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DLN: 93493317067324

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 cal	lendar year, or tax year beginnin	g 01-01-2013 , 2013, and ending :	12-31-	2013	_		
B Ch	eck ıf a	applicable	C Name of organization NATIONAL TELECOMMUNICATIONS	COOPERATIVE			D Emplo	yer id	entification number
Address change ASSOCIATION Doing Business As						52-0741336			
Name change									
Init	ial retu	ım	•	nail is not delivered to street address) Rooi	m/suite		E Telepho	one nu	mber
Ter	mınate	ed	4121 WILSON BOULEVARD 10TH FLO	OOR			(703)	351-	-2000
M Am	ended	return	City or town, state or province, cou ARLINGTON, VA 22203	ntry, and ZIP or foreign postal code			(,03)	331	2000
M App	olicatioi	n pending	AKENGTON, VA 22205				G Gross r	eceipts	s \$ 20,066,040
			F Name and address of pri	ncıpal officer			his a group	retur	n for
			SHIRLEY BLOOMFIELD 4121 WILSON BOULEVAR	D 10TH FLOOR		sub	ordinates?		┌ Yes ┌ No
			ARLINGTON, VA 22203			H(b) Are	all subordı	nates	s
		npt status		/			uded?	- 1	h /
		<u> </u>		(insert no) 4947(a)(1) or 527		11	No, attach	a IIS	t (see instructions)
J W	ebsite	e:► WV	VW NTCA ORG			H(c) Gro	up exempt	ion n	umber ►
K Forr	n of or	rganızatıon	Corporation Trust 🗸 Association	on	•	L Year of t	ormation 19	54	M State of legal domicile VA
Pa	rt I	Sum	nmary						
			lescribe the organization's missi						
		TO IMP SERVIC	-	IN RURAL COMMUNITIES THROU	GH C	OMMUNIC	CATIONS,	INFR	ASTRUCTURE, AND
2		SERVIC							
ŧ									
≣									
Governance	2	Check tl	his box 🔭 if the organization di	iscontinued its operations or dispos	ed of r	more than	25% of its	net a	assets
	3	Number	of voting members of the govern	ning body (Part VI, line 1a)				З	22
Activities &	1			of the governing body (Part VI, line				4	22
乭	I			calendar year 2013 (Part V, line 2a				5	65
F F	I			necessary)				6	0
-			·	Part VIII, column (C), line 12				7a	1,939,724
	ь	Net unre	elated business taxable income i	from Form 990-T, line 34				7b	50,365
						Pri	or Year		Current Year
	8	Contr	ibutions and grants (Part VIII, l	ıne 1h)	. [850,2	222	3,111,659
Revenue	9	Progra	am service revenue (Part VIII, l	m service revenue (Part VIII, line 2g)					
e Ae	10	.0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					1,121,9	933	914,337
ш	11			, lines 5, 6d, 8c, 9c, 10c, and 11e)			266,5	517	639,857
	12		_	. (must equal Part VIII, column (A)	, line		14,581,	523	18,295,420
	13			IX, column (A), lines 1–3)				0	55,150
	14		·	IX, column (A), line 4)	ŀ			0	0
	15			ee benefits (Part IX, column (A), lın	- 1				
Expenses		5-10	•				7,791,2		7,984,892
ā	16a			, column (A), line 11e)				0	0
蓋	Ь		undraising expenses (Part IX, column (D		_				
	17			lines 11a-11d, 11f-24e)	- 1		6,553,2	_	6,645,255
	18		·	ist equal Part IX, column (A), line 2	· .		14,344,4	_	14,685,297
	19	Keven	iue iess expenses. Subtract line	18 from line 12	• •	Bogins!	237,0 ng of Curre	_	3,610,123
Net Assets or Fund Balances							ng or Curre Year	""	End of Year
55 e 3 afa	20	Total	assets (Part X, line 16)		.		27,469,	185	30,896,206
ag P	21						9,125,2	213	8,398,326
	22		ssets or fund balances Subtract	line 21 from line 20			18,343,9	972	22,497,880
Pai	rt II	Sign	nature Block						
my k	nowle	dge and as any k	belief, it is true, correct, and cor nowledge ***	amined this return, including accom nplete Declaration of preparer (oth		officer) is	s based on 2014-11-07		
Sigr		Signa	ature of officer			ı	Date		
Her	е		RLEY BLOOMFIELD CHIEF EXECUTIVE OF	FICER					
		17	e or print name and title Print/Type preparer's name	Preparer's signature	Date	<u> </u>		PTIN	
Paid	4		KAREN GRIES	i reparer a aignature	Date	ا ا	neck if lf-employed		78514
	u pare		Firm's name FCLIFTONLARSONALLEN	N LLP		Fii	m's EIN 🟲 4:	1-0746	5749
	pare On		 Fırm's address ► 4250 N FAIRFAX DRIVI	F SUITE 1020		Ph	one no (571) 227-	9500

ARLINGTON, VA 22203

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

✓ Yes ☐ No

Form	1990 (2013)				Page 2
Par		t of Program Service Andule O contains a response	Accomplishments or note to any line in this Part	III	
1	Briefly describe the	e organization's mission			
BAS	ED COMMUNICATION	ONS PROVIDERS, IS DEDIC	ATED TO IMPROVING THE	SSOCIATION OF SMALL, RURA QUALITY OF LIFE IN RURAL CO NICATIONS INFRASTRUCTURE	MMUNITIES
			rogram services during the yea	r which were not listed on	
	the prior Form 990 If "Yes," describe t	or 990-EZ?			┌ Yes ┌ No
3			significant changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Schedule O			
4	expenses Section		anizations are required to repo	nree largest program services, as It the amount of grants and alloca	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	REGIONALLY, WHERE INDUSTRY LEADERS S	EMPLOYEES OF THE MEMBER SYSTE	MS AND THE DIRECTORS OF THE SYS	ON HOLDS A NUMBER OF MEETINGS, BOT STEMS SHARE EXPERIENCES, ATTEND TF AL UTILITY SERVICE (RUS) REPRESENTA	RAINING SEMINARS, HEAR
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	POSITIONS AND OBJECT PUBLISHES A BI-MONT	CTIVES OF SMALL AND RURAL TELEP	HONE COMPANIES AND COOPERATIV EEKLY REPORT THAT KEEPS MEMBER	EMBERS BY CONVEYING ITS MESSAGE A ES ACROSS ALL INDUSTRY FRONTS FOR S CURRENT ON INDUSTRY AND LEGISLA	THIS PURPOSE, IT
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
70	BUSINESS DEVELOPME	ENT - MEMBER BUSINESS DEVELOPM	IENT FEES ARE GENERATED FROM AS	SIGNING COMMON LANGUAGE LOCATION WEBCASTS SHOWCASING NEW TECHNO	
4d	Other program se	rvices (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)

Total program service expenses ►

art 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 😼	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		N o
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2013)

GII	Check of Cabadula Comptains a reasonable are note to any line in this Bort V			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	.) No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 98			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
a	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Ν
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

<u> </u>	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		100	
	more members of the governing body?	7a 7b	Yes Yes	
	or persons other than the governing body?	/B	res	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even		(e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
		11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a 12a	Yes	No
12a			Yes	No
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes	No
12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c	Yes Yes	No
12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes	No
12a b c 13 14	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13	Yes Yes Yes	No
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes	No
12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14	Yes Yes Yes Yes	
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
12a b c 13 14 15 a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No

►KELLIE LOWRY 4121 WILSON BOULEVARD 10TH FLOOR

ARLINGTON, VA 22203 (703) 351-2000

<u>Part VII</u> 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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h ar	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) TERRY FORCE	5 00	х		х				7,711	0	(
PRESIDENT	0 00			Ĺ				7,711	Ŭ	
(2) RHONDA ARMSTRONG	5 00	x		×				0	0	(
CO-PRESIDENT	0 00	<u> </u>		Ĺ				Ŭ	Ŭ	
(3) DONALD D MILLER	5 00	×		×				4,669	0	(
VICE PRESIDENT	0 00							.,		
(4) RONALD LAUDNER	5 00	l x		×				5,000	0	(
SECRETARY/TREASURER	0 00							,		
(5) DOUGLAS BOONE	5 00	x						4,000	0	(
DIRECTOR	0 00									
(6) JAMES CAIL	5 00	x						0	0	(
DIRECTOR (7) IAMES DALIDY	0 00				<u> </u>					
(7) JAMES DAUBY	5 00	х						5,083	0	(
DIRECTOR (8) ROBERT DEBROUX	0 00				-					
	5 00	х						5,664	0	(
DIRECTOR (9) LOREN DUERKSEN	5 00				-					
		х						5,093	0	(
DIRECTOR (10) GODFREY ENJADY	5 00									
		x						0	0	(
DIRECTOR (11) BENJAMIN FOSTER	5 00				┢					
		x			1			5,075	0	(
DIRECTOR (12) MARK GAILEY	0 00	-			\vdash					
` '		х						0	0	(
DIRECTOR (13) GREGORY HALE	5 00				\vdash					
DIRECTOR	0 00	Х						5,077	0	(
(14) KEVIN HRANICKA	5 00				\vdash					
DIRECTOR	0 00	X			1			5,117	0	(
(15) MITCHELL MOORE	5 00									
DIRECTOR	0 00	X						5,093	0	(
(16) CATHERINE MOYER	5 00				T					
DIRECTOR	0 00	X			1			5,000	0	(
(17) ALLEN RUSS	5 00							F / 55		
	1	l x		1	1	1	1	5,132	0	(

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) PAUL SCHUETZLER	5 00	х						5,000	0	
DIRECTOR	0 00	_ ^						3,000	0	
(19) R CRAIG SMITH	5 00	V						F 000		,
DIRECTOR	0 00	X						5,000	0	
(20) SANDY VANDEVENDER	5 00	,,						F 144		,
DIRECTOR	0 00	X						5,144	0	
(21) LARRY WINDHAM	5 00	.,								
DIRECTOR	0 00	X						5,571	0	
(22) TOM YOUNG	5 00	,,						4.420		,
DIRECTOR	0 00	X						4,138	0	
(23) SHIRLEY BLOOMFIELD	55 00			Ţ,				F06 222		454.40
CHIEF EXECUTIVE OFFICER	4 00			×				586,323	0	154,497
(24) MICHAEL VIANDS	40 00			,				157.405		54.406
CHIEF FINANCIAL OFFICER	4 00			×				157,185	0	54,408
(25) LISA BELLER	40 00					,		222.065	0	42.065
SALES MANAGER	0 00					X		323,865	0	43,062
(26) LORI FISCHETTI	49 00					,,		102.270		25.256
SENIOR VP OF MEMBER ENGAGEMENT	0 00					X		183,270	0	35,250
(27) MICHAEL ROMANO	48 00					,,		277 507		02.00
SENIOR VP OF POLICY	0 00					X		277,507	0	83,897
(28) JOSHUA SEIDEMANN	42 00					,,		472.020		20.706
VP OF POLICY	0 00					X		172,820	0	30,789
(29) THOMAS WACKER	44 00									
VP OF ADVOCACY INITIATIVES	0 00					X		183,193	0	62,013
(30) MICHAEL BRUNNER	0 00						<u>,,</u>	260 207		
FORMER CEO	0 00						×	368,397	0	·
1b Sub-Total						<u> </u>				•
c Total from continuation sheets to F						►				
d Total (add lines 1b and 1c)						▶		2,345,127	0	463,916
2 Total number of individuals (including					2006	e) who	rec	eived more than	L	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►15

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SERVICES MANAGEMENT CORPORATION 30 TOWN SQUARE BLVD SUITE 300 ASHEVILLE NC 28803	IT SUPPORT	1,509,345
WALT DISNEY WORLD SWAN & DOLPHIN RESORT 1500 EPCOT RESORT BLVD LAKE BUENA VISTA FL 32830	MEETINGS A/V	391,362
BINGHAM MCCUTCHEN LLP PO BOX 3486 BOSTON MA 02241	PUBLIC RELATIONS	304,264
ASSOCIATION CONSLUTING GROUP 11000 BROKEN LAND PKWY SUITE 450 COLUMBIA MD 21044	SOFTWARE	263,648
POWER PLUS SOUND & LIGHTING INC 2460 GRAND AVE VISTA CA 92081	MEETINGS A/V	100,865

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Contributions, Gifts, Grants and Other Similar Amounts	1
Program Service Revenue	
Other Revenue	10
	1:

Form 99		•	_					Page 9
Part V	411	Statement o Check if Schedu	f Revenue ule O contains a respons	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
Grants	ь	Membership du	es 1b					
	С	Fundraising eve	ents 1c					
Giffs, iilar A	d	Related organiz	rations 1d					
m Eigi	e	Government grants	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	3,111,659				
ntribu d Oth	g	Noncash contribute 1a-1f \$	ons included in lines	2,610,532				
G G	h	Total. Add lines	s 1a-1f	· · · •	3,111,659			
<u> </u>				Business Code				
æm	2a	MEMBERSHIP DUE	s	900099	5,727,824	5,727,824		
æ	Ь	CONFERENCES & I	MEETINGS	900099	4,619,199	4,619,199		
MCe	С	ADMIN & MGT FEE		561000	1,507,070		1,507,070	
Š	d	MEMBER SERVICES	5	541800	1,121,156	1,121,156		
Ē	e f	All other progra	am service revenue	900099	585,576	221,664	363,912	
Program Serwoe Revenue	'	, -			68,742		68,742	
<u></u>	g		s 2a – 2f		13,629,567			
	3		ome (including dividend ar amounts)		540,632			540,632
	4	Income from inves	stment of tax-exempt bond p	roceeds 🕨				
	5	Royalties		•	10,000			10,000
	6a	Gross rents	(ı) Real 376,039	(II) Personal				
	Ь	Less rental	376,039					
	c	expenses Rental income	0					
	_	or (loss)	me or (loss)					
	d	Net rental inco	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	1,768,286	(II) o circi				
		than inventory Less cost or						
	Ь	other basis and sales expenses	1,394,581					
	С	Gain or (loss)	373,705					
	d	Net gain or (los	s)		373,705			373,705
e n	8a	Gross income f events (not inc						
Other Revenue		\$ of contributions See Part IV, lin	reported on line 1c)					
 -	_		a					
Ě	b		penses b					
•	c 9a		(loss) from fundraising e rom gaming activities	vents p-				
		See Part IV, lin	e 19					
	١.		a					
	b c		penses b (loss) from gaming activ	ITIAC .				
		Gross sales of returns and allo	inventory, less	icios i i ip-				
			a					
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of invei					
	44-	Miscellaneous		Business Code 900099	620 857			629 857
	11a	MISCELLANEC	DUS REVENUE	500039	629,857			629,857
	Ь							
	d	All other reven	ue					
	e e	Total. Add lines	L					
	12		See Instructions	. -	629,857			
	**	rocar revenue.	see instructions	· · · •	18,295,420	11,689,843	1,939,724	1,554,194

Part IX Statement of Functional Expenses

ection $501(c)(3)$ and $501(c)(4)$	\ organizations must complete all columns	All other organizations must complete column (A

Check if Schedule O contains a response or note to any line in this Part IX							
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	55,150					
2	Grants and other assistance to individuals in the United States See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,044,869					
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	4,976,789					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	642,973					
9	Other employee benefits	957,229					
10	Payroll taxes	363,032			_		
11	Fees for services (non-employees)						
а	Management	345,875					
ь	Legal	11,673					
c	Accounting	51,145					
d	Lobbying						
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees	18,295					
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	297,760					
12	Advertising and promotion	78,200					
13	Office expenses	119,307			_		
14	Information technology	131,101					
15	Royalties						
16	Occupancy	1,215,458					
17	Travel	142,238					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	2,066,630					
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	286,735					
23	Insurance	72,394					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)						
а	MEMBER SERVICES	672,398					
b	ADVOCACY CAMPAIGN TO SA	390,997					
С	MARKETING & PUBLIC RELA	78,069					
d							
е	All other expenses	666,980					
25	Total functional expenses. Add lines 1 through 24e	14,685,297					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

Cash-non-interest-bearing	Par	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
1				(A)		` '
3 Pledges and grants receivable, net		1	Cash-non-interest-bearing	1	1	
4		2	Savings and temporary cash investments		2	
100 1.08		3	Pledges and grants receivable, net		3	
## Part		4	Accounts receivable, net	193,489	4	278,929
1		5	employees, and highest compensated employees Complete Part II of		_	
9 Preparl expenses and deferred charges 400,707	9 0	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		5	
9 Preparl expenses and deferred charges 400,707	क्				6	
9 Preparl expenses and deferred charges 400,707	Š	7	Notes and loans receivable, net		7	
10a	_	8	Inventories for sale or use		8	
Part VI of Schedule D 10a 3,413,828 1,087,599 10c 1,132,889 11 1,1087,599 10c 1,132,889 11 1,1087,599 10c 1,132,889 11 1,1087,599 10c 1,132,889 12 1,1087,599 10c 1,132,889 1,1087,599 10c 1,132,889 12 1,1087,599 10c 1,132,899 10c 1,132,89		9	· · · · · · · · · · · · · · · · · · ·	402,713	9	400,707
11 Investments—publicity traded securities 18,801.922 11 22,256,870 12 Investments—other securities 5ee Part IV, line 11 12 13 Investments—other securities 5ee Part IV, line 11 433.318 13 493.205 14 Intangible assets 14 15 Other assets 5ee Part IV, line 11 2,451.666 15 2,830.752 16 Total assets. Add lines 1 through 15 (must equal line 34) 77,469,165 16 30,896,206 18 Grants payable and accrued expenses 471,464 17 546,928 19 Deferred revenue 4,590,426 19 4,949,356 10 Deferred revenue 4,590,426 19 4,949,356 10 Tax—exempt bond liabilities 20 21 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add lines 17 through 25 9,125,213 26 8,398,326 27 Cotal liabilities and included on lines 17-24) Complete Part X of Schedule 29 28 Temporanily restricted net assets 29,0031 28 313,747 29 Permanently restricted net assets 20,0031 28 313,747 29 Permanently restricted net assets 29,0031 28 313,747 29 Permanently restricted net assets 29,0031 28 313,747 29 Permanently restricted net assets 29,0031 28 313,747 30 Capital stock or trust principal, or current funds 31 30 Capital stock or trust principal, or current funds 31 31 Capital stock or tru		10a				
12 Investments—other securities See Part IV, line 11 13 17 18 18 18 18 18 18 18		Ь	Less accumulated depreciation	1,087,599	10 c	1,132,869
13		11	Investments—publicly traded securities	18,801,922	11	22,256,870
14		12	Investments—other securities See Part IV, line 11		12	
15		13	Investments—program-related See Part IV, line 11	433,318	13	493,205
Total assets. Add lines 1 through 15 (must equal line 34) 27,469,185 16 30,896,206		14	Intangible assets		14	
17		15	Other assets See Part IV, line 11	2,451,666	15	2,630,752
18 Grants payable 18 19 Deferred revenue 18 19 Deferred revenue 19 4,949,358 19 4,949,358 20 Tax-exempt bond liabilities 20 20 21 22 22 22 22 23 22 23 22 23 23 24 24		16	Total assets. Add lines 1 through 15 (must equal line 34)	27,469,185	16	30,896,206
Page 19 Deferred revenue		17	Accounts payable and accrued expenses	471,464	17	546,928
Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	4,590,426	19	4,949,358
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
24 Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
24 Unsecured notes and loans payable to unrelated third parties	iiite	22				
24 Unsecured notes and loans payable to unrelated third parties	gej		persons Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	4 000 000		0.000.040
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets						
lines 27 through 29, and lines 33 and 34. 27 22,184,133 28 Temporarily restricted net assets		26		9,125,213	26	8,398,326
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Φ.		- · · · · · · · · · · · · · · · · · · ·			
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ã	27	- ·	18.053.941	27	22.184.133
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> 8</u>			· ' '		
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	프 교			255,561		
Complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ē		·			
30 Capital stock or trust principal, or current funds	<u>ب</u>					
33 Total net assets or fund balances	0	30			30	
33 Total net assets or fund balances	Šet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	As	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	<u>ಹ</u>	33	Total net assets or fund balances	18,343,972	33	22,497,880
	~	34	Total liabilities and net assets/fund balances	27,469,185	34	30,896,206

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
	Check is selected to contains a response of note to any line in this rare XI		•		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,2	295,420
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,6	585,297
3	Revenue less expenses Subtract line 2 from line 1	3			510,123
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			343,972
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		22,4	197,880
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n		i	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493317067324

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION 52-0741336 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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 Did the filing organization file Form 1120-POL for this year? ☐ Yes 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	hedule C (Form 990 or 990-EZ) 2013					Page 2
P	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		List in Dank IV as			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thre	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	rt II-B Complete if the organization is exempt under section 501(c)(3) and he filed Form 5768 (election under section 501(h)).				
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(6	a)	(b)
	vity.	Yes	No	Amo	unt
1 a	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 Volunteers?				
b c					
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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
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					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$	on 501(c)(5), o	r secti	ion
	501(c)(6).			Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	No
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1		5,7	27,82
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politica expenses for which the section 527(f) tax was paid).				
а	,	2a		1,3	376,89
b	Carryover from last year	2b			
C	Total	2c			376,89
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	ss 3		1,5	33,91
	political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5		-1	.57,01
Pa	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated art II-B, line 1 Also, complete this part for any additional information	group list),	Part II	-A, line	2, and
	Return Reference Explanation				

201124416 3 (1 31111 333 31 333 12) 2313	r age -r				
Part IV Supplemental Information					
Return Reference	Explanation				
l					

Schedule D (Form 990) 2013

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DLN: 93493317067324

OMB No 1545-0047

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public

ΠAΠ	me of the organization TIONAL TELECOMMUNICATIONS COOPERATIVE OCIATION			oloyer identification number
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar F		or Accounts. Complete if the
	organization answered "Yes" to Form 990			·
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advi	rsed Yes No
i	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
Pai	rt III Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
L <u>2</u>	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of an Preservation of a	certifie	ically important land area d historic structure n of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	Held at the End of the Fedi
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)		
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	` '	2d	
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	d by th	ne organization during
	the tax year 🛌			
ŀ	Number of states where property subject to conservat	ion easement is located 🗠		
•	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	nents c	during the year
,	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durin	g the year
3	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
ar	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Ot	her Similar Assets.
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	.16 (ASC 958), not to report in its reve ets held for public exhibition, education,	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		or finan	'
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
	, , , , , , , , , , , , , , , , , , , ,			

b Assets included in Form 990, Part X

Part	TITE Organizations Maintaining Col	lections of Art,	Hist	tori	cal T	reasu	ires, or C)the	<u>r Similai</u>	1 Ass	ets (co	<u>ntınued)</u>
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	eck	any of	the foll	lowing that	are a	significan	t use o	fits	
а	Public exhibition		d	Γ	Loan	or exc	hange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	n how	the	y furth	er the o	organızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t	be maintained as	part o	fthe	organ	ızatıon	's collection	n?			Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	ed "Y	es" to Fo	rm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	an or other interme	diary	for c	ontribi	utions	or other ass	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follow	ıng t	able		-					
										Amo	unt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natı	on has	been p	provided in	Part	XIII			Γ
Pai	rt V Endowment Funds. Complete											
_		(a)Current year	(b)	Prior	year	b (c)⊺	wo years bac	k (d)	Three years l	oack (e) Four y	ears back
1a	Beginning of year balance							+				
b	Contributions							+				
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lıne	e 1 g	, colun	nn (a))	held as			•		
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment -											
c	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ition t	hat	are hel	d and a	admınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		<u> </u>
b	(ii) related organizations							•		3a(ii) 3b	<u>' </u>	<u> </u>
4	Describe in Part XIII the intended uses of th	•						•		30		<u> </u>
	t VI Land, Buildings, and Equipme					n ansv	wered 'Yes	s' to	Form 990). Pari	t IV. lu	ne
	11a. See Form 990, Part X, line 1						_					
	Description of property) Cost o is (inves		(b) Cost or o basis (oth		(c) Accumi deprecia		(d) Bo	ok value
1a	and											
b i	Buildings		•									
	_easehold improvements						522	2,003	2	40,946		281,057
	Equipment						1,25	1,419	1,0	44,135		207,284
е (Other			1			1	107	1 .	OF 070	1	644,528
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	<u> </u>					1,640	J,4U7		95,879 •		1,132,869

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u>* </u>	10/ 1: 5	000 D 1711 L 11
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. Complete if the organization	<u> </u>	J), Part IV, line 11d See	Form 990, Part X, line 15
(a) Descri			(b) Book value
(1) INVESTMENT IN DEFERRED COMP PROGRAM			1,286,537
(2) DEATH BENEFIT RECEIVABLE			1,344,215
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		2,630,752
Part X Other Liabilities. Complete if the orga			line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
Federal income taxes	-		
DEFERRED COMP PROGRAM LIABILITY - NTCA			
EMPLOYEES	1,296,915		
DUE TO FOUNDATION FOR RURAL SERVICE	84,610		
DEFERRED LEASE AND IMPROVEMENT ALLOWANCE DUE TO BENEFIT PLANS OF NTCA AND MEMBERS	639,582 879,907		
DUE TO SERVICES MANAGEMENT CORPORATION	1,026		
	1,525		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,902,040	o organization's financia	L statements that

				ı age ı
Par	Reconciliation of Revenue per Audited Financial Statements With Revenu the organization answered 'Yes' to Form 990, Part IV, line 12a.	e per	Retu	rn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1		12,554,800
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	85		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII)	43		
e	Add lines 2a through 2d	. 26	∍	964,328
3	Subtract line 2e from line 1	. 3		11,590,472
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 18,2	95		
b	Other (Describe in Part XIII)	53		
c	Add lines 4a and 4b	. 4	=	6,704,948
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		18,295,420
Part	Reconciliation of Expenses per Audited Financial Statements With Expense if the organization answered 'Yes' to Form 990, Part IV, line 12a.	ses p	er Re	turn. Complete
1	Total expenses and losses per audited financial statements	1	<u>. </u>	11,860,346
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII) 2d 376,0	39		
e	Add lines 2a through 2d	. 2	e	376,039
3	Subtract line 2e from line 1	3	3	11,484,307
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 18,2	95		
b	Other (Describe in Part XIII)	95		
c	Add lines 4a and 4b	─ 4	c	3,200,990
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	;	14,685,297
D -	VIII Supplemental Information			

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

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) AND 501(C)(3), RESPECTIVELY, OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE SUBJECT TO TAXATION ONLY FOR INCOME DEFINED AS UNRELATED BUSINESS INCOME SERVICES MANAGEMENT CORPORATION (SMC) IS A TAXABLE CORPORATION SMC USES THE LIABILITY METHOD OF ACCOUNTING FOR INCOME TAXES DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON DIFFERENCES BETWEEN THE FINANCIAL STATEMENT CARRYING AMOUNTS AND THE TAX BASIS OF ASSETS AND LIABILITIES (I E TEMPORARY DIFFERENCES) AND ARE MEASURED AT THE ENACTED RATES THAT WILL BE IN EFFECT WHEN THE DIFFERENCES REVERSE THE ASSOCIATION EVALUATED ITS TAX POSITION AND DETERMINED THAT ITS POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON EXAMINATION EACH ENTITY'S 2010 THROUGH 2012 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION 44,504 RENTAL EXPENSES 376,039
PART XI, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTION TO RTAF 47,100 SHORT PERIOD REVENUES NOT INCLUDED IN 10-MONTH AUDITED FINANCIAL STATEMENT 4,029,021 DISSOLUTION GRANT RESULTING FROM MERGER WITH OPASTCO 2,610,532
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 376,039
PART XII, LINE 4B - OTHER ADJUSTMENTS	SHORT PERIOD EXPENSES NOT INCLUDED IN 10-MONTH AUDITED FINANCIAL STATEMENT 3,182,695

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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Schedule I (Form 990)

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

DLN: 93493317067324 OMB No 1545-0047

Department of the Treasury

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

Open to Public

Internal Revenue Service	► Inforn	nation about Schedule I ((Form 990) and its inst	ructions is at <u>www.irs</u>	<u>s.gov/form990</u> .		Inspection
Name of the organization NATIONALTELECOMMUNICA	ATIONS COOPERATI	VE				Employer identif	cation number
ASSOCIATION						52-0741336	
Part I General Inform							
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants	orassistance?			ity for the grants or a	ssistance, and	▽ Yes ▽
		Governments and reciplent that receive				organization answered I space is needed.	l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FOUNDATION FOR RURAL SERVICE 4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON,VA 22203	52-1889647	501(C)(3)	55,150	0	N/A	N/A	CHARITABLE GRANT
2 Enter total number of sec	tion 501(c)(3) and go	<u> </u>	isted in the line 1 table	e		<u> </u>	1

Enter total number of other organizations listed in the line 1 table

I	Grants and Other Assistance to Individuals in the United States. Complete if the organization and	swered "Yes" to Form 99	D, Part IV, line 22.
_	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Inform	ation. Provide the inf	ormation required in Pa	art I, line 2, Part III, co	lumn (b), and any other a	dditional information.
			<u> </u>	•	

Supplemental II	normation. Provide the information required in Part 1, line 2, Part 111, Column (b), and any other additional information.
Return Reference	Explanation
,	THE ASSOCIATION MADE A CHARITABLE GRANT TO A RELATED ORGANIZATION, OVER WHICH IT HAS OVERSIGHT MONITORING OF THE USE OF GRANT FUNDS WILL BE CONDUCTED BY THE BOARD OF DIRECTORS OF THE RECIPIENT FOUNDATION THAT IS ELECTED BY THE ASSOCIATION'S BOARD

Schedule I (Form 990) 2013

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DLN: 93493317067324

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number

52-0741336

Pa	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement or provision of all of the expenses of			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe		· · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all used by a related organization to establish compen	that apply				
	Compensation committee	Г	Written employment contract			
		굣	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	it?	4a		No
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII,	, paıd or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)SHIRLEY BLOOMFIELD CHIEF EXECUTIVE OFFICER	(i) (ii)	509,672 0	76,651 0	0	125,876	28,621 0	. 740,820 0 0	0
(2)MICHAEL VIANDS CHIEF FINANCIAL OFFICER	(i) (ii)	149,185 0	8,000	0	23,196	31,212 0	2 211,593	0
(3)LISA BELLER SALES MANAGER	(i) (ii)	0	323,865	0	22,281	20,781	. 366,927 0	0
(4)LORI FISCHETTI SENIOR VP OF MEMBER ENGAGEMENT	(i) (ii)		13,250	0	31,943 0	3,307 0	218,520	0
(5)MICHAEL ROMANO SENIOR VP OF POLICY	(i) (ii)	260,007 0	17,500 0	0	51,306 0	32,591 0	. 361,404 0 0	0
(6)JOSHUA SEIDEMANN VP OF POLICY	(i) (ii)		3,000	0	27,485 0	3,304 0	203,609	0
(7)THOMAS WACKER VP OF ADVOCACY INITIATIVES	(i) (ii)	180,693 0	2,500	0	33,258	28,755 0	245,206	0
(8)MICHAEL BRUNNER FORMER CEO	(i) (ii)	0	0	368,397 0	0	O C	368,397	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	SHIRLEY BLOOMFIELD - 457(F) PLAN CONTRIBUTION - \$80,729 MICHAEL ROMANO - 457(F) PLAN CONTRIBUTION - \$6,158

Schedule J (Form 990) 2013

DLN: 93493317067324

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number

52-0741336

Pa	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(ASSETS FR)	X	1	2,610,532	BOOK VALUE			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received by the for which the organization completed l				9			0
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years f	rom the dat	e of the initial contribution,	, and which is not require	d to be used			
	for exempt purposes for the entire ho	lding period	17			30a		Νo
	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ontributions?	31		<u>No</u>
32a	Does the organization hire or use thin contributions?	-	r related organizations to s	olicit, process, or sell no	ncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a describe in Part II	imount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
	THE NET ASSETS RECEIVED FROM THE MERGING ORGANIZATION CONSISTED OF THE FOLLOWING CASH \$3,470,212 FIXED ASSETS 1,204 DEFERRED REVENUE (860,884) NET BOOK VALUE \$2.610.523

Schedule M (Form 990) (2013)

DLN: 93493317067324

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION

Employer identification number

52-0741336

990 Schedule O, Supplemen	ital Information
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION'S MEMBERSHIP IS COMPRISED OF COOPERATIVES, NONPROFIT CORPORATIONS, COMMERC IAL RURAL TELEPHONE COMPANIES, INDIVIDIUALS, AND RELATED ASSOCIATE SERVICE PROVIDERS THERE ARE TWO CLASSES OF VOTING MEMBERS INCUMBENT LOCAL EXCHANGE CARRIER (ILEC) MEMBERS AND CO MMONLY OWNED OR CONTROLLED ILEC MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	EACH REGIONAL VOTING DIRECTOR IS ELECTED BY MEMBERS WITHIN THE RESPECTIVE REGION TEN MEMB ERS OF THE BOARD OF DIRECTORS WERE DRAWN FROM THE MERGING ORGANIZATION'S BOARD OF DIRECTOR S AND ARE TO SERVE TERMS AS OUTLINED BY THE ASSOCIATION'S BY-LAWS THESE DIRECTORS WILL NO T BE REPLACED ONCE THEIR TERMS END
FORM 990, PART VI, SECTION A, LINE 7B	THE ASSOCIATION'S BY LAWS MAY BE ALTERED, AMENDED OR REPEALED IF NOT LESS THAN TWO-THIRDS (2/3) OF THE BOARD OF DIRECTORS VOTES TO PRESENT THE MEMBERS WITH THE PROPOSED REVISED BY LA WS, AND THEREAFTER, THERE IS AN AFFIRMATIVE VOTE OF NOT LESS THAN TWO-THIRDS (2/3) OF THE MEMBERS VOTING AT ANY REGULAR OR SPECIAL MEETING, PROVIDED THAT THE OFFICIAL NOTICE OF SUC H REGULAR OR SPECIAL MEETING CONTAINS A COPY OF THE PROPOSED ALTERATION, AMENDMENT OR REPE AL
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY BOTH THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER P RIOR TO ITS FILING, BUT IT IS NOT REVIEWED BY THE ASSOCIATION'S BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 12C	THE ASSOCIATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND OFFICERS W HEN 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 TH E 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 INTERES T ALL RELEVANT INFORMATION IS DOCUMENTED IN THE MEETING MINUTES IF A PERSON VIOLATES THE ASSOCIATION'S CONFLICT OF INTEREST POLICY, THEY INFORM THE BOARD CHAIR AND THE ASSOCIATIO N'S GENERAL COUNSEL, WHO TAKE APPROPRIATE ACTION
FORM 990, PART VI, SECTION B, LINE 15A	THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED BY AN INDEPENDENT COMPENSATION CONS ULTANT 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 APPROV ED BY THE CHIEF EXECUTIVE OFFICER THIS PROCESS WAS LAST CONDUCTED IN 2010 FOR THE CHIEF E XECUTIVE OFFICER, AND THE OTHER OFFICERS' AND KEY EMPLOYEES' COMPENSATION WAS REVIEWED INT ERNALLY BY THE ASSOCIATION IN 2010
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE. THE ASSOCIATION'S CONF LICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XII, LINE 2C	THE PROCESS FOR SELECTION AND OVERSIGHT OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

DLN: 93493317067324

OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

52-0741336

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

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization NATIONAL TELECOMMUNICATIONS COOPERATIVE

ASSOCIATION

Department of the Treasury

(Form 990)

(c) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes See Additional Data Table

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predo Income unre exclud tax sectio	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		of Share of end-of-yea assets	(h) Disproprtionate r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			ownersh	
					<u> </u>				Yes	No		Yes	No		
	ed Organizations Taxabl								swered	d "Yes	" on Form	990,	Part :	IV,	
(a) Name, address, and EIN of related organization	e or more related organizat (b) Primary activity	(c) Legal domicile (state or for	e reign	(Direct o	d)	(C corp,	entity S corp,	(f) Share of total income	Share	(g) of end-c year assets	(h of- Percen owner	tage		(i) ection 5 (b)(13) controlle entity?) ed
N SERVICES MANAGEMENT	ADMINISTED BENEFIT			NTOA				16 173 310		10.630.3	100.00				No
(1) SERVICES MANAGEMENT CORPORATION 30 TOWN SQUARE BOULEVARD SUITE 300 ASHEVILLE, NC 28801 52-1200541	ADMINISTER BENEFIT PLANS	NC NC		NTCA		С		16,472,219	1	10,638,2	56 100 00	00 %			No
															_

(4) FOUNDATION FOR RURAL SERVICE

(5) FOUNDATION FOR RURAL SERVICE

	Transactions With Related Organizations Complete if the organization are	iswered tes on ron	11 990, Part IV, IIIR	= 34, 330, 01 30.		Yes	No			
	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					163	110			
	ng the tax year, did the organization engage in any of the following transactions with one or mo	re related organizations i	isted in Parts II-IV?		4-	W				
	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a 1b	Yes				
	ift, grant, or capital contribution from related organization(s)				1c		No			
	oans or loan guarantees to or for related organization(s)				1d		No			
e L	oans or loan guarantees by related organization(s)				1e		No			
f D	ividends from related organization(s)				1f		No			
	ale of assets to related organization(s)				1g		No			
_	urchase of assets from related organization(s)				1h		No			
	cchange of assets with related organization(s)				1i		No			
	ease of facilities, equipment, or other assets to related organization(s)				1j	Yes				
, -	asse of facilities, equipment, of other assets to related organization(s)				<u> </u>					
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		No			
I P	erformance of services or membership or fundraising solicitations for related organization(s)				11	Yes				
m P	erformance of services or membership or fundraising solicitations by related organization(s)				1m	Yes				
n S	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
o 9	haring of paid employees with related organization(s)				10	Yes				
p R	eimbursement paid to related organization(s) for expenses				1p	Yes				
q R	eımbursement paıd by related organızatıon(s) for expenses				1q	Yes				
r 0	ther transfer of cash or property to related organization(s)				1r		No			
s C	ther transfer of cash or property from related organization(s)				1 s		No			
2 It	the answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including c	overed relationships	and transaction thresholds	<u> </u>					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ai	nount	nvolve	i			
L) SER\	ICES MANAGEMENT CORPORATION	A	309,115	FAIR MARKET VALUE						
2) SER\	ICES MANAGEMENT CORPORATION	P	345,875	FAIR MARKET VALUE						
3) SERV	ICES MANAGEMENT CORPORATION	Q	1,509,345	FAIR MARKET VALUE						

В

55,150 FAIR MARKET VALUE

48,862 FAIR MARKET VALUE

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	end-of-year			(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
]	
												\Box	
												\Box	
	•												

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: Software Version:

EIN: 52-0741336

Name: NATIONAL TELECOMMUNICATIONS COOPERATIVE

ASSOCIATION

Form 990, Schedule R, Part II - Identification of I	·	1	1 (1)	1 ,	1 6	l ,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity		on 512 (13) rolled
						Yes	No
	PROMOTE, EDUCATE, AND ADVANCE RURAL TELECOMMUNICATIONS	VA	501(C)(3)	LINE 11C, III-FI	NTCA	Yes	
(1) NTCA GROUP HEALTH PROGRAM	HEALTH AND WELFARE BENEFITS	VA	501(C)(9)	N/A	NTCA	Yes	
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1043923	BENEFITS						
(2) NTCA MASTER TRUST FOR DEFERRED COMP PLANS	DEFERRED COMPENSATION	VA	501(C)(9)	N/A	NTCA	Yes	
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 56-6678513							
(3) NTCA REGIONAL RETIREE MEDICAL FUNDING TRUST I	POST RETIREMENT BENEFITS	DC	501(C)(9)	N/A	NTCA	Yes	
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-6737391							
(4) NTCA REGIONAL RETIREE MEDICAL FUNDING TRUST II	POST RETIREMENT BENEFITS	DC	501(C)(9)	N/A	NTCA	Yes	
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1889144							
(5) NTCA RETIREMENT AND SECURITY PROGRAM	DEFINED BENEFIT PLAN	VA	501(C)(9)	N/A	NTCA	Yes	
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1558805							
	DEFINED CONTRIBUTION	VA	501(C)(9)	N/A	NTCA	Yes	
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1522857	PLAN						
(7) TELEPHONE EDUCATION COMMITTEE ORGANIZATION	VOLUNTARY, NON-PARTISAN POLITICAL ACTION COMMITTEE	VA	527	N/A	NTCA	Yes	
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1674218							