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Return of Organization Exempt From Income Tax

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

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

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

A F	or the	2009 calendar year, or tax year beginning and end	ding				
В	Check if applicable	Please Use IRS NATIONAL TELECOMMUNICATIONS COOPERATIONS	ΛΈ	D Employer identific	cation number		
	Address change		V 13				
	Name change	type. Doing Business As		52-0741336			
_	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Roo	E Telephone number				
F	Termin-	Specific 4121 WILSON BOULEVARD, 10TH FLOOR			351-2000		
一	Amende			G Gross receipts \$	13,339,662.		
	Applica-			H(a) is this a group re			
	pending	F Name and address of principal officer.MICHAEL E. BRUNNER		for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No		
		npt status: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)		
<u>J \</u>	Nebsite	:▶ WWW.NTCA.ORG		H(c) Group exemption			
		rganization: Corporation Trust X Association Other	L Year o	of formation: 1954 N	State of legal domicile: VA		
Pa		Summary					
ě	1 B	nefly describe the organization's mission or most significant activities. IMPROV	E TH	E QUALITY O	F LIFE IN		
Governance	. –	URAL COMMUNITIES THROUGH COMMUNICATIONS I					
/err	1	theck this box In the organization discontinued its operations or disposed	of more	1 1			
ő	1	lumber of voting members of the governing body (Part VI, line 1a)		3	12		
	1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	72		
Activities &		otal number of employees (Part V, line 2a) otal number of volunteers (estimate if necessary)		6			
.tiv	ì	otal gross unrelated business revenue from Part VIII-column (C), line 12——	-	7a	2,081,849.		
Ă		let unrelated business taxable income from Form,990-T, line 34		7b	140,005.		
		l F		Prior Year	Current Year		
ø.	8 c	contributions and grants (Part VIII, line 1h)		189,012.	172,175.		
Ž		rogram service revenue (Part VIII, line 1h) 3	🗀	12,160,146.	11,967,186.		
Revenue	10 lr	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)		-176,938.	597,733.		
Œ		ther revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e)		172,846.	124,481.		
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,345,066.	12,861,575.		
	13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)					
	14 B	enefits paid to or for members (Part IX, column (A), line 4)	ļ	5 000 854			
es	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	6,932,754.	7,373,723.		
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	. 735		See Suite and a second		
Ϋ́	ı	otal fundraising expenses (Part IX, column (D), line 25)	_ 🚟	5,976,471.	5,528,100.		
_	ľ	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ļ	$\frac{3,976,471.}{12,909,225.}$	12,901,823.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	- }-	-564,159.	-40,248.		
or ses		evenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year		
sets c	20 T	otal assets (Part X, line 16)	100	21,502,006.	23,076,658.		
Ass		otal liabilities (Part X, line 16)	-	6,117,835.	6,741,070.		
ĘĘ.	1	let assets or fund balances. Subtract line 21 from line 20		15,384,171.	16,335,588.		
Pa		Signature Block					
		Under penalties of peryly, declare that I have examined this return, including accompanying schedules and sta and complete Declaration of preparer (other than factories based on all information of which preparer has any kr	atements, a	and to the best of my knowledg	ge and belief, it is true, correct,		
	- 1	LIII A YOMLUIII	now loage.	. 10	61.		
Sig	n	The state of the s		10/	2110		
Her	e	Signature of officer 1		Date	•		
Shirley Bloomtield, CEO							
		Type or print name and true	TCh	nak if I December			
Paid	3 I	Preparer's Date	I u	[- (see ins	er's identifying number structions)		
_	المحمحا	signature 10/8/30	ب y em	ployed			
Use	Only 1:	yours d		EIN ►			
		address, and		Phono no > 7	03-998-5100		
Mar		S discuss this return with the preparer shown above? (see instructions)		Tribute tio.	X Yes No		
ivid	, uic inc	anacias una return with the proparer anown above: (ace instructions)					

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

Form **990** (2009)

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

Form 990 (2009)

ASSOCIATION

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا ا		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	⊢∸		
_	Schedule D, Part III	8		Х
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?	9		 ^
	If "Yes," complete Schedule D, Part V	40		х
11		10		_ <u>^ </u>
	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		х	
		11 2353	A SEEDS	35 74
•	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.			72.2
·	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	445.45.4		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	44		
•	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	2000		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.		32.33	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		学 療	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	1 200		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	£25.5	Sec.
	Schedule D, Parts XI, XII, and XIII.	12	7 . 16.0	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	ari-3.	1	327
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			١,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) ASSOCIATION

Part IV | Checklist of Required Schedules (continued)

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	The state of the s			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	l		37
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			Х
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 -	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u> </u>	
24a	9, ,			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25			Х
_	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
234	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	05-		
.		25a		
U	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	054		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	200		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	21 2031	-	22.32.0
	instructions for applicable filing thresholds, conditions, and exceptions):	233		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	,433,332	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		1	
Ī	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	Х	

Form 990 (2009)
Part V Sta

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				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		4274	(~ j						
	U.S. Information Returns. Enter & if not applicable	1a	101							
b										
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?		10	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,]		المسترة					
	filed for the calendar year ending with or within the year covered by this return	2a	72	الميد الم						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ms?	2h	_						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)	# 12.2 							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by this retum?	3a							
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authonty over, a		İ						
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	X						
b	If "Yes," enter the name of the foreign country: ► DENMARK		\$\frac{\partial \text{3.7}}{\partial \text{3.7}}							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank and	1997							
	Financial Accounts.		\$1.7 2.53							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	. 5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	<u>5</u> b		X					
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	irding Prohibited								
	Tax Shelter Transaction?		. <u>5</u> c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solic	nt							
	any contributions that were not tax deductible?		6a		X					
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts								
	were not tax deductible?		6b	_						
7	Organizations that may receive deductible contributions under section 170(c).		iĝ.		Landerdon .					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	i i							
	provided to the payor?	•••	7a		 					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		+					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		1					
	to file Form 8282?	 	7c	a -7%	- 2255 r.					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
-	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a penefit contract?	Dersonal	100 A							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	 met?	7e	- 	+					
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		· · /1		+					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		<u>79</u> 7h	$\overline{}$	+-					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	•	,	3 93 d	- E					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding the supporting organization and suppo	_	Grain 4							
	at any time duning the year?		8	2 22.73						
9	Sponsoring organizations maintaining donor advised funds.				1222					
а	Did the organization make any taxable distributions under section 4966?		9a	-						
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter		3:12	77.7	- E					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	(% E							
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12:	1						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	[]		- 1					
			For	m 990	(2009)					

Form 990 (2009)

ASSOCIATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Form 990 (2009)

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ASSOCIATION

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Form 990 (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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

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

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

(A)	(B)	1))	, Gire	-010	(D)	(E)	(F)
Name and Title	Average			۰۰ Pos	•	1		Reportable	Reportable	Estimated
Name and Was	hours	(ct				app	ly)	compensation	compensation	amount of
	per	101						from	from related	other
	week	direc				g		the	organizations	compensation
		tee or	ustee	1		ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al trus	onal tr		loyee	g E E E		(11 2 1000 111100)		and related
		ndividual trustee or director	nstitutional trustes	Officer	ı, em	Highest compensated employee	ije E			organizations
		٥	=	, p		± ≅	8			
HARRY THOMAS								15 151	•	•
PRESIDENT	5.00	х		X	ļ	<u> </u>	<u> </u>	16,461.	0.	0.
SANDY VANDEVENDER		, ,						6 644		•
VICE PRESIDENT	5.00	Х		Х			<u> </u>	6,644.	0.	0.
CURLEY HUGGINS	- 00	,,		١,,				F 117		•
SECRETARY-TREASURER	5.00	Х	ļ	Х			<u> </u>	5,117.	0.	0.
ALLEN RUSS DIRECTOR	5.00	x						6,632.	0.	0
JAMES M. DAUBY	3.00	^		-		 		0,032.	0.	0.
DIRECTOR	5.00	x						6,575.	0.	0.
TERRY FORCE	3.00	Δ					 	0,373.	0.	
DIRECTOR	5.00	\mathbf{x}						6,593.	0.	0.
GREGORY A. HALE	3.00		<u> </u>	-				0,333.		
DIRECTOR	5.00	\mathbf{x}						6,577.	0.	0.
DONALD D. MILLER				\vdash	-		\vdash	7,000		
DIRECTOR	5.00	X						5,597.	0.	0.
WILLIAM ROHDE						\vdash				
DIRECTOR	5.00	x			1			5,117.	0.	0.
MITCHELL A. MOORE									-	
DIRECTOR	5.00	Х						6,593.	0.	0.
KEVIN HRANICKA										
DIRECTOR	5.00	X						6,617.	0.	0.
LOREN DUERKSEN					-					
DIRECTOR	5.00	X					L.	6,593.	0.	0.
MICHAEL E. BRUNNER										
CHIEF EXECUTIVE OFFICER	40.00			Х			L	729,282.	0.	98,352.
LISA I WANGLER									_	
CHIEF FINANCIAL OFFICER	40.00		L.,	X		L	L.	262,330.	0.	86,602.
DANIEL MITCHELL	40.00						İ	100 061		D4 045
VP-LEGAL & INDUSTRY	40.00	Ш	_	<u> </u>		X	_	192,961.	0.	71,947.
THOMAS D. WACKER	40.00					۱,,		160 764		75 040
VP-GOVERNMENT AFFAIRS	40.00	Н	ļ	 -	<u> </u>	X	<u> </u>	160,764.	0.	75,048.
BARBARA W. RITTER VP-HUMAN RESOURCES	40.00					x		154,772.	0.	66 507
AL-UNWAN KERONKCER	40.00	L	L	L	Ц.	ഥ≏	Ь.	154,//2.	U.	66,597.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mpl	оуеє	s, a	nd l	High	es	Compensated Employ	ees (continued)			
(A)	(A) (B) (C)					(D)	(E)		((F)		
Name and title	Average			Pos			LA	Reportable	Reportable		l	mated
	hours per week	ndividual frustes or director	Institutional trustee	Call		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensati from relate organizatioi (W-2/1099-MI	d ns	ot compe fror orgar	ount of ther ensation in the nization related
		Individu	Instituti	Officer	Key employee	Highest employ	Former				organ	ızatıons
LORI FISCHETTI VP-ASSOCIATION SERVICES	40.00					x		138,885.		0.	52	,067.
KEVIN MCGUIRE VP-BUSINESS & TECHNOLOGY	40.00					х	L	135,872.		0.	63	,382.
					_							
		_			_							· · · ·
			_		_		_				_	
		_	_		_	L						-
						-	_					
					_							
		_			_	_	_					
1b Total			<u></u>					1,859,982.	·	0.	513	,995.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wt	ו סר		,000 in reportat	ole		7
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	ıplo	yee,	or	highest compensated er	nployee on		1	es No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	m of reportab	le co	omp		ation		to t		the organization	. . I	3	X
and related organizations greater than \$150 bid any person listed on line 1a receive or a									 ices rendered to)	4 .	X X (See
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	оп					<u> </u>	- 	<u>.</u>	5	X
 Complete this table for your five highest co the organization. 	mpensated inc	depe	ende	nt c	onti	racto	ors	that received more than	\$100,000 of co	mpens	ation fro	m
(A) Name and business								(B) Description of s	ervices	C	(C) Compens	
SERVICES MANAGEMENT CORPORATION ONE PACK SQUARE, ASHEVILLE, NC 28801 MANAGEMENT SERVICES									308	,500.		
			_									
									_			
G. Tatal number of rada and an analysis of	noludina hui		m-t -	al 4-	# h -	ac I.	•	d about of the version of	on the	Special Sta	<u>بدشتر ت</u>	r man jeske si
Total number of independent contractors (ii \$100,000 in compensation from the organize	•	IOI III	mre	u 10	_	se III 1	sie	adove) who received in	uore unan			

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

Form **990** (2009)

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. plete columns (B), (C), and (D).

_	All other organizations must comp	(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21		<u> </u>	The state of the s	
2	Grants and other assistance to individuals in			The contract of the	
	the U.S. See Part IV, line 22				जिल्ला के सिंह है जिल्ला ह
3	Grants and other assistance to governments,			Mary Martin	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Madalian Taris	The said of the said.
5	Compensation of current officers, directors,				
	trustees, and key employees	1,220,730.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and]		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,510,360.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	416,597.			
9	Other employee benefits	885,765.			
10	Payroll taxes	340,271.			
11	Fees for services (non-employees):				
а	Management	308,500.	Ì	1	j
ь	Legal	2,051.			
	Accounting	40,208.			
	Lobbying				
e	Professional fundraising services. See Part IV, line 17		ZATELLE THE MALO	HATTING LITTLE	
f	Investment management fees	10,365.			
g	Other	30,924.			
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	140,808.			
14	Information technology	25,494.			
15	Royalties				
16	Occupancy	1,118,755.			
17	Travel	215,253.		· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,666,956.			
20	Interest	14,643.			
21	Payments to affiliates	40,000.	-		
22	Depreciation, depletion, and amortization	182,509.			
23	Insurance	68,339.			· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered				LT THE THEFT
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MEMBER SERVICES	949,930.		, , , , , , , , , , , , , , , , , , ,	
ь	MISCELLANEOUS EXPENSES	404,771.			
c	BOARD OF DIRECTORS	169,549.			
d	MARKETING & PUBLIC RELA	75,370.		· · · · · · · · · · · · · · · · · · ·	
e	UBI TAXES	22,250.			
f	All other expenses	41,425.			
25	Total functional expenses. Add lines 1 through 24f	12,901,823.		 	
<u>23</u> 26	Joint costs. Check here J f following	,,			
4.0	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	CONCRETE COMPANY AND IDITED AND SOLICIDATION		L		Form 990 (2009)

ASSOCIATION 52-0741336 Page 11 Form 990 (2009) Part X Balance Sheet (A) Beginning of year End of year 1,617,287. 1,145,217. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 447,717. 303,655. 4 Accounts receivable, net 4 क्या है हैं देश कर है हैं है Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 301,725. 276,140. Prepaid expenses and deferred charges 851,752. 10a Land, buildings, and equipment: cost or other 2,371,564 452,701. basis. Complete Part VI of Schedule D 1,519,812. b Less: accumulated depreciation 10b 16,024,240. 17,472,773. 11 11 Investments - publicly traded securities 341,261. 12 Investments - other securties. See Part IV, line 11 513,728. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 2,317,075. 2,513,393. Other assets. See Part IV, line 11 15 15 21,502,006. 23,076,658. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 601,579. 422,153. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 3,334,922. 3,427,894. 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 2,181,334. 2,891,023. Other liabilities. Complete Part X of Schedule D 6,117,835. 6,741,070. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 16,128,138. 15,208,154. 27 Unrestricted net assets 27 176,017. 207,450. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and

> 23,076,658. Form 990 (2009)

> 16,335,588.

30

31

32

33

15,384,171.

21,502,006.

30

31

32

33

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

			41336	Pa	ge 1≱
Pa	ţΧI	Financial Statements and Reporting			
				Yes	No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Cother	1272.4	255	-1,5
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		1.00	
2a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
b	Were	e the organization's financial statements audited by an independent accountant?	_2b	X	
C	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	revie	w, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	[]	1.00	ĭ
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	cons	olidated basis, separate basis, or both.		200	
	L	Separate basis X Consolidated basis Both consolidated and separate basis			3.37
3а	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act a	and OMB Circular A-133?	3a		Х
b	if "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			

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

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

OMR No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2009

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

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

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

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE **ASSOCIATION**

Employer identification number 52-0741336

Рà	rt.I, Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	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 advis	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?	parpose	Yes No
Pa	rt [[8] Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organizat	 	
	Preservation of land for public use (e.g., recreation or p		stoncally important land area
	Protection of natural habitat	′ [¬	afied 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.		or a conservation easement on the last
	, 00, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		•
_	year ▶	ioabod, oximgaionoa, or torrimated by the	o organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	• • • •	• • • • • • • • • • • • • • • • • • • •
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	ro salisty are requirements of section 170	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense	- · · · · · · · · · · ·
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	tion of interiorist state describes	are organization a accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	•	·
	the footnote to its financial statements that describes these		one service, provide, in rank xiv, the text of
h	If the organization elected, as permitted under SFAS 116, to		ica chaet works of ort, historical transuros
	or other similar assets held for public exhibition, education, of		
	these items:	research in furtherance of public service	e, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		~ •
	CD Assistation of COOP DIES		
2			. > \$
2	If the organization received or held works of art, historical tre the following amounts required to be reported under SFAS 1		ıı gain, provide
_	•	•	. •
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$

	edule D (Form 990) 2009 ASSOCIA!							41336	
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures,	or Oth	er Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check any of th	e following th	at are a	significant i	ise of its	collection	tems
	(check all that apply):								
а	Public exhibition	d	I ∐ Loan or ex	change prog	rams				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizat	tion's exe	empt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or	r receive donations	of art, historical tre	easures, or oth	her sımıla	ar assets		_	
	to be sold to raise funds rather than to be ma					•	<u> </u>	Yes	No_
Pa	rt IV Escrow and Custodial Arrang		ete if organization	answered "Ye	es" to Fo	rm 990, Pai	t IV, line	9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contribution	ons or other a	ssets no	t included	_	_	
	on Form 990, Part X?						. ∟	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	sllowing table:			,			
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			,
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				<u> </u>	Yes	L∐ No
	If "Yes," explain the arrangement in Part XIV.								
Pai	T V Endowment Funds. Complete if		swered "Yes" to F						
	}	(a) Current year	(b) Pnor year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions				ર જોફોઈ જ	Page Care	333	a design	
С	Net investment earnings, gains, and losses			12 (12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		H. G. Carlotte	i in the		
d	Grants or scholarships			Charles and the second	n paliting	ALLE SE PERSON			
е	Other expenditures for facilities								
	and programs			The second second second					
f	Administrative expenses			man Elmin	Charles to	- 1925 (193	- Charles	The Property	100 mm #
g	End of year balance			or to all apply brigger spread	rata-147			To Frail Labor.	કે જેવા કે જેવા કે કે કે કે કે કે કે કે કે કે કે કે કે
2	Provide the estimated percentage of the year	end balance held a							
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
C	Term endowment ▶	=				_			
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administ	ered for t	the organiza	ation	Г	
	by:								es No
	(i) unrelated organizations	• • •						3a(i)	
1.	(ii) related organizations					-		3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	-					-	3b	
4 Par	Describe in Part XIV the intended uses of the tyle. Investments - Land, Building			O Dort V kan	10				
1,61		1	<u>-</u>		Г				
	Description of investment	(a) Cost or of basis (investing	1 ''	st or other s (other)	1	ccumulated preciation	1	(d) Book v	alue
	Lond	Dasis (investin	Dasis	(outer)		<u>. </u>	امند	-	
	Land				1354 July 31		###T		
	Buildings	<u> </u>	F-	10,559.	 -	40,61	- 	160	948.
	Leasehold improvements			$\frac{10,339.}{48,760.}$	 	$\frac{40,81}{858,90}$, 856.
		·		$\frac{10,700.}{12,245.}$		620,29			, 948.
	Other	rual Form 000 Post			l	040,43		851	752

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

 \triangleright

2,891,023.

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

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

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

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Part I

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Open to Public

OMB No 1545-0047

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE

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

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	, 5.4. 	F. (1)	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	10.5	7 17 7 1	7.7
	Travel for companions Payments for business use of personal residence	3 44 5	1.15	3,01
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	3.70		-3 73
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	3		3.3
		25.5		4,33
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	23.	2 <u>2</u>	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	.4	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
			5 J. C. 10	-32.0
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		17.7	
	CEO/Executive Director, Check all that apply.		47.	
	Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		****	Tart Tark
	• • • • • • • • • • • • • • • • • • • •	100 mg/s 2 mg/s		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	132		
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a	Parkette	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	£**.	His	25.22.22
				- Trans
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	25	463	
а	The organization?	5a	-202707	20122002
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			E
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		E.SALL CE
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.	SORTE.	STATE OF	美海道
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		230311.1	241741300
•				
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8		7		
	not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III			
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

52-0741336

Schedule J (Form 990) 2009

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
ı	Θ	611,07	117,99	21	43,301.	55,051.	827,634.	766,759.
MICHAEL E. BRUNNER	€ €	255.062	7 018	250	43 301	43 301	348 932	350 224
LISA I WANGLER	€ €				- ∣	~I	∽ I	~l
	Ξ	190,76	2,00	19	31,211.	40,736.	264,908.	239,402.
DANIEL MITCHELL	(II)							1
	(1)	156,730.	4,000.	34.	29,493.	45,555.	235,812.	203,679.
THOMAS D. WACKER	Œ			0			l I	l 1
	€	150,48	4,250.	34.	27,984.	38,613.	221,369.	192,167.
BARBARA W. RITTER		ļ		0	0	0		li
	8	136,85	2,00	34.	25,985.	26,082.	190,952.	159,340.
LORI FISCHETTI	(ii)			0				
	(1)	133,70	2,000.	1.691	25,456.	37,926.	199,254.	177,306.
KEVIN MCGUIRE	(II)	0 •	0.	0	0	0	0	0
	(1)							
	(1)							
	€							
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Schedule J (Form 990) 2009

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Schedule J (Form 990) 2009 ASSOCIATION	52-0741336	Page 3
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.	nis part for any additional information.	
PART I, LINE 4B: MICHAEL E. BRUNNER - DEFERRED COMPENSATION OF \$43,301		
LISA I. WANGLER - DEFERRED COMPENSATION OF \$43,301		
	Schedule J (Form 990)	9000 1000

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009
Open to Rublic

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number 52-0741336

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Sopen to Public Solids

Name of the organization

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

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

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

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

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047 *

Employer identification number 52-0741336

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

► Attach to Form 990.

► See separate instructions.

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION Name of the organization

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

Parti

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

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

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

Schedule R (Form 990) 2009 ASSOCIATION

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total Sh income end	Share of Disproy end-of-year alsets	ontion-	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related the design of the fax year.)	panizations Taxable as a Correportation or trust during the tax	poration or 'x year.)	rust (Complete if th	ne organizatio	n answered "Yes	to Form 990, Part	IV, line 34 bec	ause it ha	ld one or more re	lated
(a) Name, address, and EIN of related organization	≅c		(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		Share of Percend-of-year own	(h) Percentage ownership
SERVICES MANAGEMENT CORPORATION ONE PACK SQUARE ASHEVILLE, NC 28801	N - 52-1200541	TPA FOR NTCA-SPONSORED BENEFIT PLANS	TPA FOR NTCA-SPONSORED BENEFIT PLANS AND	VA N	N/A	C CORP	14,044,1	,130.6	,447,845.	100.00%
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Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009 ASSOCIATION

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

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

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(3) SERVICE MANAGEMENT CORPORATION

(4) FOUNDATION FOR RURAL SERVICE

(6) 932163 02-04-10

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(2) SERVICE MANAGEMENT CORPORATION

(1) SERVICE MANAGEMENT CORPORATION

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1,633,000.

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NATIONAL TELECOMMUNICATIONS COOPERATIVE

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

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

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

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Part II Continuation of Identification of Related Tax-Exempt Organizations

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