DLN: 93493319030001

Form **990** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

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

2010

Open to Public Inspection

	1.0701140						Inspection					
		2010 calendar yea	r, or tax year beging organization	nning 01-01-2010 and ending 12-31-20	010	D Employer	identification number					
_	eck if a Iress ch	pplicable NATIONAL	RURAL ELECTRIC CO	53-0116	53-0116145							
	ne cha	Doing Bus	siness As									
_	ial retu			E Telephone	e number							
_	minate	4301 Wile	and street (or P O box on Boulevard	if mail is not delivered to street address)	Room/suite	(703) 90	7-5960					
_	ended		City or town, state or country, and ZIP + 4				ipts \$ 150,462,542					
_			VA 222031860	IIIU Z1F + 4								
API	nication		ne and address of	nuncinal officer	T							
		Glenni		principal officer	H(a) Isthis	a group return for aff	iliates? Yes No					
			Nilson Boulevard on, VA 22203		<b>H(b)</b> Are al	l affiliates include	d?					
		,,,,,,,,	011, 47. 22203		1		st (see instructions)					
<b>T</b> a	x-exem	npt status	(3) <b>7</b> 501(c) (6)	◀ (insert no )	H(c) Gro	up exemption i	number 🟲					
ı w	ebsite	e: ► nreca coop										
		ganization 🔽 Corpora	tion C Truct C Accord	Cothor Mr.	Voor of fo	ormation 1942	M State of legal domicile DC					
	rt I	Summary	tion i nust i Associ	ation   Other F	L fear or it	onnation 1942	State of legal doffficie DC					
		•										
	I	•	-	ssion or most significant activities representing the national interests of c	ooperative elec	tric utilities ai	nd the consumers they					
ų.	I	•	bership association dedicated to representing the national interests of cooperative electric utilities and the consumers they • NRECA has more than 1,000 member cooperatives that serve 42 million consumers in 47 states									
ੂ ≣	-											
Ĕ	-											
Activities & Governance	9 .	Check this hox 🛏	if the organization	n discontinued its operations or dispose	d of more than 2	25% of its net	assets					
5		•		erning body (Part VI, line 1a)		3	47					
o V		_	_	ers of the governing body (Part VI, line 1			47					
9		•	_		•	. 5	850					
Ř				in calendar year 2010 (Part V, line 2a) if necessary)		6	0					
ă			•		7a	-						
		Total unrelated bus			7a 7b	1,898,950						
	B	Net unrelated bush	less taxable ilicoli	ne from Form 990-T, line 34	Deia	or Year	Current Year					
		C + + +	dt- (Dt-)/III	· lime 1 h	PIR							
<u>a</u>	8			I, line 1 h)	•	250,000	250,000					
Revenue						120,697,449						
Š.	10 11			ımn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	129,109	36,407 13,899,605					
	12		•	11 (must equal Part VIII, column (A), I	ine	13,517,201						
			-			134,593,819	142,748,636					
	13	Grants and simila	ar amounts paid (P	art IX, column (A), lines 1–3)		0	0					
	14	Benefits paid to o	or for members (Pa	0	0							
ø	15		ompensation, empl	5 5 -	89,425,788	92,057,382						
Expenses	16a	10) Professional fund	Iraising fees (Part	IX, column (A), line 11e)		0 0 0 0	0					
Φ ⊕	ь		enses (Part IX, column									
Ð	17		•	A), lines 11a-11d, 11f-24f)	-	44,875,595	44,251,480					
	18			must equal Part IX, column (A), line 25)		134,301,383						
	19			ne 18 from line 12	·	292,436	6,439,774					
æ ø	<u> </u>				Beginnin	g of Current	, ,					
net Assets of Fund Balances					_	rear	End of Year					
7 TE	20	Total assets (Pa	rt X, line 16)			161,981,481	185,977,987					
<u> </u>	21	•				87,146,764	104,360,129					
	22			act line 21 from line 20		74,834,717	81,617,858					
	rt II	Signature Bl										
mow		and belief, it is true,		mined this return, including accompanying ete. Declaration of preparer (other than offi								
						011-06-03						
Sign		Signature of office	er		D	ate						
Here	2	Patrick Gioffre Exe	ec VP Internal Services									
		<u>                                      </u>	C and title			Chack if solf	T					
_		Print/Type preparer's name		Preparer's signature	Date	Check if self- employed •	PTIN					
Paid		Firm's name					Firm's EIN					
Prepa		Firm's address	Dhana k									
Jse (	וווכ		Phone no 🕨									

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

┌Yes ┌No

Form	1990 (2010)				Page 2						
Par		nt of Program Service hedule O contains a respon	e <b>Accomplishments</b> se to any question in this Pa	rt III							
1	Briefly describe ti	ne organization's mission									
distr elect and	icts and public utilit trification and the fu development of rura	y districts NRECA's mission rnishing of other services to	on is to engage in the compile o rural electric cooperatives a d States of America, its territ	anization for 1,062 rural electric ation and dissemination of inforn and others in connection with the cories and possessions, for the p	nation with respect to rural e coordination, advancement,						
2	Did the organization the prior Form 990	· · · · · · · · · · · · · · · · · · ·	program services during the	year which were not listed on	「Yes ▼ No						
	If "Yes," describe	these new services on Sche	dule O								
3			e significant changes in how		┌ Yes ┌ No						
	If "Yes," describe	If "Yes," describe these changes on Schedule O									
4	Section 501(c)(3)	and 501(c)(4) organization		three largest program services busts are required to report the argram service reported							
4a	(Code	) (Expenses \$	0 including grants of	\$ 0)(Revenue \$	0)						
	members of Congres		and the Administration the views	to compliance and regulatory issues. In of the 42 million consumers-members s							
	(Code	) (Expenses \$	0 including grants of	\$ 0)(Revenue \$	0)						
70	Consulting, Training	& Conferences NRECA provides morganization and process improver	nembers with essential industry spe	crific training as well as director, manag cal changes, and conferences and men	er, and employee training,						
	(Code	) (Expenses \$	0 including grants of	\$ 0)(Revenue \$	0)						
	Multiple Employer Be programs in which Ni benefit pension plan, employees of NRECA	enefit Plan Administration NRECA p RECA Member cooperatives can pa and the NRECA 401(k) Pension P A Member cooperatives The third p member cooperatives The RS and	provides plan administration service articipate They consist of two retire lan, which is a defined contribution plan is the Group Benefits Trust, wh	es on a cost reimbursable basis to three ement programs, the Retirement Securi pension plan These two plans serve m nich provides medical, dental, vision, dis from income taxes under IRS section 4	multiple employer benefit ty Program, which is a defined nore than 60,000 active and retired sability, life, travel, and accident						
4d		•	ule O ) See also Additional Da	•	0.)						
	(Expenses \$		ing grants of \$	0 ) (Revenue \$	0 )						
4e	Total program se	rvice expenses►\$	0								

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

	(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima imount o compens	ited fother
		week (describe hours for related organizations in Schedule O)	Institutional Trustee Individual trustee or director		Officei	Ke) emplojee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	,	from t rganızatı relatı organıza	:he on and ed
See A	Additional Data Table												
1b	Sub-Total					•	٠	►					
С	Total from continuation sheets to Part VII, Section A												
d	Total (add lines 1b and 1c) .						•	<b>-</b>	11,551,576		0	2,6	574,729
2	Total number of individuals (inc \$100,000 in reportable comper	-					above	) who	received more tha	n			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee, c	or highest compens	ated employee	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 individual								4	Yes			
5	Did any person listed on line 1a	receive or accr	ue comp	pensa	ition	fror	n any i	unre	lated organization o	r individual for	-	162	
	services rendered to the organiz										5		No
S	ection B. Independent Con	ntractors											
1	Complete this table for your five		nsated	ındep	ende	ent c	ontra	tors	that received more	than			

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
MODIS Box 1020410 Atlanta, GA 30368	Consulting services	459,739
Miller Balis and ONeill PC 1015 15th Street NW Washington DC, DC 20005	Legal services	387,998
Danielle Corbin 7400 Nathaniel Drive Mount Airy, MD 21771	Magazine advertising sales	332,820
Ralph Graves Production 15914 Indianola Drive Rockville, MD 20855	Convention services	296,681
Summit Group LLC Division 30 8079 Solutions Center Chicago, IL 60677	Marketing services and service awards	264,148
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►20	who received more than	