990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except pri		OMB No. 1545-004
Do not ontor oppial popurity numbers on this form on it r			
partment of the Treasury ernal Revenue Service Do not enter social security numbers on this form as it r Go to www.irs.gov/Form990 for instructions and the la			Open to Public Inspection
For the 2017 calendar year, or tax year beginning and ending			
Check if applicable: NAME of organization.	D En	nployer identi	fication number
MALLONAL MONAL BURCHIC			
Address COOPERATIVE ASSOCIATION			
Name Doing business as			0116145
Initial Room/s	/suite E Tel	lephone numb	
Final 4301 WILSON BLVD FIN8-110			<u>3)907-5960</u> 190,886,20
Imminate City or town, state or province, country, and ZIP or foreign postal code Amended ARLINGTON, VA 22203		s receipts \$ s this a group	
Applica- Applica- Ition F Name and address of principal officer:JIM MATHESON		or subordinate	
pending SAME AS C ABOVE			included? Yes
			a list. (see instructions)
Website: NRECA.COOP		aroup exempti	
Form of organization: X Corporation Trust Association Other L	Year of forma	tion: 1942	M State of legal domicile; I
art Summary			
1 Briefly describe the organization's mission or most significant activities: MEMBERSH	HIP ASS	SOCIATIC	N DEDICATED
TO REPRESENTING THE NATIONAL INTEREST OF COC	DPERATI	VE ELEC	CTRIC
2 Check this box 🕨 🛄 if the organization discontinued its operations or disposed of r	more than 2		
TO REPRESENTING THE NATIONAL INTEREST OF COC 2 Check this box ▶ □ if the organization discontinued its operations or disposed of r 3 Number of voting members of the governing body (Part VI, line 1a)			
4 Number of independent voting members of the governing body (Fart V), whe to			84
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)		·····	
 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 			7,576,877
b Net unrelated business taxable income from Form 990-T, line 34			
Diver unreated business taxable income from roun sooil, and or		or Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		22,312.	
9 Program service revenue (Part VIII, line 2g)	160,3	22,292.	1.62,355,669
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,981.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,592.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	178,7	94,177.	183,539,461
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	110.0	0.	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	113,9	50,529.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	ļ	0.	0
b Total fundraising expenses (Part IX, column (D), line 25) 0 .		01 440	
17 Other expenses (Fartix, Coldmin (A), mes frantia, far-246)		81,440. 31,969.	64,068,558
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>31,989.</u> 37,792.	187,824,669
19 Revenue less expenses. Subtract line 18 from line 12	1	of Current Year	
		08,149.	End of Year 195,222,962
 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 		$\frac{100,149}{78,236}$	106,245,414
21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20		29,913.	88,977,548
22 Net assets or fund balances. Subtract line 21 from line 20	00/1	20,0101	0075117520
er penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and	to the best of m	v knowledge and helief, it is
, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa			,
Correct and complete. Doctor and or proprior (cold) and once to card an monthemer propri			4-18
Signature of officer		Date	
VENEICIA LOCKHART, SR. VP, FINANCE			
Type or print name and title			
Print/Type preparer's name Preparer's signature	Date	Check	PTIN
		if self-employe	ed
parer Firm's name		Firm's EIN 🕨	
Only Firm's address			
		Phone no.	
			🗌 Yes 🛄 No
the IRS discuss this return with the preparer shown above? (see instructions)			Form 990 (2017

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	NATIONAL RURAL ELECTRIC
Form	990 (2017) COOPERATIVE ASSOCIATION 53-0116145 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response of hote to any life in any far the
1	Briefly describe the organization's mission: NRECA'S PURPOSE IS TO ENGAGE IN THE COMPILATION AND DISSEMINATION OF
	INFORMATION WITH RESPECT TO RURAL ELECTRIFICATION AND THE FURNISHING
	OF OTHER SERVICES TO RURAL ELECTRIC COOPERATIVES AND OTHERS IN
	CONNECTION WITH THE COORDINATION, ADVANCEMENT, AND DEVELOPMENT OF
_	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$
70	REGULATORY, LEGAL, AND LEGISLATIVE: NRECA PROVIDES SUPPORT SERVICES TO
	MEMBERS RELATED TO COMPLIANCE, LEGAL, AND REGULATORY ISSUES. IN
	ADDITION, NRECA EDUCATES AND ADVOCATES TO MEMBERS OF CONGRESS AND THEIR
	STAFFS, FEDERAL AGENCIES, AND THE ADMINISTRATION ON POLICY ISSUES
	IMPACTING NRECA VOTING MEMBERS AND THE 42 MILLION CONSUMERS-MEMBERS
	SERVED BY NRECA VOTING MEMBERS, AND KEEPS OUR MEMBERSHIP INVOLVED WITH
	THE LEGISLATIVE PROCESS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	CONSULTING, TRAINING, AND CONFERENCES: NRECA PROVIDES MEMBERS WITH
	ESSENTIAL INDUSTRY SPECIFIC TRAINING AS WELL AS DIRECTOR, MANAGER, AND
	EMPLOYEE TRAINING; CONSULTING RELATED TO THE ORGANIZATION AND PROCESS
	IMPROVEMENTS, AND INDUSTRY AND TECHNOLOGICAL CHANGES; AND CONFERENCES
	AND MEMBERSHIP MEETINGS, PROMOTING COLLABORATION AND NETWORKING.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	MULTIPLE EMPLOYER BENEFIT PLAN ADMINISTRATION: NRECA PROVIDES PLAN
	ADMINISTRATION SERVICES ON A COST REIMBURSABLE BASIS TO THREE MULTIPLE
	EMPLOYER BENEFIT PROGRAMS IN WHICH MOST NRECA MEMBERS, CAN PARTICIPATE.
	THEY CONSIST OF TWO RETIREMENT PROGRAMS, THE NRECA RETIREMENT SECURITY
	PLAN, WHICH IS DEFINED BENEFIT PENSION PLAN AND IS EXEMPT FROM INCOME
	TAX UNDER IRS SECTION 401(A), AND THE NRECA 401(K) PENSION PLAN, WHICH
	IS A DEFINED CONTRIBUTION PENSION PLAN AND IS EXEMPT FROM INCOME TAX
	UNDER IRS SECTION 501. THESE TWO PLANS SERVE MORE THAN 60,000 ACTIVE
	AND RETIRED EMPLOYEES OF MOST NRECA MEMBERS. THE THIRD PLAN IS THE
	NRECA GROUP BENEFIT PROGRAM, WHICH PROVIDES MEDICAL, DENTAL, VISION,
	DISABILITY, LIFE, TRAVEL, AND ACCIDENT INSURANCE TO MOST NRECA MEMBERS.
	THIS PLAN IS EXEMPT FROM INCOME TAX UNDER IRS SECTION 501(C)(9).
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revanue \$)
e	Total program service expenses
	Form 990 (2017
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NATIONAL RURAL ELECTRIC

COOPERATIVE ASSOCIATION

Forn	1990 (2017) COOPERATIVE ASSOCIATION 53-0116	747	Ч	age o
Pa	rt IV Checklist of Required Schedules			T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	nublic office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-1	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		x
	Schedule D, Part III	Ť		<u> </u>
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?	9	х	
	If "Yes," complete Schedule D, Part IV	3		-
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		- 25
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		*7	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		X
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 167 If "Yes." complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1Za	Schedule D, Parts XI and XII	12a		Х
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	=
40	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside of the onlined outcoor maintain an once, employees, or agents outside outside of the onlined outcoor maintain an once, employees, or agents outside outside outcoor maintain an once, employees, or agents outside	-		
b	bid the organization have aggregate revenues of expenses of more than \$10,000 non graning remaining, remaining, beamers, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	investment, and program service activities outside the onited States, or aggregate foreign investments rated at \$100,000	14b		Х
	or more? If "Yes," complete Schedule F, Parts I and IV			· · ·
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grains of other assistance to or for any	15		х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	10		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		Х

Form 990 (2017)

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NATIONAL RURAL ELECTRIC

COOPERATIVE ASSOCIATION

Pa	rt iv Checklist of Required Schedules (continued)		1	
			Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	x	
	Schedule J	23		
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	04-		x
	Schedule K. If "No", go to line 25a	24a		<u>^</u>
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.7		
	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 "Yes, "			x
	complete Schedule L, Part II	26		
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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>^</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	l'		
	instructions for applicable filing thresholds, conditions, and exceptions):			x
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		25
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c	x	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200	<u></u>	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	0.0		x
	contributions? If "Yes," complete Schedule M	30		- 23
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
	Schedule N, Part II	04		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
	Part V, line 1	35a	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	004		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	x	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
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	x	
	Note, All Form you tilers are required to complete Schedule C			

Form 990 (2017)

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Form 990 (2017)

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Forn	n 990 (2017) COOPERATIVE ASSOCIATION 53-0116	140	P	'age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance]
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
		. 	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	1	
с				
	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 844	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	- 3a	X	ļ
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5</u> b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С				
	to file Form 8282?	7c		
d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	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 year		(
	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ł	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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		 	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		**
h	If "Ves " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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NATIONAL RURAL ELECTRIC		
COOPERATIVE ASSOCIATION	53-0116145	Page 6
Management, and Disclosure For each "Yes" resp	oonse to lines 2 through 7b below, and for a "No" res	ponse

Form 990 (2017)

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			[
47	_	Yes	T
		163	t
he number of voting members of the governing body at the end of the tax year			
are material differences in voting rights among members of the governing body, or if the governing			
Onlice of director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 2 Did the organization degate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a significant diversion of the organization's assets? 2 Did the organization become aware during the year of a significant diversion of the organization's assets? 2 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Did the organization clustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 8 Did the organization provided a complete copy of this Form 990 to all members of the governing body? 8 Did the organization have a written collics and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 Did the organization have a written collics of the organization fave a written collict of interest policy? If 'No,' go to line 13 12 <t< td=""><td></td><td></td></t<>			
officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
director, trustee, or key employee?	_2	Х	╀
organization delegate control over management duties customarily performed by or under the direct supervision			
ers, directors, or trustees, or key employees to a management company or other person?	3		╀
organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		╀
organization become aware during the year of a significant diversion of the organization's assets?	5		∔
organization have members or stockholders?	6	X	∔
organization have members, stockholders, or other persons who had the power to elect or appoint one or			
embers of the governing body?	7a	X	1
a covernance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	7b	X	
organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			I
verning body?	8a	X	
ommittee with authority to act on behalf of the governing body?	8b	Х	
any officer director trustee or key employee listed in Part VII. Section A, who cannot be reached at the			T
any oncer, anector, itasto, or key employee need and addresses in Schedule O	9		
Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		Yes	I
ergenization have local chanters, branches, or affiliates?	10a		Î
organization have local chapters, branches, or animates receipting the activities of such chapters, affiliates,		****	t
did the organization have written policies and procedures governing the doubties of out-on-policy managery	10b		
Incres to ensure their operations are consistent with the organization operation proposed and the form?	11a	X	Ť
organization provided a complete copy of this form soo to at monipole of the get change act y actors and y			t
e in Schedule O the process, if any, used by the organization to review this round occur	12a	Х	
organization have a written conflict of interest policy in we, go to interest that could give rise to conflicts?	12b	X	t
Icers, directors, or induced and any management of a solution and any management of a solution of the policy? If "Yes " describe			t
	12c	х	l
	13	X	t
organization have a written whistleblower policy?	14	X	t
organization have a written document retention and destruction policy?			t
process for determining compensation of the following persons include a review and approval by independent			I
s, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	Х	
	15a	X	╀
fficers or key employees of the organization	15b	<u> </u>	╀
to line 15a or 15b, describe the process in Schedule O (see instructions).			
entity during the year?	16a		╀
did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
status with respect to such arrangements?	16b		L
Disclosure		<u></u>	
states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$			_
6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	vailab	le	
lic inspection. Indicate how you made these available. Check all that apply.			
wn website Another's website X Upon request Other (explain in Schedule O)			
and the second sec	finand	cial	
e in Schedule O whether (and if so, how) the organization made its governing documents, connict of interest policy, and			
e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and ents available to the public during the tax year.			
ents available to the public during the tax year.			
ents available to the public during the tax year. he name, address, and telephone number of the person who possesses the organization's books and records: ▶ TCTA_LOCKHART - (703)907-5960			_
ents available to the public during the tax year. he name, address, and telephone number of the person who possesses the organization's books and records: ▶ TCTA_LOCKHART - (703)907-5960			
	me, address, and telephone number of the person who possesses the organization's books and records: ▶ TA_LOCKHART – (703)907–5960	me, address, and telephone number of the person who possesses the organization's books and records: ▶ TA_LOCKHART - (703)907-5960 TLSON_BLVD_FIN8-110, ARLINGTON, VA_22203-1860	me, address, and telephone number of the person who possesses the organization's books and records: ▶ TA_LOCKHART - (703)907-5960

NATIONAL RURAL ELECTRIC	
Form 990 (2017) COOPERATIVE ASSOCIATION	53-0116145 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated
Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
to Complete this table for all persons required to be listed. Report compensation for the calendar year end	ting with or within the organization's tax year.

1a Complete this table for all persons required to be listed. Report complete 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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(lis hou re orgar bi (1) PHIL CARSON 22 PRESIDENT (2) CURTIS WYNN VICE PRESIDENT (3) CHRIS CHRISTENSEN SECRETARY-TREASURER (4) ANTHONY ANDERSON DIRECTOR (5) LAWRENCE BECKER DIRECTOR (6) BARRY BERSTEIN DIRECTOR (7) MARK BROWN DIRECTOR (7) MARK BROWN DIRECTOR (7) MARK BROWN DIRECTOR (10) BRYAN CASE DIRECTOR (10) MEL COLEMAN DIRECTOR (10) MEL COLEMAN	1.00 1.00 4.00 0.00 1.00 2.00 0.80 0.80	X X X X X Individual trustee or director	Institutional trostee	X		Highast compensated		from the organization (W-2/1099-MISC) 99,250. 76,650. 70,725. 23,050.	from related organizations (W-2/1099-MISC) 0. 0. 0.	other compensation from the organization and related organizations 0. 0.
PRESIDENT 1 (2) CURTIS WYNN 1 VICE PRESIDENT 1 (3) CHRIS CHRISTENSEN 1 SECRETARY-TREASURER 1 (4) ANTHONY ANDERSON 4 DIRECTOR 1 (5) LAWRENCE BECKER 1 DIRECTOR 1 (6) BARRY BERSTEIN 2 DIRECTOR 1 (7) MARK BROWN 0 DIRECTOR 2 (8) BRYAN CASE 2 DIRECTOR 2 (9) KENNETH COLBURN 1 DIRECTOR 2 (10) MEL COLEMAN 2 DIRECTOR 2	1.00 3.00 1.00 1.00 1.00 4.00 0.00 1.00 2.00 0.80 0.80	x x x x		x				76,650. 70,725. 23,050.	0. 0. 0.	0.
(2) CURTIS WYNN1VICE PRESIDENT1(3) CHRIS CHRISTENSEN1SECRETARY-TREASURER1(4) ANTHONY ANDERSON4DIRECTOR1(5) LAWRENCE BECKER1DIRECTOR1(6) BARRY BERSTEIN1DIRECTOR1(7) MARK BROWN1DIRECTOR1(8) BRYAN CASE1DIRECTOR1(9) KENNETH COLBURN1DIRECTOR1(10) MEL COLEMAN1DIRECTOR1	3.00 1.00 1.00 1.00 4.00 0.00 1.00 2.00 0.80 0.20	x x x x		x				76,650. 70,725. 23,050.	0.	0.
VICE PRESIDENT (3) CHRIS CHRISTENSEN SECRETARY-TREASURER (4) ANTHONY ANDERSON DIRECTOR (5) LAWRENCE BECKER (6) BARRY BERSTEIN DIRECTOR (7) MARK BROWN DIRECTOR (8) BRYAN CASE DIRECTOR (9) KENNETH COLBURN DIRECTOR (10) MEL COLEMAN DIRECTOR	1.00 1.00 1.00 4.00 0.00 1.00 2.00 0.80 0.80	x x x x						70,725. 23,050.	0.	0.
(3) CHRIS CHRISTENSEN1SECRETARY-TREASURER1(4) ANTHONY ANDERSON4DIRECTOR1(5) LAWRENCE BECKER1DIRECTOR6(6) BARRY BERSTEIN1DIRECTOR6(7) MARK BROWN0DIRECTOR1(8) BRYAN CASE1DIRECTOR1(9) KENNETH COLBURN1DIRECTOR1(10) MEL COLEMAN1DIRECTOR0	1.00 4.00 0.00 1.00 2.00 0.80 0.20	x x x		x				23,050.	0.	
(4) ANTHONY ANDERSON 4 DIRECTOR 1 (5) LAWRENCE BECKER 1 DIRECTOR 2 (6) BARRY BERSTEIN 2 DIRECTOR 2 (7) MARK BROWN 0 DIRECTOR 3 (8) BRYAN CASE 3 DIRECTOR 2 (9) KENNETH COLBURN 1 DIRECTOR 2 (10) MEL COLEMAN 3 DIRECTOR 3	4.00 0.00 1.00 2.00 0.80 0.20	x x x		X			-	23,050.	0.	
DIRECTOR (5) LAWRENCE BECKER DIRECTOR (6) BARRY BERSTEIN DIRECTOR (7) MARK BROWN DIRECTOR (8) BRYAN CASE DIRECTOR (9) KENNETH COLBURN DIRECTOR (10) MEL COLEMAN DIRECTOR	0.00 1.00 2.00 0.80 0.20	x x								0.
(5) LAWRENCE BECKER 1(DIRECTOR	1.00 2.00 0.80 0.20	x x				-				0.
DIRECTOR	1.00 2.00 0.80 0.20	x								
(6) BARRY BERSTEIN Image: Constraint of the second secon	2.00 0.80 0.20	x								
DIRECTOR (7) MARK BROWN DIRECTOR (8) BRYAN CASE DIRECTOR (9) KENNETH COLBURN DIRECTOR (10) MEL COLEMAN DIRECTOR	0.80						· · ·	18,775.	0.	0.
(7) MARK BROWN () DIRECTOR () (8) BRYAN CASE () DIRECTOR () (9) KENNETH COLBURN 1) DIRECTOR () (10) MEL COLEMAN () DIRECTOR ()	0.20					ļ			0	0
DIRECTOR ((8) BRYAN CASE DIRECTOR (9) KENNETH COLBURN DIRECTOR (10) MEL COLEMAN DIRECTOR (0.20	ļ.,.						0.	0.	0.
(8) BRYAN CASE Image: Constraint of the second se									0.	0
DIRECTOR (9) KENNETH COLBURN DIRECTOR (10) MEL COLEMAN DIRECTOR		X						0.		0.
(9) KENNETH COLBURN 1 DIRECTOR (10) MEL COLEMAN DIRECTOR (10)	3.00							11 (50	· o.	0.
DIRECTOR (10) MEL COLEMAN DIRECTOR (10) MEL COLEMAN (10)	1-00	X						11,650.	0.	0.
(10) MEL COLEMAN DIRECTOR (1.00	ļ.,						21 050	ο.	0.
DIRECTOR	7 60	X	 					31,050.	<u> </u>	<u>_</u>
	7.60	.,.						49,750.	ο.	0.
(11) MTCHRIJE DAVIA	0.40	X	-					49,750.	0.	<u></u> .
	2.00	x						10,950.	Ο.	0.
DIRECTOR	5.00									
	5.00	x						20,900.	ο.	0.
DIRECTOR	2.00							2015000		
	4.00	x						23,550.	ο.	0.
DIRECTOR (14) DANIEL DYER 4	4.00									
DIRECTOR		x						19,000.	Ο.	0.
	5.60	<u> </u>								
).40	x						24,000.	Ο.	0.
	1.60				\neg					······
	0.40	x						24,950.	0.	0.
	5.00									
DIRECTOR		x						24,725.	0.	0 . Form 990 (2017)

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Form 990 (2017)

53-0116145 Page 8

Form 990 (2017) COOPERAT	IVE ASS	OC:	IA	CI (<u></u>	53-0	1161	.45	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)	. I		
(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more more	than is bot	th an	(D) Reportable compensation	compensatio	n	Estima amoun	ted t of
	(list any hours for related organizations below	rustee or director						the	organization	s	compens from t organiza and rela	sation he ation ated
		ii ii	Inst	Щю [Key	B H	For		whet you and			
, ,		x						27,800.		0.		0.
(19) WILLIAM HART	10.00											
DIRECTOR		X						37,400.		0.		0.
(20) MARK HOFER								00.050				0
DIRECTOR		X						20,950.		0.		0.
(21) DAVID IHA								20 000		0		0
		<u> </u>			<u> </u>			<u>49,000</u> .		<u> </u>		
		x						10.514.		0.	19.0	000.
		<u> </u>	-	_				20/0441				
DIRECTOR		х						25,950.		0.		0.
(24) MEERA KOHLER	6.60									~		
DIRECTOR		X						25,950.		0.		0.
, .	5.00	v	1					0.		0.	18.3	300.
	5.00	<u>~</u>						· · ·		<u> </u>	1.07	
		x						20,900.		0.		0.
			1	F	<u> </u>	· I		727,439		0.	37,3	300.
								9,375,602.		0.	2,689	,959.
d Total (add lines 1b and 1c))					2,727	,259.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d at	ove) wh	io re	ceived more than \$100,	000 of reportabl	9	Yes	393 No
									nployee on		з Х	
4 For any individual listed on line 1a, is the su	Image Image <t< td=""><td>. v</td><td></td></t<>		. v									
											4 A	
rendered to the organization? If "Yes," comp	corue compen plete Schedule	sati J fo	on tr or su	om ch p	any cerso	unre <u>on</u>	alate	d organization or individ			5	x
1 Complete this table for your five highest con	3) WILLIAM HART 10.00 x 37,400.00 9) MARK HOFER 7.60 x 37,400.00 10 MARK HOFER 7.60 x 20,950.00 11 DAVID HA 3.00 x 20,950.00 11 DAVID HA 3.00 x 29,000.00 20 LYNN JACOBSON 6.60 x 10,514.00 31 KERRY KELPON 6.60 x 25,950.00 31 KERRY KELPON 6.60 x 25,950.00 31 MERAL KOILLER 6.60 x 25,950.00 31 MERAL ROLLER 6.60 x 0.00 31 MERAL ROLLER 6.60 x 0.00 31 MERAL ROLLER 6.60 x 0.00 31 MARKIN 5.00 x 0.00 31 MARKIN 5.00 x 20,900.00 31 Total number of individual (including but not limited to those listed above) who received more than \$100,000 of reportable 32 Complete Schedule Jor such individual 0 10,103,041.00 33 Total number of individual for endocer a such individual 0.0000 of reportable 33 Total number of individual for such individual 0.0000 of r		pensati	ion from								
	he calendar ye	ear e	ndin	ig w	ntn c	or wi	tnin		sar.		(C)	
	address								rvices	Con		n
DANIELLE CORBIN							M	AGAZINE ADVE	RTISING			
114 MARBELLA DR, MURRELLS	INLET,	S	С	29	57	6	S	ALES			<u>531,9</u>	82.
MART PLZ, STE 2400, CHICA	GO, IL	60	65	4			С	ONSULTING SE	RVICES		444,2	83.
STREET PLAZA EAST T, RICH	MOND, V	Ά	23	21	9		L	EGAL SERVICE	s	:	382,2	65.
ZOVAYA CORPORATION, 9900	GREENBE	ЪT	R	D	ST	Έ			ULTING		316.0	36.
INCAPSULATE LLC, 1620 L S		D	FL	00	R		S	OFTWARE CONS	ULTING			
	week (Bit strip) week (Bit strip) week (Bit strip) more strip) m											
Name and title Average week Description of the second method week Period and week Reportable of the second method week Estimated week Estim week Estimated week <th< td=""><td></td></th<>												
(N) (B) (C) (D) (E) (D) (E) (E) <td>2017)</td>		2017)										
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	0048	0 "	- 0 -	0			در ۲۰	ייליביד הרגיזנו זאל		<u>۱</u> ۵ אז	៴៴៴៴	92
2571114 144857 NRECA_990	ZUT/	.05	500	10	NÆ	11.1	LON	АЛТ КОКАР ЕГІ	SCINIC CO	NU IN	ı\ı⊔∪A_	

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	ATIVE ASS	_		COLUMN TWO IS NOT					53-011	6145
Part VII Section A. Officers, Director	s, Trustees, Key E	mple	oyee	es, a	nd	High	iest	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(c	heck	Pos	C) ition that		slv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
(27) THOMAS MCQUISTON	6.60							22 600	0.	(
DIRECTOR	0.40	X						22,600.		۱
(28) GALEN MILLS	5.00	v						3,550.	0.	29,450
DIRECTOR	7 00	X						3,000.	V•	20, 400
(29) JESSICA NELSON	7.00	x						24,000.	Ο.	(
DIRECTOR	3.60		$\left - \right $					24,000	<u>_</u>	······
(30) WILLIAM NOEL DIRECTOR	0.40	X						16,900.	0.	(
(31) CURTIS NOLAN	7.00	<u> </u>								
DIRECTOR	1.00	x						28,300.	0.	
(32) RANDY PAPENHAUSEN	7.00									
DIRECTOR		x						22,125.	0.	
(33) JEFFREY PETERSON	3.60									
DIRECTOR	0.40	X						22,100.	0.	
(34) GARY POTTER	4.00									
DIRECTOR		Х						23,300.	0.	(
(35) TOM PURKEY	6.00							00 100	0	
DIRECTOR		Х						22,100.	0.	(
(36) REUBEN RITTHALER	3.60							10 200	0.	(
DIRECTOR	0.40	X	_					18,300.	· ·	
(37) LANNY RODGERS	6.00	x						11,250.	ο.	18,950
DIRECTOR	6.00	^	-		-					10,000
(38) KEITH ROSS	0.00	х						24,850.	ο.	(
DIRECTOR (39) RONALD SCHWARTAU	7.00	~	-					21,0001		
DIRECTOR	1.00	x						17,000.	0.	24,650
40) CAROL SHARP	5.00				\neg					
DIRECTOR		х	ł		ĺ			22,100.	0.	(
41) CHARLES SHORT	5.60					-				
IRECTOR	0.40	Х						30,900.	0.	(
42) KELLEY SMITH	7.00									
IRECTOR		Х						26,250.	0.	(
(43) TIMOTHY SMITH	5.60					1				
IRECTOR	0.40	X						0.	0.	(
44) DAVID SPRADLIN	5.60	_				İ				,
DIRECTOR	0.40	X		\square				25,250.	0.	(
45) STEVEN WALTER	8.00	<u> </u>						24 200	0	r
DIRECTOR	1.00	X			ŀ			34,300.	0.	C
46) GREG WHITE	6.00	., I						20 050	ο.	· C
IRECTOR		X				- 1	- 1	28,050.	U •	L

Total to Part VII, Section A, line 1c

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Part VII Section A. Officers, Directors, Tr						ngi	031	(D)	(E) (F)		
(A)	(B)			ې Pos		,		ری) Reportable	Reportable	Estimated	
Name and title	Average hours	6	heck				lv)	compensation	compensation	amount of	
	per	F.	T			1	r –	from	from related	other	
	week					oyee		the	organizations	compensation	
	(list any	rector				emple		organization	(W-2/1099-MISC)	from the	
	hours for	ordi	8			sated		(W-2/1099-MISC)		organization and related	
	related organizations	rustee	l trust		83	npen				organizations	
	below	dualt	tional		folde	stcor					
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(47) MICHAEL WILLIAMS	4.60										
DIRECTOR	0.40	X						22,800.	0.	0	
(48) BRYAN WOLFE	11.60								_	-	
DIRECTOR	0.40	X						25,850.	0.	0	
(49) JEFFREY CONNOR	47.80								_		
CHIEF OPERATING OFFICER	1.20			Х				493,154.	0.	95,672	
(50) VENEICIA LOCKHART	41.80	1							~	040 080	
ASST TREAS; SR. VP, FINANC	1.20			Х				364,283.	0.	248,379	
(51) JIM MATHESON	51.00								0		
CHIEF EXECUTIVE OFFICER	1.00	<u> </u>		Х				1,254,290.	0.	157,724	
(52) PETER BAXTER	59.00									006 100	
SR. VP, INSURANCE & FINANC					Х			619,939.	0.	226,499	
(53) KIRK JOHNSON	56.00									100 100	
SR. VP, GOVERNMENT RELATIO					Х			375,508.	0.	122,138	
(54) MARTIN LOWERY	40.00								0	100 000	
EXEC. VP, MEMBER & ASSOC.					Х			641,646.	0.	108,089	
(55) MARY MCLAURY	48.00							440 707	0	76 071	
COO, TOUCHSTONE ENERGY					X			118,727.	0.	76,071	
(56) RICHARD MEYER	45.00				~~			200 207	0	126 107	
SR. VP, GENERAL COUNSEL					X			390,327.	0.	136,487	
(57) LYNN MOORE	59.00				~~			100 451	0	F1 F10	
EXECUTIVE DIRECTOR TOUCHSTONE ENERGY	10.00				X	_		189,451.	0.	51,510	
(58) MARY PAT PARIS	43.00							220 176	ο.	81 516	
VP, ADMINISTRATION	11 00				X			238,176.		84,546	
(59) SCOTT PETERSON	44.00			ľ	v			200 015	ο.	34,128	
SR, VP, COMMUNICATIONS	45 00				X		_	280,815.		<u> </u>	
(60) MICHELLE RINN	45.00				x			202 776	n	102,924	
BR. VP, HUMAN RESOURCES					<u>^</u>			283,776.	0.	104,541	
(61) DANIELLE SIEVERLING	56.00				∇			220 170	ο.	95,209	
CHIEF RISK AND COMPLIANCE	40 00				X	_		328,478.		55,205	
(62) JIM SPIERS	40.00				v			312 126	ο.	100,685	
7P, BUSINESS AND TECH. STR	40 00				X	_		342,126.		100,000	
(63) TOM STANGROOM	49.00				\mathbf{v}			443,515.	ο.	210,098	
GR. VP & CIO	50 00		-+		<u>x</u>					210,000	
64) TRACEY STEINER	50.00				x			293,139.	ο.	183,051	
SR. VP, EDUCATION & TRAINI	61 00		-+		^					100,001	
65) MARK MAUS	64.00					v		283,048.	· 0.	87,175	
7P, ACTUARIAL SERVICES	62 00	-+	_	-+		X		403,040		011210	
66) STEVE SANKER	62.00					x		361,780.	ο.	116,655	
P, IF&S RELATIONSHIP MGT.						Δ		JU1,700+		770,000	

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Form 990

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form 990 COOPERAT	IVE ASSO	DC:	IA.	CI(<u>NC</u>				53-011	6145
Part VII Section A. Officers, Directors, Tr						ligh	iest	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Posi	C) ition	ł		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatic from the organization and related organization
67) MONICA SCHMIDT P, NATIONAL CONSULTING GR	47.00					x		296,030.	0.	140,05
68) CHRISTOPHER STEPHEN R. LEGISLATIVE AFFAIRS DIRECTOR	50.00					x		285,144.	0.	73,224
69) JOHN SZCZUR P. INVESTMENT STRAT. & PE	40.00				-	x		754,658.	0.	166,58
70) GLENN ENGLISH ORMER CHIEF EXECUTIVE OFFICER	0.00						x	114,997.	0.	
71) PATRICK GIOFFRE	0.00						x	150,720.	0.	
ORMER EXEC VP, INTERNAL SERVICES										
										••••
· · · · · · · · · · · · · · · · · · ·										
										••••
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NATIONAL RURAL ELECTRIC

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Forr	n 990	1		ASSOCIATI	ON		53-0116	145 Page 9
Pa	irt VI	II Statement of Rever	nue					F
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII	<u>/p)</u>	(C)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
20		Federated campaigns	fa		·····			
ugu Lugu								
QE		Membership dues Fundraising events	······					
ifts I A								
o iei		Government grants (contribut		5,545,986.				
Sir	- e	All other contributions, gifts, gran						
er uti	'	similar amounts not included abo						
물물								•
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines Total. Add lines 1a-1f			5,545,986.			
0.0		Total. Aud bries 1a-11		Business Code				
Δ		REIMBURSED COSTS		524292	109,395,930.	109,395,930.		
ļi,	2 a	VENDER GUITE DUAG		900099	31,848,346.	31,848,346.		
Ser	b	TRAINING & PROFESSIONAL	L SERVICES	541900	9,827,105.	6,402,999.	3,424,106.	
E S	C			511120	2,115,708.		2,115,708.	
Program Service Revenue	d	SUBSCRIPTION INCOME		511120	1 090 769	1,090,769.		
2 C	e		900099	8 077 811.	6,753,061.	1,324,750.		
_	Г	All other program service reve			162,355,669		i	
	9	Total. Add lines 2a-2f Investment income (including						****
	3				281,286.	281,286.		
		other similar amounts)						
	4			. F	751,763.	39,450.	712,313.	
	5	Royalties	(i) Real	(ii) Personal				
	<u> </u>	Crease vanto	12,890,075.					
	6 a		7,346,746.					
		Less: rental expenses	5,543,329.					
		Rental income or (loss)			5,543,329.	5,543,329.		
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	<i>(</i> a	assets other than inventory	(i) Occurrica					
	h	Less: cost or other basis						
	U U	and sales expenses						
		Gain or (loss) Net gain or (loss)	L					
		Gross income from fundraising						
anc	oa	including \$	of					
Ie Vel		contributions reported on line	`					
۳,		Part IV, line 18	•					
Other Revenu	ь	Less: direct expenses						
ö		Net income or (loss) from fund		>				
		Gross income from gaming act						
	υu	Part IV, line 19						
	h	Less: direct expenses						:
		Net income or (loss) from gami		▶				
		Gross sales of inventory, less r						
		and allowances						
	ь	Less: cost of goods sold						
		Net income or (loss) from sales						
ľ		Miscellaneous Revenue	1	Business Code				
ł	11 a	MEETINGS & CONFERENCES		541900	9,061,428.	9,061,428.		·····
ļ	b	· · · · · · · · · · · · · · · · · · ·						
	c							
	d	All other revenue						
	е	Total, Add lines 11a-11d			9,061,428.			

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Total revenue. See instructions.

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170,416,598.

7,576,877.

0.

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183,539,461.

NATIONAL RURAL ELECTRIC Form 990 (2017) COOPERATIVE ASSOCIATION Part IX Statement of Functional Expenses

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	tion 501(c)(3) and 501(c)(4) organizations must cor		her organizations must o	omplete column (A).	
<u>56C</u>	Check if Schedule O contains a respo				
	not include amounts reported on lines 6b, 8b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 505 133			
	trustees, and key employees	8,595,132.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	73,887,183.			
7	Other salaries and wages	13,007,103.			
8	Pension plan accruals and contributions (include	25,227,184.			
	section 401(k) and 403(b) employer contributions)	10,235,611.			· · · · · · · · · · · · · · · · · · ·
9	Other employee benefits	5,811,001.			
10	Payroll taxes	5,011,001.			
11	Fees for services (non-employees):	152,778.			
a		1,053,836.			
b	Legal	113,265.			······································
с	Accounting	423,299.			· · · · · · · · · · · · · · · · · · ·
d	Lobbying Professional fundraising services. See Part IV, line 17	120/2001			
e f	Investment management fees				
י g	Other. (If line 11g amount exceeds 10% of line 25,				
. 9	column (A) amount, list line 11g expenses on Sch O.)	12,609,829.			
12	Advertising and promotion	391,423.			
13	Office expenses	3,492,132.			
14	Information technology	1,483,830.			
15	Royalties				
16	Occupancy	2,372,093.			
17	Travel	6,016,820.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,130,167.			
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	6,204,785.			
23	Insurance	505,639.			
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 0.)				-
а	EQUIPMENT MAINTENANCE	3,817,857.			
b	CONTRACTED PERSONNEL	2,394,663.			N
c	ELECTRONIC SUBSCRIPTION	2,321,745.			
d	UBIT	514,925.			
е	All other expenses	14,069,472.			
25	Total functional expenses. Add lines 1 through 24e	187,824,669.			
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)				
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Form 990 (2017)

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	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	41 242 126
	2	Savings and temporary cash investments	16,863,976.	2	11,343,136.
	3	Pledges and grants receivable, net		3	10 150 110
	4	Accounts receivable, net	35,027,613.	4	48,458,149.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		[
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$		6	
Assets	7	Notes and loans receivable, net	20 672	7	26 242
4	8	Inventories for sale or use	<u> </u>	8	26,242. 5,437,858.
	9	Prepaid expenses and deferred charges	5,540,917.	9	5,457,050.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a156,157,880.Less: accumulated depreciation10b67,158,123.	88,210,329.	10c	88,999,757.
	b		16,120,992.	11	8,105,096.
	11	Investments - publicly traded securities	13,334,179.	11	19,090,319.
	12	Investments - other securities. See Part IV, line 11	T),JJ+,T/J•	12	10,000,010.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	12,490,470.	15	13,762,405.
	15	Other assets. See Part IV, line 11	187,608,149.	16	195,222,962.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,795,839.	17	15,381,745.
	17 18	Grants payable		18	
	19	Deferred revenue	44,559,734.	19	55,521,003.
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	355,630.	21	703,617.
s	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	<u> </u>	key employees, highest compensated employees, and disqualified persons.			
lide		Complete Part II of Schedule L		22	
Ë	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, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	33,767,033.	25	34,639,049.
	26	Total liabilities. Add lines 17 through 25	98,478,236.	26	106,245,414.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 📖 and			
es		complete lines 27 through 29, and lines 33 and 34.			
nci	27	Unrestricted net assets		27	·····
3ala	28	Temporarily restricted net assets		28	······································
d B	29	Permanently restricted net assets		29	
ы		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔀			
۲ ۵		and complete lines 30 through 34.			^
iets	30	Capital stock or trust principal, or current funds	0.	30	<u> </u>
Ase	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	88,977,548.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	89,129,913.	32	88,977,548.
4	33	Total net assets or fund balances	89,129,913. 187,608,149.	33 34	195,222,962.
	34	Total liabilities and net assets/fund balances	TO11001TH34	04	Form 990 (2017)

Form 990 (2017)

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Form	n 990 (2017) COOPERATIVE ASSOCIATION	53-	-0116	145	Pa	ge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			•••••		X
			4.0.0	E 0.	~ 4	<i>C</i> 1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,53</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,82		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89	,12	9,9	13.
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	4	,13:	2,8	43.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			077	7 5	10
	column (B))	10	00	,97	/, c	40.
Pa	rt XII Financial Statements and Reporting					x
	Check if Schedule O contains a response or note to any line in this Part XII	·····		Т	Yes	
					res	140
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				. ,,	
b	Were the organization's financial statements audited by an independent accountant?		•••••	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X 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 oversight of the	e audit,			x	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dit		Ψ	•
	Act and OMB Circular A-133?			3a	<u>x</u>	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				~	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	<u>X </u>	
				Form S	୬ ୫ ∪ ()	2017)

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SCHEDULE C	Р	olitical Campaign	and Lobbvir	na Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)					2017
		ganizations Exempt From Inco e if the organization is describe			Z. Open to Public
Department of the Treasury Internal Revenue Service	-	Go to www.irs.gov/Form990 fo			Inspection
Internal Revenue Service If the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization If the organization answ • Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (see separate instr • Section 501(c)(4), (5) Name of organization Part I-A Completion	vered "Yes," of anizations: Coor than section s ations: Comple vered "Yes," of anizations that anizations that vered "Yes," of uctions), then , or (6) organizations NATIONZ COOPERZ ate if the or	on Form 990, Part IV, line 3, or F mplete Parts I-A and B. Do not or 501(c)(3)) organizations: Complet te Part I-A only. on Form 990, Part IV, line 4, or F t have filed Form 5768 (election u t have NOT filed Form 5768 (election u t have NOT filed Form 5768 (elec- on Form 990, Part IV, line 5 (Pro- ations: Complete Part III. AL RURAL ELECTRIC ATIVE ASSOCIATION ganization is exempt unc	Form 990-EZ, Part V, li omplete Part I-C. e Parts I-A and C below Form 990-EZ, Part VI, I under section 501(h)): C tion under section 501(h): C tion under section 501(c) xy Tax) (see separate	ine 46 (Political Campaign v. Do not complete Part I-B. line 47 (Lobbying Activities Complete Part II-A. Do not co (h)): Complete Part II-B. Do r instructions) or Form 990- Empl Or is a section 527 o	Activities), then b), then omplete Part II-B. not complete Part II-A. EZ, Part V, line 35c (Proxy over identification number 53-01.16145
		ization's direct and indirect politic			
 Political campaign a Volunteer hours for 		itures ajan activities		······································	
	pontaour cumpe				
		ganization is exempt und			
		incurred by the organization und			
		incurred by organization manag on 4955 tax, did it file Form 4720			Yes No
*		511 4955 tax, did it no 1 0111 4720			
h if "Yes" describe in	Part IV				
		ganization is exempt und			c)(3).
		d by the filing organization for se			· · · · · · · · · · · · · · · · · · ·
		nization's funds contributed to ot		b ¢	
exempt function act 3 Total exempt function		s, Add lines 1 and 2. Enter here a	und on Form 1120-POL	•••••••••••••••••••••••••••••••••••••••	
line 17b	in oxponation.			►\$	
4 Did the filing organiz	ation file Form	1120-POL for this year?			
made payments. For contributions receive	r each organiza ed that were pr	mployer identification number (Eli ation listed, enter the amount pair omptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	zation's funds. Also enter the anization, such as a separat	e amount of political
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
					······································
			00 au 000 E7	Dahadille O/	Earm 000 or 000 E7) 2017

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

Schedule C (Form 990 or 990-EZ) 2017

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NATIONAL RURAL ELECTRIC

Schedule C (Form 990 or 990 EZ) 2017 COOPERATIVE ASSOCIATION

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Part II-A Complete if the organ section 501(h)).	nization is exe	mpt under secti	on 501(c)(3) and file	ed Form 5768 (e	election under		
A Check L if the filing organization expenses, and share of	of excess lobbying	expenditures).	in Part IV each affiliated	group member's na	ne, address, EIN,		
B Check if the filing organization Limits (The term "expenditu	on Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals		
				totals			
1a Total lobbying expenditures to influer	ice public opinion (grass roots lobbying)				
b Total lobbying expenditures to influer							
c Total lobbying expenditures (add line							
 d Other exempt purpose expenditures e Total exempt purpose expenditures (a) 							
 e Total exempt purpose expenditures (f Lobbying nontaxable amount. Enter t 							
If the amount on line te, column (a) or (b		bying nontaxable a					
Not over \$500,000	· ····	the amount on line 1					
Over \$500,000 but not over \$1,000,0			cess over \$500,000.				
	Over \$1,000,000 but not over \$1,000,000 \$100,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000	\$1,000,						
g Grassroots nontaxable amount (enter							
h Subtract line 1g from line 1a. If zero o	r less, enter -0-						
i Subtract line 1f from line 1c. If zero or	less, enter -0-						
j If there is an amount other than zero o					Yes No		
reporting section 4911 tax for this yea		eraging Period Unde	r postion 501/h)				
(Some organizations that	made a section 5	01(h) election do no	t have to complete all o lines 2a through 2f.)	f the five columns i	below.		
	Lobbying Exper	nditures During 4-Ye	ear Averaging Period	·····			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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))				<u> </u>			
f Grassroots Jobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2017

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NATIONAL RURAL ELECTRIC

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Schedule C (Form 990 or 990 EZ) 2017 COOPERATIVE ASSOCIATION 53-011614 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

It blockbying activity: Yes No Amount 1 During the year, did the filling organization attempt to influence public opinion on a legislative matter or reforendum, through the use of: Image: Complex Comple	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		()	-,
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: image: construction of the const		les	No	Amo	ount
or referendum, through the use of: a Volunteers? b Faid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 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 Fallis, domensitations, estiminars, convertions, speeches, lectures, or any similar means? i Other activities? i Other activities? i Cather activities in a cause the organization to be not described in section 501(c)(5)? i Cather at cause the organization to be not described in section 501(c)(5); or section f Tyes," enter the amount of any tax incurred by organization managers under section 4912 if "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section foot (c)(6). Yes if the Granization make only inhouse lobbying expenditures of \$2,000 or less? i Uthe organization make only inhouse lobbying expenditures of \$2,000 or less? i Z X X i Z X i Z X X i Z X i Z X	1 During the year, did the filing organization attempt to influence foreign, national, state or				
a Volunteers?	local legislation, including any attempt to influence public opinion on a legislative matter				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? c Madia advertisements? 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 contract with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines to through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If Yes," enter the amount of any tax incurred under section 4912 c If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? a If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? a If the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaing activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political campaing activity expenditures form (b) Part III-A, lines 3, is answered "Yes." 1	or referendum, through the use of:				
c Media advertisements?	a Volunteers?				
d Mailings to members, legislators, or the public?	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the advitities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filting organization incurred a section 4912 ax (dlt fille Form) and r220 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (30% or more) dues received nondeductible by members? 1 2 X 2 bid the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 bid the organization agee to carry over lobbying and political campaign activity expenditures from the prior year? 3 2 bid the organization agree to carry over lobbying and political campaign activity expenditures for political expenditures for political expenditures of political expenditures of political expenditures of political expenditures of political					
f Grants to other organizations for lobbying purposes? g g Direct contact with legislators, their staffs, government officials, or a legislative body? h h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i j Other activities? i i j Total. Add lines to through 11 i i 2a Did the activities? i i j Total. Add lines to through 11 i i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? i i b If "Yes," enter the amount of any tax incurred under section 4912 i i i d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? i i i Organization incurred a sectived nondeductible by members? i i i X 2 XX Did the organization marke only in-house lobbying expenditures of \$2,000 or less? i X 2 Did the organization grave to carry over lobbying and political campaign activity expenditures from the prior year? i X 2 Did the organization agree t	d Mailings to members, legislators, or the public?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	e Publications, or published or broadcast statements?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 11	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j Total. Add lines 1c through 11	i Other activities?				
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Dart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 X 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 X 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 X 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 X Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 31, 838, 296 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 2, 755, 000 3 Agregate amount reported in section 603(e)(1)(A) notices of nondeductible section 162(e) dues 3 4, 1.38, 976 4 If notices were sent and					
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Schedule C (Form 990 or 990-EZ) 2017

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<form> SCHEDULE I Form 1990 Supplemental Financial Statements Description of the cognization served "Yes" for man 800, Part N, hise 6, 7, 8, 9, 9, 118, 118, 118, 118, 118, 118,</form>	6 7		Supplement	al Financial Statements	OMB No. 1545-0047
Part III, Sine J. S. a. G. Ha, Ha, Ha, Ha, Ha, Ha, Ha, J. Ka, J. B. J. Barton, Departor Patholic Inspection Inspection Inspection COOPERATIVE A SOCIATION INSPECTATION AND FILE CONTROL CONTR			Complete if the ord	anization answered "Yes" on Form 990.	2017
	٠	•	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	Open to Public
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Proservation of a lard for public use (e.g., recreation or education) Protection of natural habitat Proservation of an expansion space Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total annuber of conservation easements Total acceage restricted by conservation easements Total acceage Total acceage restricted by conservation easements Total acceage Total acccage Total acceage Total acceage Total acceage Tot	Pa				V, line 7.
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Preservation of open space Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Total accessor estimated by conservation easements Total accessor externation easement reported on time 2(d) above extify the requirements of section 1700(h)(k)(B)(0) and externation easements Total accessor externation easement reported on the 2(d) above extify the requirements of section 1700(h)(k)(B)(0) accessor externation easements Total accesorextende externat Total acc					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total acreage restricted by conservation easements Total acreage restricted by conservation easements in a certified historic structure included in (a) 2a 2b 2b Total acreage restricted by conservation easements 2c 2d <td></td> <td>,</td> <td></td> <td>Preservation of a certilied r</td> <td>istone structure</td>		,		Preservation of a certilied r	istone structure
day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements on a certified historic structure included in (a) 2c a Number of conservation easements on a certified historic structure included in (a) 2c a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d Bited in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b	_			field appropriation contribution in the form of a c	opseniation easement on the last
a Total number of conservation easements b Total acreage restricted by conservation easements vome of conservation easements on a certified historic structure included in (a) vome of conservation easements on a certified historic structure included in (a) vome of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register vome of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ vear ▶ vear ▶ vear ▶ vear ▶ vear ▶ vear >	2				Held at the End of the Tax Year
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bit at acteging to intervention easements is on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d isted in the National Register 2d Number of states where properly subject to conservation easement is located ▶ 2d A Number of states where properly subject to conservation easement is located ▶	. a				
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ↑ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not tor report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements there items: b If the organization elected, as permitted under SFAS 116 (ASC 958), not port in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items: b If the organization energed, as permitted under SFAS 116 (ASC 958), to port in its revenue statement and balance sh	u				2d
year	3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax
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violations, and enforcement of the conservation easements it holds? Ves No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year * * 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year * * 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(0)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part XIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the following amounts relating to these items: b If the organization received on Form 990, Part X \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4				
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 \$	6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
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 and section 170(h)(4)(B)(ii)?			which accompany reported on line 2(d) above	α satisfy the requirements of section $170(h)(4)(l)$	BMI
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b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017 732051 10-09-17					▶ \$
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Sche	dule D (Form 990) 2017 COOPERA	TIVE ASSOC	TAT.	LON						
Pa	rt III Organizations Maintaining (Collections of A	rt, His	storical Tr	easures,	or Oth	er Simi	lar Asse	sts(continue	d)
3	Using the organization's acquisition, access	ion, and other record	ds, cheo	ck any of the	following th	at are a s	significant	use of its	collection it	ems
	(check all that apply):		r							
а	Public exhibition	c	1 <u></u>	Loan or exc	hange progr	rams				
b	Scholarly research	e	≱ L	Other						
с	Preservation for future generations									
4	Provide a description of the organization's o	ollections and explai	in how f	they further t	he organizat	tion's exe	empt purp	ose in Pa	t XIII.	
5	During the year, did the organization solicit	or receive donations	of art, l	nistorical trea	sures, or oth	her simila	ir assets	r		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's co	ollection?			<u></u>	∐Yes	No
Pa	t IV Escrow and Custodial Arrar		ete if th	e organizatio	on answered	"Yes" or	ו Form 99	10, Part IV,	line 9, or	
F	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custoc	lian or other interme	diary foi	r contribution	ns or other a	ssets no	t included	۱ 		V]
	on Form 990, Part X?							L	∐Yes l	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			· · · · · ·			·
									Amount	
С	Beginning balance						<u>1</u> c			
đ	Additions during the year							<u> </u>		
е	Distributions during the year									
f	Ending balance						1f	[
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cl	ustodial acco	ount liabi	ility?	ĽX	Yes	No
b	If "Yes." explain the arrangement in Part XIII	. Check here if the e	xplanati	on has been	provided or	n Part XII	l <u></u>		<u> </u>	X
Par		if the organization ar	nswered	l "Yes" on Fo	orm 990, Par	t IV, line	10.			
<u>ا</u> ــــــ		(a) Current year	(b) I	Prior year	(c) Two yea	irs back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance									
h	Contributions									
c	Net investment earnings, gains, and losses	······································								
	Grants or scholarships									
	Other expenditures for facilities	·······								
C	and programs									
Ŧ	Administrative expenses									
	End of year balance									
	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1	la, column (a	a)) held as:	· · · ·				
2	Board designated or quasi-endowment		%		"					
	Permanent endowment	%	´`							
	Temporarily restricted endowment	%								
6	The percentages on lines 2a, 2b, and 2c sho									
0-	Are there endowment funds not in the posse	esion of the organiz	ation th	at are held a	nd administe	ered for t	he organi	zation		
38		Solor of the organic					u.		Ye	s No
	 unrelated organizations 									
	(ii) unrelated organizations									
	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tione lietad as roculi	red on S	Schedule 8?				••••	· - · · ·	
	Describe in Part XIII the intended uses of the							•••••	· <u> </u>	
4 Par		ent	WINCH	tunuo.				. Almi		
[Fai	Complete if the organization answere	d "Yes" on Form 99() Part l	V. line 11a. S	See Form 990	D. Part X.	line 10.			
		(a) Cost or o			or other		ccumulate	ed	(d) Book va	lue
	Description of property	basis (investr		basis (• •	preciation		() = 0 0 ii 10	
<u> </u>		<u>`</u>			6,966.				1,916,	966.
	Land				1,576.	34.0	067,8		<u>5,063,</u>	
	Buildings				1,382.		176,0		1,015,	
	Leasehold improvements		,		7,956.		$\frac{110}{914}$		$\frac{1}{1,003}$	
	Equipment			22,22	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			_,	
e	Other		Vert	mp (D) line 1	001			N R	8,999,	757.
Total	Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	<u>л, сош</u>	nn (¤), iine 1					D/Eorm 0	

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Schedule D (Form 990) 2017 COOPERATIVE	ASSOCIATI	DN	53	-0116145 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"		, line 11b. See Form 990), Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests	18,263,03	L2. COST		
(3) Other				
(A) CAPITAL TERM CERTIFICATES	827,30	07. COST		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	19,090,31	9.		
Part VIII Investments - Program Related.		<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c. See Form 990	, Part X, line 13.	
(a) Description of Investment	(b) Book value	(c) Method of	valuation: Cost or end	-of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Table (0-1 (1) must equal Form 000, Part V, and (P) line 12.)			0.1.1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
	Earth OOD Dart IV	line 11d See Form 990	Dart V Jino 15	
Complete if the organization answered "Yes" (a)	Description	Inte TTU. See Form 550	, rait A, inte 10.	(b) Book value
				554,905.
TO DEPENDED COMPENSION DINE		re)		12,260,041.
) (EMETOTEE	ן ביי		607,761.
(3) TENANT ESCROW		CE DIAN		339,698.
(4) EMPLOYEE AND EXECUTIVE OP	FION FURCHA	DE LUMN		335,050.
(5)				
(6)				
(7)				
(8)				
(9)				12 762 105
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			13,762,405.
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,		m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	_	
(1) Federal income taxes				
(2) POST RETIREMENT BENEFITS ()THER			
(3) THAN PENSIONS		17,760,537.		
(4) DEF COMP FUND (EMPLOYEES)		12,260,041.		
(5) EMPLOYEE & EXEC OPT PLAN		338,661.		
(6) COOPERATIVE RESEARCH NETWO	ORK FUND	4,158,379.		
(7) OTHER RESTRICTED FUNDS		121,431.	1	
(8)]	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) >	34,639,049.	1	
 Liability for uncertain tax positions. In Part XIII, provide f 	he text of the footno		financial statements th	nat reports the
organization's liability for uncertain tax positions under I		eck here if the text of th	e footnote has been t	provided in Part XIII
organization o manify for anooraan tax positions and er			Sche	dule D (Form 990) 2017

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	edule D (Form 990) 2017 COOPERATIVE ASSOCIATION	to W	ith Poyonuo per F		n
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	ILS AA		Gtui	
. <u></u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			4	229,253,441.
1	Total revenue, gains, and other support per audited financial statements			<u> '</u>	225,255,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1		
а	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities				
С	Recoveries of prior year grants	2c	AE 712 090		
d	Other (Describe in Part XIII.)		45,713,980.		45,713,980.
е	Add lines 2a through 2d			2e	183,539,461.
3	Subtract line 2e from line 1		••••••	3	101,119,401.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ļ	
b	Other (Describe in Part XIII.)	4b		Į	0
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				183,539,461.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per	Rett	arn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	229,705,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	_2a		ļ	
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	41,881,137.		44 004 400
е	Add lines 2a through 2d			2e_	41,881,137.
3	Subtract line 2e from line 1			3	187,824,669.
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	·		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	187,824,669.
	t XIII Supplemental Information.		·····		
	1. It is a second second second and the second se	/ linoe	1h and 2h Part V, line	4: Part	X. line 2: Part XI.

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 information.

PART IV, LINE 2B:

SECURITY DEPOSITS/ESCROW AMOUNTS ARE HELD FOR BUILDING TENANTS

PART X, LINE 2:

NRECA ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, DURING THE YEAR ENDING DECEMBER 31, 2007.

FOR THE PERIOD FROM NRECA'S INCEPTION TO DECEMBER 31, 2017, NO

UNRECOGNIZED TAX PROVISION OR BENEFIT EXISTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REV FROM SUBS NOT INCLUDED IN FORM 990 LESS TENANT EXPENSES

ON PART VII, 6B

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45,713,980. Schedule D (Form 990) 2017

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PART XII, LINE 2D - OTHER ADJUSTMENTS: EXP FROM SUBS NOT INCLUDED IN 990 PLUS TENANT EXP PART VIII, LINE 6B 41,881,137.
41 001 127
VIII, LINE 6B 41,881,137.

 Schedule D (Form 990) 2017
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 Part XIII
 Supplemental Information (continued)

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Schedule D (Form 990) 2017

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(Form 990) For certain Officers, Directors, Trustees, Koy Employees, and Highest Compensated Employees, and Highest 2017 Usualization of the organization answered Yes ⁴ on Form 990, Part IV, line 22. > Go to www.irs.gov/Form800 for instructions and the latest information. Tem of the organization answered Yes ⁴ on Form 990, Part IV, line 22. Destension Name of the organization ATTIONAL KURAL ESLECTRIC Employer Identification number 53-0116145 Part II Questions Regarding Compensation 53-0116145 Yes To check the appropriate box(se) if the organization provide any relevant information negarding these flems. > First-cleas or complete Part III to person listed on Perm 990, Part VI, Scocho A, line 1s. Complete Part III to personal residence Disordinance and gross-up payments Health or social dub dues or initiation flees Tax indemnification and gross-up payments Health or social dub dues or initiation flees 1b X 2 Indicate which, if any, of the following the filling organization follow a written policy regarding peyment or reinducement or provision of all of the expansization follow a written policy regarding peyment or reinducement or provision of all of the expansization follow a written policy regarding peyment or reinducement or provision of all of the expansization follow a written policy regarding peyment or reinducement or provision of all of the expansization follow a written policy regarding peyment or reinducement or provision of all of the expansization follow a written policy regarding peyment or remethubement oregulation provide any reface stabis the co	90	HEDULE J	Compensation Information	1	OMB No.	1545-00	147
Componentiate Finployee Componentiate Finployee Componentiate Finployee Department events Attracts to Form 980. Attracts to Form 980. Marnic of the organization MATTONNAL RURAL BLIECTRIC Componentiate Streams MATTONNAL RURAL BLIECTRIC Componentiate Streams The operation Streams Society Streams Society Streams Marniconscience Part 1 Questions Regarding Componentiate Streams The operations of the organization provided any of the following to or for a perion listed on Form 990, Part VI, Societon A, Ine 1a. Complete Part III to provide any relevant information regarding these tenss. The operations of the organization provided any of the following to or for a perion listed on Form 990, Part VI, Societon A, Ine 1a. Complete Part III to provide any relevant information regarding the tenss. The operation of the operation of the organization follow and written policy regarding payment or the following to a streams. Discretionary spanding accurit Periodical advice organization region advice operation for the organization region advice operation provide and of the organization region advice operation provide and advice of the organization region advice operation for the organization region advice operation formation regarding the tense of the organization region advice operation formation regarding the tense of the organization region advice operation formation regarding the tense of the organization region advice operation formation regarding the tense of the organization region advice tense operation regarding the tense partis advice					20	17	1
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Description Description Improvide on the regarization Improvide on the regarization Name of the organization NATIONAL TURAL ELECTRIC Employer identification number 53-0116145 Part II Question's Regarding Compensation 53-0116145 Ia Check the appropriate boxes if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant Information regarding these files. Yes Improvement Practicase or charter travel Housing allowance or residence for personal use Part of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinhubursement or provision of all of the oxpanse described above? If 'No,' complete Part III to explain. 1tb X 2 Differentiation and gross-up payments Heath or sponse instruct by all directors. 1tb X 2 Differentiation regularization regularization regularization approximation or allowing payment or reinhubursement or provision of all of the oxpanse described above? If 'No,' complete Part III to explain. 1tb X 2 If any of the boxes on line 1a are checked, did the organization regulary bases of matthods used by a related organization or guida the approximation regurary markes or family above? 1tb X 2 If any of the boxes on line 1a are checked, mor							
Name of the organization NATIONAL RURAL ELECTRIC Employer identification number COOPERATIVE ASSOCIATION 53-0116145 Part I Questions Regarding Compensation Yes a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VIL Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No A Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VIL Section A, line 1a. Complete Part III to provide any relevant information regarding patience or personal use Part Travel for companiance Yes No b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expanse described above? If 'No,' complete Part III to explain 1b X c Discretionery spending the CEC/Executive Director, regaring the thems checked on Into 1a? 2 X 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the companization to establish compensation of the CEC/Executive Director, but explain in Part III. X 2 X 4 During the year, did any person listed on Form 990, Part VIL, Section A, line 1a, with respoct to the filling organization to establish compensati			Go to www.irs.gov/Form990 for instructions and the latest information.		•		
COOPERATIVE ASSOCIATION 53-0116145 Part I Questions Regarding Compensation Yea a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VI, Section A, line 1a, Complete Part III to provide any relevant information negarding these items. Yea First-class or charter travel Payments for business use of personal use Payments for business use of personal residences It may of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reinhubursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b X 2 Did the organization regime substantiation por to reinbursting or allowing expenses incurred by all direicors, trustees, and officers, including the CEC/Executive Director, regarding the Items checked on line 1a? 2 X 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the CEC/Executive Director, but explain in Part III. X 2 X Compensation committee X Written employment contract 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization: or creake payment from, an equitybased compensation organization committee X Adv X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the f	_						mber
1a Check the appropriate box(es) If the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-cless or charter travel Housing allowance or residence for presonal use Personal services (such as, maid, chauffeur, ohef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b X 2 Did the organization require substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation or analization to establish compensation on the CEO/Executive Director, but explain in Part III. 2 X 3 Indicate which, if any, of the following the filing organization: 2 X 2 4 During the year, did any parson listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a roleted organization: 2 X 4 During the year, did any parson listed on Form 990, Part VII, Section A, line 1a, with respect t		-	COOPERATIVE ASSOCIATION	53-0	11614	5	
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. First-class or charter travel Housing allowance or residence of presonal use Kin Indemnification and gross-up payments Health or social dub dues or initiation fees Discretionary spending account Parsonal services (such as, mald, chauffeur, ohel) bit any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or to the appropriate box(es) Discretionary spending account Descretionary spending account to z Discretionary spending account Descretionary spending account Descretionary spending account Discretionary spending account Descretionary spending account Descretionary spending account Discretionary spending account Descretionary spending account Descretionary spending account Discretionary spending account Descretionary spending account Descretionary spending Discretionary spending acco	P	art I Question	s Regarding Compensation			·	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-Glass or charter travel First-Glass or charter travel Payments for business use of personal residence Payments for business use of personal trainess of personal residence Payments for business use of personal trainess of personal residence Payment for business use of personal residence Payments for business use of personal residence Payments for business use of hild at the personal services (such as, maid, chauffeur, chef) Payments for business use of hild at the regarization used to establish the compensation of the CEO/Executive Director, bus explain in Part III. Compensation committee Porm 50 of other organization: Receive a severanco payment for hangeof control payment? Partic	L					Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these fleams. Image: Complete Part III to provide any relevant information regarding these fleams. Image: Pravel for companions Image: Part Part III to provide and provide any relevant information regarding these fleams. Image: Part Part Part Part Part Part Part Part	ta	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
Indicate which, if any, of the following the filling organization used to establish the compensation or an eligible section committee Ib X Indicate which, if any, of the following the filling organization used to establish the compensation of the OZ/Executive Director, regarding the items checked on line 1a? Ib X Indicate which, if any, of the following the filling organization regulation require substantiation prior to reinburse or an eligible and the organization regulation and the organization regulation and the OZ/Executive Director, regarding the items checked on line 1a? Ib X Indicate which, if any, of the following the filling organization used to establish the compensation of the organization to establish compensation of the OZ/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filling organization used to establish the compensation to establish compensation committee Im X Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. Compensation committee Im Im Indicate which, if any, or the following the filling organization: Im		Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
Image: Tax Indemnification and gross-up payments Image: Health or social club clues or initiation fees Image: Discretionary spending account Image: Personal services (such as, maid, chauffeur, ohef) Image: Ima			harter travel Housing allowance or residence for perso				
Image: Tax Indemnification and gross-up payments Image: Health or social club cluse or inlikition fees Image: Descriptionary spending account Image: Personal services (such as, maid, chauffeur, ohef) Image: I		X Travel for com					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain				S			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		Discretionary s	pending account Personal services (such as, maid, chauffe	ur, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 X 4 Derivation of the CEO/Executive Director, but explain in Part III. X Compensation committee X X 5 Independent compensation consultant X Compensation committee X X 4 During the year, did any person listed on Form 990, Part VI, Section A, line 1a, with respect to the filing organization: 4a X 4 During the year, did any person listed on Form 990, Part VI, Section A, line 1a, with respect to the filing organization: 4a X 6 Participate in, or receive payment from, an equity-based componsation paragreement? 4a X 1 Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item In Part III. 5a 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingen							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 16 X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 X 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III. 2 X 4 Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish to compensation of the CEO/Executive Director, but explain in Part III. X Compensation contract X 3 Independent compensation consultant X Compensation survey or study X Independent compensation: Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: A A X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: A A A X 4 During the year, did any person sited on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: A A A <	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
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3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormittee Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation contract Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to ensultant Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization: Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultant Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization: Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization: Image: Ceo/Executive Director. The part lit. Compensation contract I	2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Independent compensation consultant X Compensation or organizations X Compensation committee X Independent compensation consultant X Compensation survey or study Independent companizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c V Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	A	<u> </u>
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Independent compensation consultant X Compensation or organizations X Compensation committee X Independent compensation consultant X Compensation survey or study Independent companizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c V Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5a 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a							
establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X End of the organizations X Approval by the board or compensation committee Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4b X 4b X b Participate in, or receive payment from, an equity-based compensation arrangement? 4c X 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a 5a 5a 5a 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a	3	Indicate which, if an	y, of the following the filing organization used to establish the compensation of the organization	ation's			
Image: Section committee Image: Section construct Image: Section		CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
Independent compensation consultant Image Compensation survey or study Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation committee Image Compensation Survey of the board or compensation or a related organization: Image Compensation Survey of the board or compensation arrangement? Image Compensation Survey of the persons and provide the applicable amounts for each item in Part III. Image Compensation? Image Companization?							
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4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 Beceive a severance payment or change-of-control payment? 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 4a X 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5a 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5b 5a 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6a 6a 6a 6a 6a 6a 6a 6a 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6a 6a 8 Any related organization?		X Independent c					
organization or a related organization: 4a X a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5a a The organization? 5b 5b 5b 5b if "Yes" on line 5a or 5b, describe in Part III. 6a 6a 6a 6a a The organization? 6a 6a 6a 6a 6a 6a 6a if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6a		Form 990 of ot	her organizations	ommittee			
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Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	С	Participate in, or rec	eive payment from, an equity-based compensation arrangements				
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 		If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each term in Part in.				
 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 			vol. zavi V(4) zavi 504/-V00) eventiationa must complete lines 5-9				
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a The organization? 5a b Any related organization? 5b lf "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6a a The organization? 6a b Any related organization? 6b contingent on the net earnings of: 6b a The organization? 6b b Any related organization? 6b lf "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 6a	5						
b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6a a The organization? 6a b Any related organization? 6b if "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 6a					5a		
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 	ы					-	
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b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 6b		· · · · · ·	-		. 6a		
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	u						
Pol persons asted of the time soot, at this occupant, and the second state of the seco	7	For porcone listed o	p Form 990 Part VII Section A line 1a, did the organization provide any nonfixed payments	3			
not described on lines 5 and 6? If "Yes," describe in Part III		not described on lin	as 5 and 62 If "Yes" describe in Part III		7		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ß	Were any amounte +	eported on Form 990. Part VII, paid or accrued pursuant to a contract that was subject to t	he			
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	o	initial contract excer	tion described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part II		8		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	α	If "Yes" on line 8 di	t the organization also follow the rebuttable presumption procedure described in				
9 If it is off line of galaxies in the original and resolution the original and resolution in	3	Bequiations section	53,4958-6(c)?		. 9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2017	LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forn	n 990)	2017

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NATIONAL Schedule J (Form 990) 2017 CODERAT	NAI RA1	RURAL IVE ASS	ELECTRIC		R 2 - 64 4 64 4 6	Ľ		,
s, Trustee		rees. and Highest C	Compensated Fmn	oveas lea dunlicat				Page 2
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)	der ec	orted on Schedule	J, report compensat	ion from the organiza	e copies il additional s ation on row (i) and froi	bace is needed. In related organization	is, described in the ins	tructions, on row (ii).
Meter The and Individuals that aren't listed on Form 990, Part VII.	erm e	90, Part VII.						
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the	d ind	ividual must equal th	ne total amount of F	orm 990, Part VII, Se	sction A, line 1a, applic	able column (D) and (l	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	ividual.
		(B) Breakdown of W-2	N-2 and/or 1099-MISC	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	I	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)()-(D)	in column (B) reported as deferred
			compensation	compensation				on prior Form and
(1) JEFFREY CONNOR	Ξ	484,336.	200.	8,618.	60,237.	35,435.	588.826.	
ᇥㅣ	Ξ		0.	4			2	
VENEICIA LOCKHA	Ξ	349,039.	7,700.	7,544.	216,400.	31,979.	612,662.	.0
ASST TREAS; SR. VP, FINANC	E	1	4					0.
1 1 1	Ξ	L, 123, U67.	113,500.	17,723.	124,267.	33,457.	1,412,014.	0.
CALES BARCUTIVE OFFICER (4) DEFER BAYTED	<u>e</u> :	- C C C C C C C C C C C C C C C C C C C		E T				0.
S BOWLOUD ANTERS	εI	•/77/70C	•002,001	T./ 49	192,166.	34,333.	846,438.	•
41 2 2			-0					0.
**	Ξ.	1720,000	, / 00	12.1	94,298.	27,840.	497,64	0.
MARTIN LOWERY	Ē	L 2 2 2 1		1 5 5 4		- 1		0.
0	8		• N N 7	• CTQ ' CTT	82,829.	25,260.	749,735.	.0
MARY MCLAURY		117 203	•••	1 E 3 A	•0	0.	E	0.
COO. TOUCESTONE ENERGY	2 8	-		4 0, 4	2010	0,440.	174,198.	•0
		344,813.	200.	45 314	00 670	0. 36 817	U.	•
SR. VP, GENERAL COUNSEL	: @	0	0				S	
(9) LYNN MOORE	Ξ	168,402.	20,200.	84	43,930.	7.580.	240 961	
EXECUTIVE DIRECTOR TOUCHSTONE ENERGY (II)	E B	•0	.0		- I		~	•
	Ξ	235,762.	200.	2,21	69,512.	15,034.	322.72	.0
F 1	E		.0	, ,				.0
, so	Ξ	277,864.	200.	2,751.	13,500.	20,628.	314,943.	0.
SK. VP, COMMUNICATIONS	Ξ		0.	0.			•0	0.
	e	282,108.	200.	1,468.	69,669.	33,255.	386,700.	.0
SK. VP, HUMAN RESOURCES	€			.0	•0	•0	•0	0.
(13) DANIELLE SIEVERLING	ε	303,518.	18,200.	6,760.	88,569.	6,640.	423,68	0
CHIEF RISK AND COMPLIANCE	€		0.	•0	•0	•0	• 0	0
) JIM SPIERS	Ξ	319,782.	200.	22,144.	74,058.	26,627.	442,811.	•0
VP, BUSINESS AND TECH. STR	9					• 0		•0
\sim	Ξ	408,324.	20,200.	14,991.	175,799.	34,299.	653,613.	•0
P & CIC	8	1	•					0
) TRACEY STEINER	Ξ	289,146.	200.	3,793.	153,693.	29,358.	476,190.	0.
SK. VP, EDUCATION & TRAINI	(II)	•0	0	0.	• 0	•0	• 0	•0
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NATIC Schedule J (Form 990) 2017 COOPE	INA.	NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION	ELECTRIC OCIATION		53-0116145	145		
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest	Compensated Emp	vioyees. Use duplica	te copies if additional s	pace is needed.		r ada r
For each individual whose compensation must be reported on Schedule J, Do not list any individuals that aren't listed on Form 990, Part VII.	be ret form 9	ported on Schedule 390, Part VII.) J, report compensa	ttion from the organic	report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i).	m related organizatio	ins, described in the int	structions, on row (ii).
Note: The sum of columns (B)()-(ii) for each listed individual must equal the	ied inc	dividual must equal	the total amount of {	Form 990, Part VII, S	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	able column (D) and	(E) amounts for that inc	lividual.
		(B) Breakdown of W	f W-2 and/or 1099-MI	2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(C)-(I)(B)	in column (B) reported as deferred on prior Form 990
(17) MARK MAUS	9	275,744.	5.500.	1.804.	61 591	<u> 25 584</u>	370 223	
VP, ACTUARIAL SERVICES	: 8				-		· > · >	
) STEVE SANKER	Ξ	339,632.	200.	21,94	90,714		478,43	
VP, IF&S RELATIONSHIP MGT.	Ē					0		
(19) MONICA SCHMIDT	Ξ	291,354.	400.	4,276.	116	23,858	436,08	0
VP, NATIONAL CONSULTING GR	▣							
(20) CHRISTOPHER STEPHEN	Ξ	279,318.	27	5,55	58,	14,516.	358,368	
SR. LEGISLATIVE AFFAIRS DIRECTOR	Ξ	I					.0	
\sim	ε	350,632.	. 395,048.	8,97	132,316.	34,27	921,24	•0
VP, INVESTMENT STRAT. & PE	Ξ	• 0					.0	
IGLISH	Ξ	•		114,997.		0.	114,997	
FORMER CHIEF EXECUTIVE OFFICER	Ξ	•0	• 0		•0	.0		
(23) PATRICK GLOFFRE	Ξ	0.		150,720.	.0	0.	150,720	.0
FORMER EXEC VP, INTERNAL SERVICES	(<u>ii</u>)	0.	•	•0	0	.0	0	C
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NATIONAL RURAL ELECTRIC Schedule J (Form 990) 2017 COOPERATIVE ASSOCIATION Part III Sundamental Information	53-0116145 Page 3
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.	is part for any additional information.
PART I, LINE 1A:	
TRAVEL FOR COMPANIONS - ACCORDING TO NRECA BOARD POLICY, THE SPOUSES OF THE	
PRESIDENT AND CEO CAN ACCOMPANY THEM ON A TRIP WHEREVER THERE WILL BE	
OFFICIAL FUNCTIONS FOR WHICH SPOUSES ARE RESPONSIBLE FOR ATTENDING.	
TAX INDEMNIFICATION AND GROSS UP PAYMENTS: NRECA GROSSES UP PAYMENTS MADE	
TO STAFF UNDER THE EXECUTIVE 401(K) BONUS PLAN AND ON ELIGIBLE RELOCATION	
EXPENSES.	
PART I, LINES 4B-C:	
PART I, LINE 4B: THE FOLLOWING CURRENT AND FORMER EMPLOYEES RECEIVED	
PAYMENTS FROM AN EXECUTIVE NONQUALIFIED RETIREMENT PLAN. THESE AMOUNTS ARE	
INCLUDED AND REPORTED IN PART II, COLUMN B(III): MARTIN LOWERY (\$67,595);	
RICHARD MEYER (\$30,821); STEVE SANKER (\$12,998); JIM SPIERS (\$10,006)	
PART I, LINE 4C: THE FOLLOWING FORMER EMPLOYEES RECEIVED PAYMENTS ON AN	
EQUITY-BASED COMPENSATION ARRANGEMENT. THESE AMOUNTS ARE INCLUDED AND	
REPORTED IN PART II, COLUMN B(III): GLENN ENGLISH (\$114,997) AND PATRICK	
GIOFFRE (\$150,720).	
	Schedule J (Form 990) 2017

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SCHEDULE L		Transact	tions \	With	n Interest	ed I	Persons			0	MB No.	1545-0	047
(Form 990 or 990-EZ)							IV, line 25a, 25b,	26, 27	, 28a,		$\overline{20}$	1	7
		28b, or	28c, or Fo	rm 990	-EZ, Part V, line	38a d							-
Department of the Treasury Internal Revenue Service		io to www.irs.g	ov/Form9	90 for i		0-EZ. the la	atest information			lr	pen T spec	tion	
Name of the organization		AL RURAL						1				ion n	umber
Dort II Evogoo F		ATIVE AS				4 504	(c)(29) organizatio			161	.45		
		-					or Form 990-EZ, F			nh			
Complete II	the organization	(b) Relationshi								00.	(d)	Corre	ected?
' (a) Name of disquali	fied person		and organiz			(c)	Description of trar	sactic	n			es	No
							· · · ·				_		
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							· · · · ·						
2 Enter the amount of	tax incurred by	the organizatior	n managers	s or dis	qualified persons	a durin	g the year under				• • • • • •		
									▶ \$				
3 Enter the amount of	tax, if any, on lir	ne 2, above, reir	nbursed by	the o	ganization				▶ \$				
Part II Loans to	and/or From	Interested	Persons	5.									
					. Part V. line 38a	or Fo	rm 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
	amount on Forn				,,	•							
(a) Name of	(b) Relation		fro	oan to or m the	((o) Originia		(f) Balance due	(g)		(h) Ap by bo	proved ard or	(i) M	/ritten ment?
interested person	with organiz	ation of loar	organ	ization?	principal amou	imount		defa		cómm			
			To	From				Yes	No	Yes	No	Yes	No
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Total					>	\$							
Part III Grants or		-											
	the organization	1				of	(d) Tuno	of	- 1	(a)	Purp		
(a) Name of interest	tea person		ship betwe person an anization		(c) Amount assistance		(d) Type assistanc				issista		
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HA For Paperwork Rec	fuction Act Not	ice, see the Ins	tructions	for For	m 990 or 990-E2	Ζ.	, Sche	dule L	. (Fori	m 990	or 99	0-EZ)	2017

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NATIONAL RURAL ELECTRIC

Schedule L (Form 990 or 990-EZ) 2017 COOPERATIVE ASSOCIATION

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		elationship bet erson and the	ween interested organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation's
						Yes	No
COOPERATING ENERGY SERVICE	FOR	PROFIT	SUBSIDIA	307,401.	ADMINISTRAT		Х
RE ADVISERS CORPORATION AN	FOR	PROFIT	SUBSIDIA	8,690,834.	ROYALTY PAY		Х
COOPERATIVE BENEFIT ADMINI	FOR	PROFIT	SUBSIDIA		ADMINISTRAT		X
ELECTRIC COOPERATIVE LIFE	FOR	PROFIT	SUBSIDIA		ADMINISTRAT		Х
NRECA UNITED	FOR	PROFIT	SUBSIDIA	130,872.	EXPENSE REI		Х
COOPERATIVE INSURANCE SERV	FOR	PROFIT	SUBSIDIA		ADMINISTRAT		Х
ARKANSAS ELECTRIC COOPERAT	FOR	PROFIT	MEMBER O	809,461.	1		X
BASIN ELECTRIC POWER COOPE	FOR	PROFIT	MEMBER O	941,807.			х
KAMO POWER	FOR	PROFIT	MEMBER O	385,495.	VARIOUS SER		Х
SHO-ME POWER	FOR	PROFIT	MEMBER O	251,343.	VARIOUS SER		Х

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: COOPERATING ENERGY SERVICES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT SUBSIDIARY-2 OFCS AND 1 KEY EE SERVE AS OFCS AND DIRS

(C) AMOUNT OF TRANSACTION \$ 307,401.

(D) DESCRIPTION OF TRANSACTION: ADMINISTRATIVE SERVICES AGREEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON:

RE ADVISERS CORPORATION AND RE INVESTMENT CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT SUBSIDIARY- 2 KEY EES SERVE AS OFCS AND DIRS

(C) AMOUNT OF TRANSACTION \$ 8,690,834.

(D) DESCRIPTION OF TRANSACTION: ROYALTY PAYMENTS AND ADMISTRATIVE

SERVICES AGREEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: COOPERATIVE BENEFIT ADMINISTRATORS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT SUBSIDIARY-1 OFFICER AND 1 KEY EMPLOYEE SERVE AS DIRECTORS

Schedule L (Form 990 or 990-EZ) 2017

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Schedule L (Form 990 or 990 EZ) COOP Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 14,215,690.

(D) DESCRIPTION OF TRANSACTION: ADMINISTRATIVE SERVICES AGREEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ELECTRIC COOPERATIVE LIFE INSURANCE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT SUBSIDIARY-1 OFFICER SERVES AS A DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 27,032.

(D) DESCRIPTION OF TRANSACTION: ADMINISTRATIVE SERVICES AGREEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: NRECA UNITED

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT SUBSIDIARY-2 OFFICERS AND 1 KEY EE SERVE AS OFCS AND DIRS

(C) AMOUNT OF TRANSACTION \$ 130,872.

(D) DESCRIPTION OF TRANSACTION: EXPENSE REIMBURSEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: COOPERATIVE INSURANCE SERVICES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT SUBSIDIARY-1 OFFICER SERVES AS A DIRECTOR

(C) AMOUNT OF TRANSACTION \$ -0-

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(D) DESCRIPTION OF TRANSACTION: ADMINISTRATIVE SERVICES AGREEMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ARKANSAS ELECTRIC COOPERATIVE CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT MEMBER OF NRECA WITH SHARED DIRECTOR MEL COLEMAN

Schedule L (Form 990 or 990-EZ)

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Schedule L (Form 990 or 990 EZ) COOP Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 809,461.

(D) DESCRIPTION OF TRANSACTION: VARIOUS SERVICES PROVIDED TO MEMBER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BASIN ELECTRIC POWER COOPERATIVE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT MEMBER OF NRECA WITH SHARED DIRECTOR REUBEN RITTHALER

(C) AMOUNT OF TRANSACTION \$ 941,807.

(D) DESCRIPTION OF TRANSACTION: VARIOUS SERVICES PROVIDED TO MEMBER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KAMO POWER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT MEMBER OF NRECA WITH SHARED DIRECTOR TIMOTHY SMITH

(C) AMOUNT OF TRANSACTION \$ 385,495.

(D) DESCRIPTION OF TRANSACTION: VARIOUS SERVICES PROVIDED TO MEMBER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SHO-ME POWER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT MEMBER OF NRECA WITH SHARED DIRECTOR CHRISTOPHER HAMON

(C) AMOUNT OF TRANSACTION \$ 251,343.

(D) DESCRIPTION OF TRANSACTION: VARIOUS SERVICES PROVIDED TO MEMBER

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: WESTERN FARMERS EC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOR PROFIT MEMBERSHIP WITH SHARED DIRECTOR TIMOTHY SMITH

Schedule L (Form 990 or 990-EZ)

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Part V | Supplemental Information

Schedule L (Form 990 or 990-EZ)

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION \$ 646,163.

(D) DESCRIPTION OF TRANSACTION: VARIOUS SERVICES PROVIDED TO MEMBER

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION

(A) COOPERATING ENERGY SERVICES

(B) 2 OFFICERS (JEFFREY CONNOR AND VENEICIA LOCKHART) AND 1 KEY

EMPLOYEE (MARTIN LOWERY) SERVE AS OFFICERS AND DIRECTORS.

(A) RE ADVISERS CORPORATION AND RE INVESTMENT CORPORATION

(B) 2 KEY EMPLOYEES (DANIELLE SIEVERLING AND MARTIN LOWERY) SERVE AS

OFFICERS AND DIRECTORS

(A) COOPERATIVE BENEFIT ADMINISTRATORS

(B) 1 OFFICER (VENEICIA LOCKHART) AND 1 KEY EMPLOYEE (PETER BAXTER)

SERVE AS DIRECTORS.

(A) ELECTRIC COOPERATIVE LIFE INSURANCE COMPANY

(B) 1 OFFICER (VENEICIA LOCKHART) SERVES AS A DIRECTOR.

(A) NRECA UNITED

(B) 2 OFFICERS (JEFFREY CONNOR AND VENEICIA LOCKHART) AND 1 KEY

EMPLOYEE (MARTIN LOWERY) SERVE AS OFFICERS AND DIRECTORS.

(A) COOPERATIVE INSURANCE SERVICES

(B) 1 OFFICER (VENEICIA LOCKHART) SERVES AS A DIRECTOR.

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Schedule L (Form 990 or 990-EZ)

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.)-EZ -	2017 Open to Public Inspection
Name of the organization	Employer ide 53-011	entification number	
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:	

UTILITIES AND THE CONSUMERS THEY SERVE. NRECA HAS MORE THAN 900 VOTING MEMBERS, A MAJORITY OF WHICH ARE ELECTRIC COOPERATIVES THAT SERVE 42 MILLION CONSUMERS IN 47 STATES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RURAL ELECTRIFICATION IN THE UNITED STATES OF AMERICA, ITS TERRITORIES AND POSSESSIONS, FOR THE PRIMARY AND MUTUAL BENEFIT OF THE MEMBERS OF THE ASSOCIATION AND THEIR CONSUMER MEMBERS. NRECA'S MISSION IS TO PROMOTE, SUPPORT AND PROTECT THE COMMUNITY AND BUSINESS INTERESTS OF ELECTRIC COOPERATIVES.

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS EXIST BETWEEN SOME NRECA OFFICERS AND KEY EMPLOYEES WHO ALSO SERVE AS DIRECTORS OR OFFICERS OF THE FOLLOWING NRECA SUBSIDIARIES AND AFFILIATED ENTITIES: NRECA UNITED; COOPERATING ENERGY SERVICES; RE ADVISERS CORPORATION; RE INVESTMENT CORPORATION; COOPERATIVE BENEFIT ADMINISTRATORS; ELECTRIC COOPERATIVE LIFE INSURANCE COMPANY; AND COOPERATIVE INSURANCE SERVICES. REFER TO SCHEDULE L, PART V FOR IDENTIFIED PERSONS.

 FORM 990, PART VI, SECTION A, LINE 6:

 ALL NRECA VOTING MEMBERS MUST BE ENTITIES WHOSE OPERATIONS ARE CONSISTENT,

 AS DETERMINED BY THE BOARD OF DIRECTORS, WITH THE INTERNATIONAL COOPERATIVE

 ALLIANCE COOPERATIVE PRINCIPLES AND THE OBJECTIVES OF NRECA AND FALL INTO

 ONE OF THE FOLLOWING THREE CATEGORIES: (1) DISTRIBUTION (ELECTRIC

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

 Schedule O (Form 990 or 990-EZ) (2017)

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Page 2 Schedule O (Form 990 or 990-EZ) (2017) Name of the organization NATIONAL RURAL ELECTRIC Employer identification number 53-0116145 COOPERATIVE ASSOCIATION DISTRIBUTION COOPERATIVES OR NONPROFIT ASSOCIATIONS, NONPROFIT CORPORATIONS, PUBLIC UTILITY DISTRICTS, OR GOVERNMENT CORPORATIONS OR AUTHORITIES LOCATED IN A STATE, TERRITORY, POSSESSION OR COMMONWEALTH OF THE U.S. AND PRIMARILY ENGAGED IN FURNISHING ELECTRICITY AT RETAIL TO THEIR CONSUMERS); (2) GENERATION AND TRANSMISSION (COOPERATIVES OR NONPROFIT ASSOCIATIONS, NONPROFIT CORPORATIONS, OR PUBLIC UTILITY DISTRICTS LOCATED IN A STATE, TERRITORY, POSSESSION OR COMMONWEALTH OF THE U.S. AND PRIMARILY ENGAGED IN THE MARKETING, GENERATION AND/OR TRANSMISSION OF WHOLESALE BULK ELECTRICITY FOR SALE TO OTHERS FOR THE PURPOSE OF RESALE); AND (3) SERVICE MEMBERS (ORGANIZATIONS NOT ACTUALLY ENGAGED IN THE MARKETING, GENERATION, TRANSMISSION OR DISTRIBUTION OF ELECTRICITY, BUT A SIGNIFICANT NUMBER OF WHOSE VOTING MEMBERS CONSIST OF NRECA DISTRIBUTION, OR GENERATION AND TRANSMISSION VOTING MEMBERS).

FORM 990, PART VI, SECTION A, LINE 7A:

THE NRECA BOARD OF DIRECTORS IS COMPOSED OF 47 PERSONS, ONE FROM EACH STATE WHERE THERE IS AN OPERATING ELECTRIC SYSTEM WITH MEMBERSHIP IN NRECA. DIRECTORS, EACH OF WHOM MUST BE A MEMBER, DIRECTOR, OFFICER, OR EMPLOYEE OF AN NRECA MEMBER SYSTEM, ARE ELECTED EVERY TWO YEARS BY THE MEMBER SYSTEMS IN EACH STATE. THEIR TERMS RUN FROM THE CLOSE OF EACH NRECA ANNUAL MEETING (USUALLY HELD IN MARCH) TO THE CLOSE OF THE ANNUAL MEETING TWO YEARS HENCE. THE NRECA PRESIDENT, VICE PRESIDENT, AND SECRETARY TREASURER ARE ELECTED EVERY TWO YEARS BY THE BOARD FROM AMONG ITS MEMBERS. THE CHIEF EXECUTIVE OFFICER IS ALSO SELECTED BY THE BOARD.

 FORM 990, PART VI, SECTION A, LINE 7B:

 NRECA VOTING MEMBERS ARE DESCRIBED IN THE SCHEDULE O, PART VI, SECTION A,

 LINE 6 DESCRIPTION. THE FOLLOWING GOVERNANCE DECISIONS REQUIRE THE APPROVAL

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Page 2 Schedule O (Form 990 or 990-EZ) (2017) Name of the organization NATIONAL RURAL ELECTRIC Employer identification number 53-0116145 COOPERATIVE ASSOCIATION OF NRECA VOTING MEMBERS: (1) ARTICLES OF INCORPORATION AMENDMENTS; (2) BYLAW ADOPTION, AMENDMENT, OR REPEAL, WHICH INCLUDES CHANGES TO THE METHODS OF CALCULATING THE DUES OF DISTRIBUTION MEMBERS, OF GENERATION AND TRANSMISSION MEMBERS, AND OF STATEWIDE MEMBERS; (3) EXPULSION OF NRECA MEMBERS; (4) REMOVAL OF A NRECA DIRECTOR IS SUBJECT TO THE APPROVAL OF NRECA VOTING MEMBER LOCATED IN THE STATE FROM WHICH THE DIRECTOR WAS ELECTED; (5) A SALE, LEASE, EXCHANGE, OR CERTAIN DISPOSITIONS OF ASSETS LEAVING THE ASSOCIATION WITHOUT A SIGNIFICANT CONTINUING BUSINESS ACTIVITY; (6) MERGER; (7) DOMESTICATION IN A FOREIGN JURISDICTION; AND (8) DISSOLUTION. EACH NRECA VOTING MEMBER HAS ONE VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DIRECTOR OF CORPORATE ACCOUNTING AND SENIOR VP OF FINANCE REVIEW THE FORM 990 AND SUPPORTING WORK PAPERS IN DETAIL. THE FORM 990 IS THEN PROVIDED TO THE NRECA BOARD OF DIRECTORS THROUGH THEIR ELECTRONIC BOARD PORTAL FOR THEIR REVIEW AND COMMENTS IN ADVANCE OF THE RETURN BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH KEY EMPLOYEE IS SUBJECT TO A CONFLICT OF INTEREST POLICY AND REQUIRED TO ANNUALLY COMPLETE AND SUBMIT A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM TO THE SENIOR VP OF FINANCE WHO, WITH ASSISTANCE AS NEEDED FROM HUMAN RESOURCES AND/OR THE GENERAL COUNSEL, INVESTIGATES POTENTIAL OR ACTUAL CONFLICTS. THE CEO, OR HIS OR HER DESIGNEE, HAS FINAL AUTHORITY FOR DETERMINING WHETHER OR NOT A CONFLICT HAS OCCURRED. IF THE CEO IS IMPLICATED, THE BOARD'S ADMINISTRATIVE COMMITTEE IS THE FINAL AUTHORITY. IN ADDITION TO THE CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM, EACH KEY EMPLOYEE ANNUALLY SUBMITS A FORM 990 QUESTIONNAIRE TO THE SENIOR VP OF FINANCE. EACH DIRECTOR IS REQUIRED TO ANNUALLY COMPLETE AND SUBMIT A 732212 09-07-17 35 12571114 144857 NRECA 990 2017.05000 NATIONAL RURAL ELECTRIC COO NRECA_92

Page 2 Schedule O (Form 990 or 990-EZ) (2017) Name of the organization NATIONAL RURAL ELECTRIC Employer identification number 53-0116145 COOPERATIVE ASSOCIATION CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM. DIRECTOR FORMS DISCLOSING ANY MATERIAL FACT KNOWN TO THE DIRECTOR REGARDING ANY POTENTIAL OR ACTUAL VIOLATION OF THE POLICY ARE SUBMITTED TO THE OFFICE OF GENERAL COUNSEL, NRECA PRESIDENT, NRECA VICE PRESIDENT, AND NRECA SECRETARY-TREASURER. UPON REQUEST OF THE PRESIDENT, EXECUTIVE COMMITTEE, OR ANY FIVE DIRECTORS, THE BOARD DETERMINES WHETHER A DIRECTOR COMPLIES WITH THE POLICY. IN MAKING THIS DETERMINATION, THE BOARD NOTIFIES THE DIRECTOR, A COMMITTEE IS CREATED AND APPOINTED TO INVESTIGATE AND MAKE A RECOMMENDATION, THE DIRECTOR MAY COMMENT, AND THE DIRECTOR MAY BE REQUIRED TO BE ABSENT DURING CONSIDERATION. IF THE BOARD DETERMINES THAT A DIRECTOR FAILS TO COMPLY WITH THE POLICY, THEN, UNLESS THE BOARD DETERMINES OTHERWISE FOR GOOD CAUSE, OR THE DIRECTOR COMPLIES WITH THE POLICY WITHIN 30 DAYS, THE DIRECTOR IS DISQUALIFIED AND NO LONGER A DIRECTOR. IN ADDITION TO THE CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM, EACH DIRECTOR ANNUALLY COMPLETES AND SUBMITS A FORM 990 QUESTIONNAIRE.

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

LINE 15A (CEO COMPENSATION): THE CEO EVALUATION COMMITTEE OF THE BOARD IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE BOARD CONCERNING FORMAT AND METHODS TO PROPERLY EVALUATE THE PERFORMANCE OF THE CEO. AN OUTSIDE CONSULTANT (E.G., QUATT ASSOCIATES) REVIEWS INDEPENDENT COMPENSATION STUDIES ANNUALLY TO VERIFY THE CEO'S COMPENSATION IS WITHIN A COMPETITIVE RANGE FOR THE CEOS OF COMPARABLE ORGANIZATIONS AND PROVIDES THIS INFORMATION TO THE COMMITTEE. THE COMMITTEE REVIEWS COMPETITIVE SALARY SURVEY DATA PROVIDED BY THE OUTSIDE CONSULTANTS AND DEVELOPS A COMPENSATION RECOMMENDATION THAT IS PRESENTED TO THE BOARD. THE BOARD REVIEWS AND APPROVES THE CEO'S COMPENSATION ANNUALLY.

LINE 1.5B (OTHER OFFICERS/KEY EMPLOYEE COMPENSATION): NRECA'S HUMAN
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Name of the organization NATIONAL RURAL ELECTRIC	Employer identification number
COOPERATIVE ASSOCIATION	53-0116145
RESOURCES DEPARTMENT HAS A MARKET PAY TOOL THAT USES CURR	ENT PAY DATA FROM
PURCHASED COMPENSATION STUDIES TO ANALYZE SALARIES FOR PO	SITIONS WITHIN THE
ORGANIZATION. NRECA HAS WRITTEN POLICIES AND PROCEDURES G	OVERNING ITS
SALARY INCREASE PROCESS. THE SALARY INCREASE PROCESS IS I	NTENDED TO ENABLE
MANAGERS TO MAKE RATIONAL DECISIONS CONCERNING SALARY ACT	IONS WITHIN THE
ASSOCIATION'S BUDGETING CONSTRAINTS. HOWEVER, IT DOES NOT	GUARANTEE AN
INCREASE TO ANY EMPLOYEE. THE SALARY PROCESS IS COMPRISED	OF THE FOLLOWING
STEPS: (1) APPROVAL OF NRECA'S SALARY BUDGET BY THE NRECA	BOARD OF
DIRECTORS; (2) COMPLETION OF WRITTEN ANNUAL PERFORMANCE S	UMMARIES FOR EACH
EMPLOYEE BY HIS/HER MANAGER; (3) RECOMMENDATION OF SALARY	INCREASES OR LUMP
SUM AWARDS FOR INDIVIDUAL EMPLOYEES BASED UPON PERFORMANC	E/CONTRIBUTION;
(4) ANALYSIS, REVIEW, AND APPROVAL OF SALARY INCREASE RECO	OMMENDATIONS BY
HUMAN RESOURCES AND THE CHIEF EXECUTIVE OFFICER; AND (5)	COMMUNICATION OF
SALARY INCREASE DECISIONS TO STAFF.	

FORM 990, PART VI, SECTION C, LINE 19:

THE NRECA ARTICLES OF INCORPORATION, BYLAWS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO NRECA VOTING MEMBERS ON THE MEMBER-ONLY SECTION OF COOPERATIVE.COM, WHICH IS A WEBSITE FOR NRECA MEMBERS AND AFFILIATED ENTITIES. NRECA NOTIFIES VOTING MEMBERS WHEN THE AUDITED FINANCIAL STATEMENTS FOR THE PRECEDING FISCAL YEAR HAVE BEEN POSTED ON COOPERATIVE.COM. NRECA DISTRIBUTES A COPY OF ITS ANNUAL REPORT TO EACH NRECA VOTING MEMBER AND MAKES THE ANNUAL REPORT AVAILABLE TO THE PUBLIC ON ELECTRIC.COOP. NRECA WILL ALSO PROVIDE COPIES OF ITS FORM 990 TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET INCOME OF SUBSIDIARIES		4,132,843.
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Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION Page 2 Employer identification number 53-0116145

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR BUT IN 2016 THE BOARD

ADOPTED POLICY AMENDMENTS TO CLARIFY AUDIT RESPONSIBILITIES FOR NRECA

.

AND OTHER ORGANIZATIONS.

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Mame of the organization NATIONAL RURAL ELECTRIC Name of the organization NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.		 Attach to Form 990. 	► Attach to Form 990.			
COOPERATIVE AS of Disregarded Entities. Complete (a)	▶ Go to www.irs.gov/Form990 for instructions and the latest information. R1,RC/TRTC	or instructions and the lated	st information.	-		Inspection
	ASSOCIATION				Employer identification number 53-0116145	cation number - 4 5
(a)	if the organization answered "Yes"	on Form 990, Part IV, line 30	÷			
	(q)	(c)	(q)	(e)		(t)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total income	me End-of-year assets		Direct controlling entity
			TT 144441			
· · · · · · · · · · · · · · · · · · ·						
				.88		
	•					
Part I Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization :	answered "Yes" on Form 990), Part IV, line 34,	because it had one	e or more related tax-ex	empt
(a)	(p)	(c)	(q)	(e)	(4)	(6)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(1) controlled entity?
NDECK TWARDANK KTONYA EL 100000				501(c)(3))		Yes No
	1 ΜΠΈΡΝΙΑ ΠΙΟΝΆΤ. ΈΓΙΡΑΓ.					
GTON, VA 22203	BLECTRIFICATION	VIRGINIA	501(C)(3)	170(B)(1)(A)	A CHAN	×
FUNDACION ENERGETICA BOLIVIANA						4
4301 WILSON BLVD	BOLIVIAN RURAL					
	ELECTRIFICATION	BOLIVIA		N/A	NRECA	*
NRECA WOOD QUALITY CONTROL INC - 52-1446660						
4301 WILSON BLVD						
	WOOD FOLE TESTING	VIRGINIA	501(C)(6)		NRECA	×
SH NAT'L LEADERSHII						
46-1424031, 4301 WILSON BLVD, ARLINGTON, VA				509 (A) (3)		
22203 AWARDING OF	AWARDING OF SCHOLARSHIPS	VIRGINIA	501(C)(3)	Т НАЛ	NRECA	×

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NATIONAL RUIS COOPERATIVE		RAL ELECTRIC ACCUTATION	KTC VIC						(1		.— <u>.</u> I	
Date 11 Identification of Related Organizations T	Taxable a	s a Partne	- CIN rship. Complete if	the organiza	ation answared	"Yas" on Fon		line 24 hood	0 - 7 C C - 7 C - 7 C - 1 C -	53-011614		Page 2
organizations treated as a partnership during the tax year.	ing the tay	< year.							ונוסר וו וומנו טוופ טר וווטרפ ופומופמ		Dan	
(a) (b) Name, address, and EIN Primary activity of related organization	ctivity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		(k) (k) hig ownership در	(k) Percentage ownership
											9	
									2 			
			r		* -							
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organization answered "Yes" or Form 990, Part IV, line 34, because it had one or more related	Taxable a trust durin	is a Corpo ig the tax y	ration or Trust. Co ear.	omplete if th	e organization	answered "Ye	ss" on Form 9	90, Part IV, line	e 34, because it h	ad one or	, more rel	lated
(a) Name, address, and EIN of related organization		Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ing (e) (C corp. S corp. or frust)) f entity S corp, ust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ip control	(I) Section 512(b)(13) control(13) control(13)
COOPERATIVE INSURANCE SERVICES - 52-1076274 4301 WILSON BLVD ARLINGTON, VA 22203		INSURANCE	AGENT	VA H	NRECA UNITED INC	C CORP		43,157.	764,474	100.00%	0 ^s X	2
NGTON	VA	LIFE & HOSPITALIZA INSURANCE	ZATION	VA	NRECA	C CORP		74.675.	2 7	001		
BENEFIT ADMINISTRA 4301 WILSON BLVD,	VA	CLAIMS ADM	admini Strator	VA	NRECA UNITED INC	C CORP	H	4,332,81	,036,37	100		
ល		SOFTWARE IN DEVELOPMENT	lntegration snt	VA	NRECA UNITED INC	C CORP		293,681.	158,059	100	X *00.	
RE INVESTMENT CORPORATION - 52-1679315 4301 WILSON BLVD ARLINGTON, VA 22203		TNVESTMENT	T BROKER	V.A.	NRECA UNITED INC	C CORP		0	115 356.	100.00\$	× %0	
732162 09-11-17 SEE PART	TIV T	FOR	CONTINUATIONS	40 IONS						금	orm 990) 2017

SEE PART VII FOR CONTINUATIONS

ONAL RURAL ELECTRIC	ERATIVE ASSOCIATION
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Schedule R (Form 990)

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(3)	(P)	123	· · · ·					
رمع Name, address, and EIN of related organization	ctivity	Legal domicile (state or	u) Direct controlling entity	Type of entity	(1) Share of total income	(g) Share of	(h) Percentage	(I) Section 512(b)(13) Sortrolled
3		foreign country)	~	or trust)	annor i			entity?
RE ADVISERS CORPORATION - 52~1694000								
4301. WILSON BLVD			RE INVESTMENT					
ARLINGTON, VA 22203	INVESTMENT ADVISER	VA	CORPORATION	C CORP	23 978 463	27 086 220	100 00%	×
NRECA UNTTED INC - 52-1765915			SLECTRIC					
4301 WILSON BLVD	r		COOPERATIVE					
ARLINGTON, VA 22203	FOLDING COMPANY	VA	LIFE INSURANCE	C CORP	300,000.	509 797	100.00%	×
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			C7TATTA-SC	0140	Page 3	6 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes"	ő	Form 990, Part IV, line 34, 35b, or 36.	or 36.			
Ę					Yes N	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royaities, or (iv) rent from a controlled entity				1a	X	
b Gift, grant, or capital contribution to related organization(s)				₽		ы
c Gift, grant, or capital contribution from related organization(s)				2	-	×
d Loans or loan guarantees to or for related organization(s)				1d 1	~	ы
		***		1e	r q	×
4 Dividends from related construction(s)						5
		*************************		4	Y	~
			******	1g		8
		*******************************		1h		×
	***********************			11	<u> </u>	×
j Lease of facilities, equipment, or other assets to related organization(s)				1 <u>j</u>		×
						1
K Lease of facilities, equipment, or other assets from related organization(s)		*************************************		¥	_	×
 Performance of services or membership or fundraising solicitations for related organization(s) 	inization(s)	******		11	X	
m Performance of services or membership or fundralsing solicitations by related organization(s)	inization(s)			1		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		*********************************	-	╢]
 Sharing of paid employees with related organization(s) 			*************************	╀	*	[
	*****			2	4	
P Reimbursement baid to related organization(s) for expenses				Ť		⊳
						4
		*******************************		=	4	
r Other transfer of cash or property to related organization(s)				4		×
s Other transfer of cash or property from related organization(s)				: 5		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	vho must complete t	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) NRECA INTERNATIONAL	Г	1,514,941.	ACCOUNTING RECORDS			
(2) NRECA INTERNATIONAL	N	114,847.	ACCOUNTING RECORDS			
(3) NRECA INTERNATIONAL	α	6,856,469.	ACCOUNTING RECORDS			
(4) NRECA WOOD QUALITY CONTROL INC	Г	144,172	172. ACCOUNTING RECORDS			
(5) NRECA WOOD QUALITY CONTROL INC	0	504,966,	504,966. ACCOUNTING RECORDS			
(6) NRECA WOOD QUALITY CONTROL INC	Ø	1,517,147.	517,147. ACCOUNTING RECORDS			
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VE ASS			53-0116145
Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	n 990), Part V, line 2)		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) COOPERATIVE BENEFIT ADMINISTRATORS	г	4,518,991.AC	991. ACCOUNTING RECORDS
(8) COOPERATIVE BENEFIT ADMINISTRATORS	N	650,050.AC	50,050.ACCOUNTING RECORDS
(9) COOPERATIVE BENEFIT ADMINISTRATORS	0	8,263,843.AC	843.ACCOUNTING RECORDS
(10) COOPERATIVE BENEFIT ADMINISTRATORS	Ø	782,806. AC	806. ACCOUNTING RECORDS
(11) COOPERATING ENERGY SERVICES	Ē	127,656.AC	27,656.ACCOUNTING RECORDS
(12) COOPERATING ENERGY SERVICES	0	179,745.AC	745. ACCOUNTING RECORDS
(13) RE INVESTMENT CORPORATION	Ъ	626,947.AC	947. ACCOUNTING RECORDS
(14) RE INVESTMENT CORPORATION	Ø	2,356,703.AC	703.ACCOUNTING RECORDS
(15) RE ADVISERS CORPORATION	A	712,313.AC	313. ACCOUNTING RECORDS
(16) RE ADVISERS CORPORATION	ц	2,379,292.ACCOUNTING	CCOUNTING RECORDS
(17) RE ADVISERS CORPORATION	N	390,229.AG	229. ACCOUNTING RECORDS
(18) RE ADVISERS CORPORATION	Ø	2,225,350 . A(350. ACCOUNTING RECORDS
(19) GLENN ENGLISH FOUNDATION	a	39,055.AG	39,055.ACCOUNTING RECORDS
(20) NRECA UNITED INC	Ø	130,872. ACCOUNTING	COUNTING RECORDS
(21) ELECTRIC COOPERATIVE LIFE INSURANCE CO	Ø	27,032.A(27,032.ACCOUNTING RECORDS
(22)			
(23)			
(24)			

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53-0116145 Pade 4		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.	(h) (j) Dispropor- total annount in box 20 allocations of Schedule K-1 (Form 1065)	1 LES NO 4 2007 1 LES NO				Schedule R (Form 990) 2017
	n Form 990, Part IV, line 37.	ed more than five percent of its activit	(e) (f) (g) Are all anthersee. Share of 501(0)(3) total end-of-year er 501(0)(3) total end-of-year esets				· · ·	
08	Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.	gh which the organization conduct pertain investment partnerships.	(c) (d) (d) (d) (c) Legal domicile Predominant income and (c) (related, unrelated, but (related, but (rom tax under or country) sections 512-514) vertex	-				
NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION	ible as a Partnership. Complete if	entity taxed as a partnership throu structions regarding exclusion for c	(b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c					
NATIONAL Schedule R (Form 990) 2017 COOPERATI	Part VI Unrelated Organizations Taxa	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

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COOPERATI	IVE	ASS	OCIATION

Part VII Supplemental Information.

Schedule R (Form 990) 2017

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

ELECTRIC COOPERATIVE LIFE INSURANCE CO

DIRECT CONTROLLING ENTITY: NRECA

NAME OF RELATED ORGANIZATION:

COOPERATIVE BENEFIT ADMINISTRATORS

DIRECT CONTROLLING ENTITY: NRECA UNITED INC

NAME OF RELATED ORGANIZATION:

COOPERATING ENERGY SERVICES

DIRECT CONTROLLING ENTITY: NRECA UNITED INC

NAME OF RELATED ORGANIZATION:

RE INVESTMENT CORPORATION

DIRECT CONTROLLING ENTITY: NRECA UNITED INC

NAME OF RELATED ORGANIZATION:

RE ADVISERS CORPORATION

DIRECT CONTROLLING ENTITY: RE INVESTMENT CORPORATION

NAME OF RELATED ORGANIZATION:

NRECA UNITED INC

DIRECT CONTROLLING ENTITY: ELECTRIC COOPERATIVE LIFE INSURANCE CO

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