		T (e) Sha	aring of
(a) Name of interested	a person	(0)		p between ir I the organiz		(c) Amo transa		(0)	Descript transact		organiz	zation's nues?
		}									Yes	No
SEE SCHEDULE O	-						0				1	X
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Instructions for Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the

Schedule L (Form 990 or 990-EZ) 2009

(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
Open to Public Inspection

Name of the organization

OLD DOMINION ELECTRIC COOPERATIVE

Employer identification number 23 – 7048405

FORM 990, PART VI, SECTION A, LINE 4: SECTION 1.04 OF THE BYLAWS WAS

AMENDED TO DELETE THE REFERENCE TO THE AMENDED AND RESTATED WHOLESALE POWER

CONTRACT DATED 1992 AND REPLACE THIS WITH THE SECOND AMENDED AND RESTATED

WHOLESALE POWER CONTRACT DATED 2009.

FORM 990, PART VI, SECTION A, LINE 6: OLD DOMINION ELECTRIC COOPERATIVE

IS A STOCK CORPORATION OWNED BY 11 MEMBERS. NO MEMBER OWNS MORE THAN 50%.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990 IS PROVIDED TO

THE BOARD OF DIRECTORS FOR REVIEW. THE 990 IS REVIEWED BY AN OFFICER OF

THE ORGANIZATION BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
INCLUDED IN THE COMPANY'S CODE OF ETHICS. GENERAL COUNSEL SERVES AS THE
COMPLIANCE OFFICER TO ADMINISTER THE CODE OF ETHICS. WHEN CONTACTED, THE
COMPLIANCE OFFICER IS OBLIGATED TO RECORD ANY REPORT ALLEGING A VIOLATION
OF THE CODE AND TO TAKE EFFECTIVE STEPS TO INVESTIGATE SUCH REPORT.
PERIODICALLY, AS DETERMINED AND REQUESTED BY THE PRESIDENT/CEO, THE
COMPLIANCE OFFICER WILL SUBMIT A MEMORANDUM OUTLINING THE COMPLAINTS HE HAS
RECEIVED FOR THAT PERIOD, THE RESULTS OF ALL INVESTIGATIONS, AND

FORM 990, PART VI, SECTION B, LINE 15: GENERAL PHILOSOPHY

OUR COMPENSATION PHILOSOPHY HAS FOUR OBJECTIVES:

(Form 990)

# **Supplemental Information to Form 990**

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization

Employer identification number 23-7048405

OLD DOMINION ELECTRIC COOPERATIVE 23-7046405
1. ATTRACT AND RETAIN A QUALIFIED, DIVERSE WORKFORCE THROUGH A
COMPETITIVE COMPENSATION PROGRAM;
2. PROVIDE EQUITABLE AND FAIR COMPENSATION;
3. SUPPORT OUR BUSINESS STRATEGY; AND
4. ENSURE COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS.
TOTAL COMPENSATION PACKAGE
WE COMPENSATE OUR CEO THROUGH THE USE OF A TOTAL COMPENSATION PACKAGE WHICH
INCLUDES BASE SALARY, COMPETITIVE BENEFITS, AND THE POTENTIAL OF A BONUS.
OUR CEO'S BASE SALARY IS DERIVED FROM THIRD PARTY MARKET DATA BASED UPON
NATIONAL COMPENSATION SURVEYS. THE NATIONAL COMPENSATION SURVEY DATA
INCLUDES DATA FROM THE LABOR MARKET FOR POSITIONS OF SIMILAR
RESPONSIBILITIES. THE COMPENSATION OF OUR CEO IS REVIEWED BY THE EXECUTIVE
COMMITTEE OF OUR BOARD OF DIRECTORS AND THEY PROVIDE A RECOMMENDATION TO
OUR ENTIRE BOARD OF DIRECTORS. THE ENTIRE BOARD OF DIRECTORS APPROVES OUR
CEO'S COMPENSATION.
WE COMPENSATE OUR OTHER SENIOR MANAGEMENT THROUGH THE USE OF A TOTAL
COMPENSATION PACKAGE WHICH INCLUDES BASE SALARY, COMPETITIVE BENEFITS, AND
THE POTENTIAL OF A BONUS. THEIR ANNUAL SALARY IS ALSO DERIVED FROM THIRD
PARTY MARKET DATA BASED UPON NATIONAL COMPENSATION SURVEYS AND INCLUDES
DATA FROM THE LABOR MARKET FOR POSITIONS OF SIMILAR RESPONSIBILITIES.
TARGETED OVERALL COMPENSATION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

(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
Open to Public Inspection

Name of the organization

OLD DOMINION ELECTRIC COOPERATIVE

Employer identification number 23-7048405

OUR COMPENSATION PROGRAM UTILIZES ACCURATE, DETAILED JOB DESCRIPTIONS FOR ALL OF OUR EMPLOYEES, INCLUDING SENIOR MANAGEMENT WITH THE EXCEPTION OF THE CEO, AS AN INSTRUMENT TO ESTABLISH BENCHMARKED POSITIONS. THE MARKET COMPENSATION INFORMATION FOR EACH POSITION IS DERIVED FROM SALARY DATA PROVIDED BY THIRD PARTIES THROUGH NATIONAL SURVEYS AND INCLUDES SALARY DATA FOR POSITIONS WITHIN THE DETERMINED COMPETITIVE LABOR MARKET. OUR JOB DESCRIPTIONS ARE REVIEWED ANNUALLY AND INCLUDE ESSENTIAL AND NON-ESSENTIAL RESPONSIBILITIES, REQUIRED KNOWLEDGE, SKILLS AND ABILITIES, FORMAL EDUCATION AND EXPERIENCE NECESSARY TO ACCOMPLISH THE REQUIREMENTS OF POSITION WHICH IN TURN HELPS US ACHIEVE OPERATIONAL GOALS. UTILIZING THIS INFORMATION, OUR HUMAN RESOURCES DEPARTMENT DETERMINES A MARKET-BASED SALARY FOR EACH POSITION BASED UPON SALARY SURVEY DATA PROVIDED BY THIRD A THIRD-PARTY CONSULTANT REVIEWS THE MARKET-BASED SALARY DATA WE PARTIES. COMPILED FOR REASONABLENESS AND FAIRNESS ANNUALLY. OUR BOARD OF DIRECTORS HAS DEFINED MARKET-BASED SALARY AS APPROXIMATELY 95% TO 100% OF THE 50TH PERCENTILE OF THE MARKET, EXCLUDING NEW HIRES THAT MAY BE HIRED AT 90% OF THE 50TH PERCENTILE OF MARKET UNTIL A LEARNING PERIOD IS COMPLETE.

**PROCESS** 

932211 02-03-10

THE COMPENSATION COMMITTEE OF OUR BOARD OF DIRECTORS ESTABLISHES ALL

COMPENSATION AND AWARDS TO THE CEO WHICH IS THEN APPROVED BY THE FULL BOARD

OF DIRECTORS. OUR BOARD OF DIRECTORS HAS DELEGATED TO OUR CEO THE

AUTHORITY TO ESTABLISH AND ADJUST COMPENSATION FOR ALL EMPLOYEES OTHER THAN

HIMSELF. WE HAVE A SUB-COMMITTEE OF OUR BOARD OF DIRECTORS, THE EXECUTIVE

COMMITTEE, WHICH RECOMMENDS COMPENSATION FOR OUR CEO TO THE ENTIRE BOARD OF

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

Schedule O (Form 990) 2009

(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 Public Inspection

Name of the organization

OLD DOMINION ELECTRIC COOPERATIVE

Employer identification number 23-7048405

DIRECTORS AND THE ENTIRE BOARD OF DIRECTORS APPROVES THE COMPENSATION. THE
COMPENSATION FOR ALL OTHER EMPLOYEES, INCLUDING MEMBERS OF SENIOR
MANAGEMENT OTHER THAN THE CEO, IS APPROVED BY OUR CEO BASED UPON
MARKET-BASED SALARY DATA. ON AN ANNUAL BASIS OUR BOARD OF DIRECTORS
REVIEWS THE PERFORMANCE AND COMPENSATION OF OUR CEO AND OUR CEO REVIEWS THE
PERFORMANCE AND COMPENSATION OF THE REMAINING SENIOR MANAGEMENT.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND STATEMENTS AVAILABLE
UPON REQUEST.
PART XI, LINE 2C
AUDIT COMMITTEE
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT CONSISTS OF 7 BOARD
MEMBERS THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND
SELECTION OF AN INDEPENDENT AUDITOR.
SCHEDULE L, PART IV
BUSINESS TRANSACTION INVOLVING INTERESTED PERSONS:
THE COMMON BOARD MEMBERS DO NOT DIRECTLY OR INDIRECTLY CONDUCT BUSINESS
TRANSACTIONS WITH THE ORGANIZATION AS DEFINED BY THE DEFINITION OF
INTERESTED PERSONS.