DLN: 93493318013863

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)

2012

OMB No 1545-0047

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

Open to Public

if applicable if applicable s change change eturn ated ed return tion pending	C Name of organization NATIONAL RURAL ELECTRIC COOPER Doing Business As	all is not delivered to street address) Room/su	D Emp 53-	loyer ident	ification number		
change eturn ated ed return	Number and street (or P O box if m 4301 WILSON BLVD FIN8-110 City or town, state or country, and Z ARLINGTON, VA 22203 F Name and address of prin JO ANN EMERSON						
ated ed return	4301 WILSON BLVD FIN8-110 City or town, state or country, and Z ARLINGTON, VA 22203 F Name and address of prin JO ANN EMERSON			0116145			
ed return	ARLINGTON, VA 22203 F Name and address of prin JO ANN EMERSON	<u>I</u> IP + 4	ııte E Telep	ohone numbe	er		
	ARLINGTON, VA 22203 F Name and address of prin JO ANN EMERSON		(70)	(703)907-5960			
	JO ANN EMERSON		G Gros	s receipts \$ 1	178 925 130		
	JO ANN EMERSON	cipal officer	H(a) Is this a grou				
			affiliates?	ap recurrin	┌ Yes ┌ No		
	ARLINGTON, VA 22203	110	H(b) Are all affilia				
kempt status	「 501(c)(3)	insert no) 4947(a)(1) or 527	- If "No," atta	chalist (s	see instructions)		
site:► NRI	ECA COOP		H(c) Group exem	ption numb	ber ►		
- organization	Corporation Trust Association	Other be	L Year of formation	1042 M S	tate of legal domicile DC		
		T) Other F	L fear or formation	1942	tate of legal domicile. Do		
	-	un or most significant activities					
42 MILL	ION CONSUMERS IN 47 STAT	ES					
e Check th	is box Fig. if the organization dis	scontinued its operations of disposed	or more than 25 % or i		ets		
				3	47		
				4	47		
				-	838		
				1 000 654			
			-	1,989,656			
D Net unite	ated business taxable income in				Current Year		
3 Contri	outions and grants (Part VIII, li	ne 1 h)		7.505	8,722,564		
					146,987,571		
				471,012 17			
L Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)	14,19	14,194,664 14,838			
	-			175,435,823 170,72 0 0			
		, , , ,					
1 Benefi	s paid to or for members (Part I	X, column (A), line 4)					
5 Saları	es, other compensation, employe	X, column (A), line 4) ee benefits (Part IX, column (A), lines					
5 Saları 5-10)	es, other compensation, employe	ee benefits (Part IX, column (A), lines	96,109		97,495,827		
Salarie 5-10) Sa Profes	es, other compensation, employe sional fundraising fees (Part IX,	column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·	9,735	97,495,827		
Salarie 5-10) Sa Profes b Total fu	es, other compensation, employe sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D)	column (A), line 11e)		0	97,495,827 0		
Salarie 5-10) Faire Profes Total ful Other	es, other compensation, employers sional fundraising fees (Part IX, andraising expenses (Part IX, column (D) expenses (Part IX, column (A), I	column (A), line 11e)	. 77,288	0 8,613	97,495,827 0 70,097,937		
Salarie 5-10) A Profes Total fu Other Total e	es, other compensation, employers sional fundraising fees (Part IX, andraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must be seen to be s	column (A), line 11e)	. 77,288	0 8,613 8,348	97,495,827 0 70,097,937 167,593,764		
Salarie 5-10) A Profes Total fu Other Total e	es, other compensation, employers sional fundraising fees (Part IX, andraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (must be seen to be s	column (A), line 11e)	. 77,288 173,398 . 2,033 Beginning of Cur	0 8,613 8,348 7,475	97,495,827 0 70,097,937		
Salarie 5-10) 5a Profes b Total ful 7 Other 8 Total 6 9 Reven	es, other compensation, employers sional fundraising fees (Part IX, andraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line	column (A), line 11e)	. 77,288 173,398 . 2,033 Beginning of Cur Year	0 8,613 8,348 7,475 rent	97,495,827 0 70,097,937 167,593,764 3,128,308 End of Year		
Salarie 5-10) 5a Profes b Total fui 7 Other Total e 9 Reven	es, other compensation, employers sional fundraising fees (Part IX, ndraising expenses (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line	column (A), line 11e)	. 77,288 173,398 . 2,033 Beginning of Cur Year 212,734	0 8,613 8,348 7,475 rent	97,495,827 0 70,097,937 167,593,764 3,128,308 End of Year 211,569,345		
Salarie 5-10) 5a Profes b Total fui 7 Other B Reven D Total a L Total I	es, other compensation, employers is signal fundraising fees (Part IX, normal fundraising fees (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musure less expenses Subtract line less expenses Subtract line less (Part X, line 16)	column (A), line 11e)	. 77,288 173,398 . 2,033 Beginning of Cur Year 212,734	0 8,613 8,348 7,475 rent 4,842	97,495,827 0 70,097,937 167,593,764 3,128,308 End of Year		
1 2 3 4 5 5 7 _ 3 9 0 L 2	Briefly de MEMBER UTILITIE 42 MILLI Check th Number of Total num Total num Total num Total unrel Contrib Program Investi Other i Total re	Briefly describe the organization's mission MEMBERSHIP ASSOCIATION DEDICAL UTILITIES AND THE CONSUMERS THE 42 MILLION CONSUMERS IN 47 STATE Check this box Improved in the organization disconsistency of the government of the program of the government of the g	Briefly describe the organization's mission or most significant activities MEMBERSHIP ASSOCIATION DEDICATED TO REPRESENTING THE NATIOUTILITIES AND THE CONSUMERS THEY SERVE NRECA HAS MORE THAN 42 MILLION CONSUMERS IN 47 STATES Check this box If the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary)	Briefly describe the organization's mission or most significant activities MEMBERSHIP ASSOCIATION DEDICATED TO REPRESENTING THE NATIONAL INTERESTS OF UTILITIES AND THE CONSUMERS THEY SERVE NRECA HAS MORE THAN 1,000 MEMBER COO 42 MILLION CONSUMERS IN 47 STATES Check this box If the organization discontinued its operations or disposed of more than 25% of in Number of voting members of the governing body (Part VI, line 1a)	Briefly describe the organization's mission or most significant activities MEMBERSHIP ASSOCIATION DEDICATED TO REPRESENTING THE NATIONAL INTERESTS OF COOPER UTILITIES AND THE CONSUMERS THEY SERVE NRECA HAS MORE THAN 1,000 MEMBER COOPERATIV 42 MILLION CONSUMERS IN 47 STATES Check this box In the organization discontinued its operations or disposed of more than 25% of its net ass Number of voting members of the governing body (Part VI, line 1a)		

ARLINGTON, VA 22203 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

┌Yes ┌No

	(=)				r age =
Par		nt of Program Service hedule O contains a respons	Accomplishments e to any question in this Part I	II	
1	Briefly describe th	ne organization's mission			
THE OF C ADV POS	CTRIC COOPERAT. COMPILATION AND THER SERVICES TANCEMENT, AND I	IVES, PUBLIC POWER DIST ND DISSEMINATION OF IN TO RURAL ELECTRIC COOF DEVELOPMENT OF RURAL	RICTS AND PUBLIC UTILITI FORMATION WITH RESPECT PERATIVES AND OTHERS IN ELECTRIFICATION IN THE U	THE SERVICE ORGANIZATION Y DISTRICTS NRECA'S MISSIC TO RURAL ELECTRIFICATION CONNECTION WITH THE COOL NITED STATES OF AMERICA, IN THE ASSOCIATION AND THE	ON IS TO ENGAGE IN AND THE FURNISHING RDINATION, TS TERRITORIES AND
2	3	, ,	program services during the ye		┌ Yes ┌ No
	If "Yes," describe	these new services on Sched	ule O		
3	services?			conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedule ()		
4	expenses Section		ganizations are required to repo	three largest program services, a prt the amount of grants and alloc	
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	NRECA CONVEYS TO	MEMBERS OF CONGRESS AND THE	IR STAFFS, FEDERAL AGENCIES AND 1	S RELATED TO COMPLIANCE AND REGULA THE ADMINISTRATION VIEWS OF THE 42 RSHIP INVOLVED WITH THE LEGISLATIVE	MILLION CONSUMERS-
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
70	CONSULTING, TRAIN EMPLOYEE TRAINING	ING, & CONFERENCES NRECA PRO , CONSULTING RELATED TO THE O	OVIDES MEMBERS WITH ESSENTIAL IN	DUSTRY SPECIFIC TRAINING AS WELL AS EMENTS, AND INDUSTRY AND TECHNOLO	
4-	/Codo) (Expenses \$	including grants of \$) (Revenue \$	\
4 c	(Code	, , ,	,) (Revenue \$ ION SERVICES ON A COST REIMBURSABL	E BASIS TO THREE MUITIBLE
	EMPLOYER BENEFIT I SECURITY PROGRAM THESE TWO PLANS S TRUST, WHICH PROV	PROGRAMS IN WHICH NRECA MEMI , WHICH IS A DEFINED BENEFIT PE ERVE MORE THAN 60,000 ACTIVE A /IDES MEDICAL, DENTAL, VISION, D	BER COOPERATIVES CAN PARTICIPATE NSION PLAN, AND THE NRECA 401(K) ND RETIRED EMPLOYEES OF NRECA N ISABILITY, LIFE, TRAVEL, AND ACCIDE	THEY CONSIST OF TWO RETIREMENT PENSION PLAN, WHICH IS A DEFINED C MEMBER COOPERATIVES THE THIRD PLA NT INSURANCE TO NRECA MEMBER COO GROUP BENEFITS TRUST IS EXEMPT UND	PROGRAMS, THE RETIREMENT CONTRIBUTION PENSION PLAN N IS THE GROUP BENEFITS OPERATIVES THE RS AND 401
	0.11	(D.) (C.) (1)	0.)		
4d	Other program se (Expenses \$	ervices (Describe in Schedul	e O) g grants of \$) (Revenue \$)
			y grants or p) (Kevenue \$)
4e	Total program se	rvice expenses 🟲			

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 t	tion (han (n is	ne l both	box, an	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W				
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relati organiza	ed	
1b c	Sub-Total ts to Part VII, S	 ection <i>l</i>	٠.	•			*						
d	Total (add lines 1b and 1c) .	-						۰	12,166,670		0	:	3,386,101	
2	Total number of individuals (in \$100,000 of reportable compa	icluding but not ensation from th	lımıted e organ	to the	ose on ⊳ 2	lıste 210	d abov	e) w	ho received more th	an				
												Yes	No	
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee, •	or highest compen	sated employee	3	Yes		
4	For any individual listed on lin organization and related organ individual										4	Yes		
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No	
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp										tax year		

(A) Name and business address	(B) Description of services	(C) Compensation		
MCKESSON HEALTH SOLUTIONS 21987 NETWORK PLACE CHICAGO IL 60673	COMPUTER SERVICES-HEALTH	653,528		
REED SMITH LLP 2672 PAYSPHERE CIRCLE CHICAGO IL 60674	LEGAL FEES	627,923		
CORESITE REAL ESTATE 1050 175H ST SUITE 800 DENVER CO 80265	COMPUTER SERVICES	489,214		
DANIELLE CORBIN 7400 NATHANIEL DR MOUNT AIRY MD 21771	MAGAZINE ADVERTISING SALES	386,817		
DOUGLAS R DANLEY 18131 METZ DRIVE GERMANTOWN MD 20874	CONSULTING SERVICES	293,750		
2. Total number of independent contractors (including but not limited to those listed above) who received more than				

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 ▶28