Department of the Treasury

DLN: 93493315027500

2019

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		nue Service	1		12.21	2010					
B Che	ck if ap dress c	oplicable: change	alendar year, or tax year begin C Name of organization GROUP HEALTH PROGRAM CO NATION TELECOMMUNICATIONS COOPERATIONS	ONAL	ng 12-31	-2019	D Employ 52-104:		ication number		
□ Name change□ Initial return□ Final return/terminate		-	Doing business as								
☐ An	☐ Final return/terminated☐ Amended return☐ Application pending		Number and street (or P.O. box if m 4121 WILSON BOULEVARD NO 10TH	per and street (or P.O. box if mail is not delivered to street address) Room/suite WILSON BOULEVARD NO 10TH							
		p9	City or town, state or province, cour ARLINGTON, VA 22203	ntry, and ZIP or foreign postal code			(/03) 3	51-2000			
			F Name and address of principa	l officer:		U(a) T-			79,893,482		
			TONY PRATHER 4121 WILSON BOULEVARD NO 1 ARLINGTON, VA 22203			sul H(b) Are	this a group re bordinates? e all subordinat cluded?		□Yes ☑No □Yes □No		
I Ta	x-exem	npt status:	☐ 501(c)(3) ☑ 501(c)(9) ◄	(insert no.) 4947(a)(1) or	527	If '	"No," attach a l	•	•		
J W	ebsite	e:▶ N/A				H(c) Gr	oup exemption	number	>		
		ganization:	: Corporation 🗹 Trust C Asso	ciation ☐ Other ▶		L Year of fo	ormation: 1975	M State	of legal domicile: VA		
Pa	arti 1. B		mary scribe the organization's mission o	r most significant activities:							
e C			DE MEDICAL, DENTAL, SHORT & L		R ACCIDE	ENT & DEA	ATH BENEFITS.				
Jan											
Governance] _	Check thi	is box $ ightharpoonup \square$ if the organization dis	continued its operations or dispo	sed of m	ore than 2	15% of its net a	ccetc			
Ğ	3	Number o	of voting members of the governin	g body (Part VI, line 1a)			•	3	8		
>5 თ	1		of independent voting members of		-			4	8		
Activities &			nber of individuals employed in ca nber of volunteers (estimate if nec	, , , , , , , , , , , , , , , , , , , ,	,			5	0		
Act	1	Total unre	7a	9,549,917							
	1		ated business taxable income fron	, , , , , , , , , , , , , , , , , , , ,				7b	9,257,297		
							Prior Year		Current Year		
<u>3</u>	1	Contribut	0	-							
Ravenue	1	9 Program service revenue (Part VIII, line 2g) 325,771,373 .0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,658,361 .1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22							· · ·		
æ	1								1		
			enue—add lines 8 through 11 (mu		e 12)		333,429,		340,216,665		
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3)				0	(
			paid to or for members (Part IX, co	* **			312,864,8	_			
Ses			other compensation, employee be	, , , , , , , , , , , , , , , , , , , ,	,			0			
Expenses			onal fundraising fees (Part IX, colur raising expenses (Part IX, column (D), l	, ,,	•			9			
ጃ			penses (Part IX, column (A), lines	· ———			18,615,0	087	17,658,663		
	18	Total exp	955	327,297,220							
/8	19	Revenue	less expenses. Subtract line 18 fro	om line 12	•		1,949,8		12,919,445		
Net Assets or Fund Balances						Beginni	ing of Current Y	ear	End of Year		
sset Bala	20	0 Total assets (Part X, line 16)							268,792,292		
전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	1		ilities (Part X, line 26)				2,728,0	016	4,134,907		
			s or fund balances. Subtract line 2	21 from line 20			238,213,0	507	264,657,385		
Unde know		alties of pe and belie	ature Block erjury, I declare that I have exam f, it is true, correct, and complete								
		\					2222 11 22				
Sign	,	Signatu	ure of officer				2020-11-09 Date				
Here			EY BLOOMFIELD NTCA CHIEF EXECUTIV	E OFFICER							
		17	r print name and title	Proparor's signature	In-	<u></u>		PTIN			
Paid	d		rint/Type preparer's name	Preparer's signature	Da 20	20-11-09		P11N P00843460)		
	_u pare	er 🗔	irm's name	I LLP			Firm's EIN ► 41-	0746749			
	Onl	ĸ. ⊢	irm's address ▶ 901 N GLEBE ROAD SU	ITE 200		\longrightarrow	Phone no. (571)	227-9500			
			ARLINGTON, VA 2220	3							
May t	he IDS	S discuss	this return with the preparer show	wn above? (see instructions)				√ ∨	/es 🗆 No		

orm	990 (2019)				Page 2
Pa	rt III Stater	ment of Program Service Acc	omplishments		
	——— Check i	f Schedule O contains a response or	note to any line in this Part III		🗆
1		e the organization's mission:			
EMPL	ROVIDE MEDICA OYEES AND ELI- PTED THE PLAN.	GIBLE DEPENDENTS OF THE NATIO	M DISABILITY, 24-HOUR ACCIDENT A NAL TELECOMMUNICATIONS COOPER	AND DEATH BENEFITS TO SUBS ATIVE ASSOCIATION AND ITS N	FANTIALLY ALL MEMBERS THAT HAVE
2	Did the organiz	zation undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," descri	be these new services on Schedule	0.		
3	Did the organiz	zation cease conducting, or make si	gnificant changes in how it conducts,	any program	
		ibe these changes on Schedule O.			☐ Yes ☑ No
4	Describe the or Section 501(c)	rganization's program service accon	nplishments for each of its three large required to report the amount of gra ervice reported.		
4a	(Code: See Additional Da) (Expenses \$ ata	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	n services (Describe in Schedule O.) including	grants of \$	(Revenue \$)
40	Total program	m service expenses >			

17

18

19

Checklist of Required Schedules

Yes

Yes

Yes

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b	Yes	
С	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	11d		No

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e 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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5,394		1 65	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	П		
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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 10a			
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:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-10
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			
	parachute payment(s) during the year?	15		No No
	If "Yes," complete Form 4720, Schedule O.			.10

				9 -
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over 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?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MANO KOILPILLAI 4121 WILSON BOULEVARD NO 10TH ARLINGTON, VA 22203 (703) 351-2000			

Part VII

 \checkmark

Compensation of Officers, Directors, Trustees, Key Employees, Highest 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

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

Check this box if neither the organization no	•	ganizat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, ι n of or/t	t cha unles ficer rust	s pers	son	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHIRLEY BLOOMFIELD NTCA CEO	2.00 41.50			Х				0	816,912	287,224
(2) MICHAEL VIANDS NTCA FINANCIAL OFFICER	2.00 41.50			х				0	213,101	85,948
(3) TONEY PRATHER CHAIR	4.00	Х		х				0	0	0
(4) JOE SNYDER VICE CHAIR	4.00	X		х				0	0	0
(5) BECKY DOOLEY TRUSTEE	3.00	X						0	0	0
(6) KEITH GIBSON TRUSTEE	3.00	X						0	0	0
(7) MARK HARVEY TRUSTEE	3.00	X						0	0	0
(8) RUSSELL KACER TRUSTEE	3.00	X						0	0	0
(9) KRISTI WESTBROOK TRUSTEE	3.00	Х						0	0	0
(10) JEFF WILSON TRUSTEE	3.00	Х						0	0	0
			1	l	l	I	I	I		

 hours per week (list any hours			n of	ficer	and a		from the organization	compensation from related organizations (W-2/1099- MISC)	amount of other compensation from the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)		organization and related organizations

1b Sub-Total					
c Total from continuation sheets to Pa	art VII, Section	Α	. ▶		
d Total (add lines 1b and 1c)			. ▶	0	1,030,0
• T. I					1.100.000

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

Name and business address

5

Section B. Independent Contractors

compensation from the organization ▶ 2

SERVICE MANAGEMENT CORP

1701 PENNSYLVANIA AVE NW WASHINGTON, DC 20006

4121 WILSON BOULEVARD 10TH FL ARLINGTON, VA 22203 GROOM LAW GROUP CHARTERED

c ·	Fotal (add lines 1b and 1c)	.3		373,172
2	Total number of individuals (including but not limited to those listed above) who received more than $$100,000$ of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			

5

Description of services

ADMINISTRATIVE SERVICES

LEGAL SERVICES

Nο

(C)

Compensation

Form 990 (2019)

12,498,659

248,402

	Total from continuation sheets to Part VII, Section A Image: Continuation sheets to Part VII, Section A	13		373,172
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

	Total from continuation sheets to Part VII, Section A			
d.	Total (add lines 1b and 1c)	.3		373,172
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

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

Form 9 Part		(2019) Statement	of R	Pevenue						Page 9
raii	VIII				respo	onse or note to any	/ line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	18	a Federated campa	aigns		1a			revenue		512 - 514
tributions, Gifts, Grants Other Similar Amounts	ı	b Membership dues	s.	. [1 b					
ي س	•	c Fundraising even	its .	. [1 c					
ifts, ar A	'	d Related organiza	tions	s [1 d					
s, G m∷		e Government grants	•	´ L	1e					
ion	1	f All other contributio and similar amounts	ns, g s not	ifts, grants, included	1 f					
ibut	١,	aboveg Noncash contributio	ns in	cluded in						
Contributions, and Other Sim		lines 1a - 1f:\$			1 g					
ತ ಕ		h Total. Add lines :	1a-1	f	•	>				
	_	MEDICAL				Business Code	286,356,727	286,356,727		
<u>e</u>	2a	MEDICAL				525100				
vent	b	DENTAL				525100	19,362,466	19,362,466		
æ æ	c	LONG-TERM DISABIL	.ITY			525100	12,390,032	12,390,032		
rvice						323100	7,242,411	7,242,411		
- S	d	LIFE INSURANCE				525100	,,212,111	,,212,111		
Program Service Revenue	е	SHORT-TERM DISABI	ILITY			525100	1,572,212	1,572,212		
<u>م</u>						-	445,644	445,644		
		All other program								
	_	Total. Add lines 2 Investment income				327,369,492		1		
	5	similar amounts) .	•			,	5,095,14	5	1,790,675	3,304,470
		Income from invest Royalties		t of tax-exe			 			
		Royaldes I I I	г. П	(i) Rea		(ii) Personal				
	62	Gross rents	6a							
		Less: rental	Н							
		expenses Rental income	6b							
	С	or (loss)	6с							
	c	Net rental income	or (· · · ▶				
	73	Gross amount		(i) Securi	ties	(ii) Other				
	<i>,</i> a	from sales of assets other	7a	47,4	136,059	9				
		than inventory Less: cost or	Н				_			
	D	other basis and sales expenses	7b	39,6	576,817	7				
		·	7c	7 -	750 242					
		Gain or (loss) Net gain or (loss)	\Box		759,242			2	7,759,242	:
as a		Gross income from fu		ising events						
ž.		(not including \$contributions reported								
}ev	_	See Part IV, line 18			8a					
Other Revenue		Less: direct expen Net income or (los			8b ina ev	ents 🕨				
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	c	Net income or (los	s) fr	om gaming	activit	ies >				
	10	aGross sales of inve	entor	ry, less						
		returns and allowa			10a					
		Less: cost of good			10ь					
		Net income or (los Miscellaneo			invent	Business Code				
	11	la								
	b									
	C									
	c	All other revenue	_				-7,21	4		-7,214
		Total. Add lines 1				>	-7,21	4		
	12	2 Total revenue. S	ee ir	nstructions			340,216,669		9,549,917	3,297,256
							340,210,06	327,309,492	9,349,917	Form 990 (2019)

Р	art IX Statement of Functional Expenses				-
	Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns.	All other organization	ons must complete co	lumn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			
	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	309,638,557			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management	12,498,659			
Ŀ	Legal	261,113			
c	: Accounting	32,359			
c	lLobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	51,960			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	388,931			
12	Advertising and promotion				
13	Office expenses	354,922			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	81,515			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,073			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a CLAIMS PROCESSING	1,320,389			
	b UBIT TAX	1,304,609			
	c CLAIMS INVESTIGATIONS	688,562			
	d PRE-ADMISSION FEES	517,082			
	e All other expenses	150,489			
25	Total functional expenses. Add lines 1 through 24e	327,297,220			
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).				

Form 990 (2019)

1

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17

18

19

20

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Assets 30

31

32

33

37,116,169

929,308

2,982,280

8,766

201,059,004

26.696.765

268,792,292

2,155,339

1,904,592

74.976

4.134.907

264,657,385

264,657,385

268,792,292

Form 990 (2019)

0

(B) End of year

Beginning of year

16,091,033

12.203.253

11,763

184,058,346

27.861.255

240,941,623

1,368,648

1.229.615

129,753

2.728.016

238,213,607

238,213,607

240,941,623

715,973

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Page **11**

Check if Schedule O contains a response or note to any line in this Part IX . . .

Cash-non-interest-bearing							L
Savings and temporary cash investme	ents	3 .					
Pledges and grants receivable, net .							Г

Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Inventories for sale or use . Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D

Assets 10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation

10a 10b

Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11 Intangible assets .

11 12 13 14 15 Other assets. See Part IV, line 11 . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) .

> Accounts payable and accrued expenses Grants payable .

Deferred revenue . . . Tax-exempt bond liabilities . Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

21 Liabilities 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties

25 Complete Part X of Schedule D 26 Fund Balances complete lines 27, 28, 32, and 33.

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here ▶

27 Net assets without donor restrictions

28

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Net assets with donor restrictions .

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

Form 990 (2019)

Form 990, Part III, Line 4a:

EIN: 52-1043923

Name: GROUP HEALTH PROGRAM CO NATIONAL

TELECOMMUNICATIONS COOPERATIVE ASSOC

THE GROUP HEALTH PROGRAM'S MEDICAL AND DENTAL PLANS PROVIDED SELF-INSURED MEDICAL AND DENTAL BENEFITS TO MORE THAN 16,500 PARTICIPANTS IN 2019.THE PROGRAM'S SHORT AND LONG-TERM DISABILITY PLANS PROVIDE SELF-INSURED DISABILITY BENEFITS, AND THE ACCIDENT AND LIFE INSURANCE PLANS PROVIDE FULLY-INSURED ACCIDENT AND LIFE BENEFITS.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493315027500

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Internal Revenue Service

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** GROUP HEALTH PROGRAM CO NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOC 52-1043923 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Pari	***	Organizations Mai	intaining Col	lections of Art	, Histor	ical Tre	easures, c	or Other	Similar As:	sets (contir	nued)
3		the organization's acqui (check all that apply):	isition, accessio	n, and other record	ds, check	any of t	he following	that are a	significant us	se of its colle	ection
а		Public exhibition			d		Loan or excl	nange prog	ırams		
b		Scholarly research			е		Other				
c		Preservation for future of	generations								
4	Provide Part	de a description of the or XIII.	ganization's col	lections and expla	in how th	ey furthe	er the organ	ization's e	xempt purpos	se in	
5		ng the year, did the orgar s to be sold to raise fund								☐ Yes	□ No
Par	t IV	Escrow and Custo Complete if the orga X, line 21.			orm 990), Part I	:V, line 9, 0	or reporte	ed an amour	nt on Form	990, Part
1a		e organization an agent, i ded on Form 990, Part X?								☐ Yes	□ No
b	If "Ye	es," explain the arrangem	nent in Part XIII	and complete the	following	ı table:			An	nount	
c		nning balance		•	_			1c			
d	_	ions during the year						1d			
е		ibutions during the year .						1e			
f		ng balance						1f			
		-						1.15	1.111. 2	П.,	
2a		he organization include a							•		∐ No
b		es," explain the arrangem		. Check here if the	explanat	ion has	been provide	ed in Part	XIII		
Pa	rt V	Endowment Funds		uorod "Voc" on E	orm 000) Dart I	1/ line 10				
		Complete if the orga	anization ansv	(a) Current year	(b) (Prior year	(c) Two		(d) Three year	rs back (e) F	our vears back
1a	Beginn	ning of year balance .		(1)	(=)	, , , , , , , , , , , , , , , , , , , ,	(-,	,	(,	(-)	,
	-	outions									
		vestment earnings, gains	and losses								
		or scholarships									
е	Other (expenditures for facilities ograms									
f	Admini	istrative expenses									
g	End of	year balance									
2	Provi	de the estimated percent	tage of the curre	ent vear end balan	ce (line 1	a. colum	n (a)) held	as:		I	
а		d designated or quasi-end	dowment >			3,	(,,				
b	Perm	anent endowment ►									
		orarily restricted endowr	ment b								
С		percentages on lines 2a, 2	***************************************	Id equal 100%							
3a	Are th	here endowment funds naite and the heart of	•		zation tha	t are he	ld and admir	nistered fo	r the	[Yes No
	(i) ur	nrelated organizations .								3a(i)	
		elated organizations .								3a(ii)	
b		es" on 3a(ii), are the relat								3b	
4		ribe in Part XIII the inten			dowment	funds.					
Par	t VI							6 - 5	000 P		
	Descri	Complete if the orga	anization ansv (a) Cost or oth (investme	ner basis (b) Co	orm 990 ost or other			ccumulated of			ok value
1a	Land										
		ngs									
	Ruildi∽			l							
		· ⊢									
С	Leaseh	nold improvements									
c d	Leaseh Equipn	· ⊢									

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Fo	orm 990 Part IV lir	ne 11h.See Form 990	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	rant A, fille 12. od of valuation: -year market value
(1) Financial derivatives		2000 OF CITAL OF	,
(2) Closely-held equity interests	C 17F 444		
(A) BLACKROCK U.S. TREASURY INFLATION PROTECTED (B) BLACKROCK U.S. FOUTTY MARKET INDEX FUND B	6,175,441		F
(B) BLACKROCK U.S. EQUITY MARKET INDEX FUND B (C)	20,521,324		F
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related.	26,696,765		
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, lir		
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		•	
Complete if the organization answered 'Yes' on Fo (a) Description	rm 990, Part IV, lin	e 11d. See Form 990, Pa	rt X, line 15. (b) Book value
(1)			(B) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on Fo 1. (a) Description of lia		e 11e or 11f.See Form	990, Part X, line 25. (b) Book value
(1) Federal income taxes			(2) 235% 1232
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		•	74,976
2. Liability for uncertain tax positions. In Part XIII, provide the text of		ganization's financial state	ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 74	10). Check here if the	text of the footnote has be	een provided in Part XIII 🗹

2

b

C 5

1

2

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

13,524,333 340,216,665

340,216,665

327,297,220

327,297,220

327,297,220

Schedule D (Form 990) 2019

0

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Add lines 4a and 4b .

b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Net unrealized gains (losses) on investments . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Total expenses and losses per audited financial statements

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

2a

2b 2c 2d

4a

4b

2a 2b

2c 2d

4a 4b

Explanation

13,524,333

2e

3

4c

5

1

2e

3

4c

5

chedule D (Form 990) 2019					
Part XIII Supplemental Info	ormation (continued)				
Return Reference	Explanation				

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 52-1043923

Name: GROUP HEALTH PROGRAM CO NATIONAL

TELECOMMUNICATIONS COOPERATIVE ASSOC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE PROGRAM OBTAINED ITS LATEST TAX EXEMPTION LETTER ON OCTOBER 24, 1975, IN WHICH THE INT ERNAL REVENUE SERVICE (IRS) STATED THAT THE PROGRAM, AS THEN DESIGNED, WAS IN COMPLIANCE W ITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE (IRC). WHILE THE PROGRAM HAS BEEN AMENDED SINCE RECEIVING THE EXEMPTION LETTER, THE PROGRAM ADMINISTRATOR AND THE PROGRAM'S ERISA COUNSEL BELIEVE THAT THE PROGRAM CONTINUES TO BE DESIGNED AND OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE IRC. AS A VOLUNTARY EMPLOYEES' BENEFICIARY A SSOCIATION (VEBA), QUALIFIED UNDER IRC SECTION 501(C)(9), THE PROGRAM IS REQUIRED TO OPERA TE IN CONFORMITY WITH THE IRC TO MAINTAIN ITS TAX-EXEMPT STATUS. THE PROGRAM ADMINISTRATOR IS NOT AWARE OF ANY COURSE OF ACTION OR SERIES OF EVENTS THAT HAVE OCCURRED THAT MIGHT AD VERSELY AFFECT THE VEBA TAX-EXEMPT STATUS. THE PROGRAM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(9) OF THE IRC EXCEPT FOR UNRELATED BUSINESS INCOME. THE PROGRAM HAS FOR-PROFIT MEMBER ORGANIZATIONS THAT PARTICIPATE IN THE PROGRAM WHICH CAUSES THE PROGRAM TO BE SUBJECT TO UNRELATED BUSINESS INCOME DUE TO THE OVERFUNDED STATUS. THE AMOUNT SUBJECT TO TAXATION IS BASED ON EXCESS INVESTMENT INCOME. AT DECEMBER 31, 2019 AND 2018, THE PROGRAM HAS TOTAL UNRELATED BUSINESS INCOME TAX EXPENSE OF \$1,304,609 AND \$1,745,383, RESPECTI VELY. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE PROGRAM MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE PROGRAM AND RECOGNIZE A TAX LIABILI TY (OR ASSET) IF THE PROGRAM HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOU LD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. THE PROGRAM IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	ta -		DLN: 9	349331	.5027	500
	edule J	С	ompensat	tion Informatio	n		OMB No.	1545-0	0047
(Forr	n 990)	For certain Offic ▶ Complete if the or	line 23.	2019					
-	tment of the Treasury al Revenue Service	➤ Go to <u>www.irs.go</u>	ov/Form990 for	r instructions and the	latest inforn	nation.	Open t	o Pul	
	ne of the organiz	<u>l</u> ation				Employer identifi			
	OUP HEALTH PROGRA	AM CO NATIONAL S COOPERATIVE ASSOC				52-1043923			
		ons Regarding Compens	ation			32 1043323			
	C	yyy						Yes	No
1a		opiate box(es) if the organization section A, line 1a. Complete Par							
	First-class	s or charter travel		Housing allowance or r	esidence for p	personal use			
	_	companions	님	Payments for business					
		nification and gross-up paymen	ts 📙	Health or social club do					
	☐ Discretion	nary spending account	Ш	Personal services (e.g.	, maid, chauf	feur, chef)			
b		xes on Line 1a are checked, did or provision of all of the expens					1 b		
2		ation require substantiation pric				. 1.2	2		
	airectors, truste	ees, officers, including the CEO/	executive Directo	or, regarding the items c	necked on Lin	ela?			
3	organization's C	if any, of the following the filing CEO/Executive Director. Check a ed organization to establish com	all that apply. Do	not check any boxes for	methods				
	Compens	ation committee		Written employment co	ontract				
		ent compensation consultant		Compensation survey					
	☐ Form 990	of other organizations		Approval by the board	or compensat	tion committee			
4	During the year related organiza	r, did any person listed on Form ation:	990, Part VII, Se	ection A, line 1a, with res	spect to the fi	ling organization or	a		
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .				4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqua	lified retirement plan? .			4b	Yes	
С	•	r receive payment from, an equ		-			4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the ap	plicable amounts for eac	h item in Part	III.			
	Only 501(c)(2	s), 501(c)(4), and 501(c)(29) organizations	must complete lines	5-0				
5		ed on Form 990, Part VII, Secti	-	•					
	•	ontingent on the revenues of:	,	y	,				
а	The organization	n?					5a		
b	Any related orga	anization?					5b		
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or	accrue any				
а	The organization	n?					6a		
b		anization?					6b		
	•	6a or 6b, describe in Part III.							
7	payments not d	ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye	es," describe in Pa	art III			7		
8	subject to the ir	ints reported on Form 990, Part nitial contract exception describ 	ed in Regulations	s section 53.4958-4(a)(3)? If "Yes," de		8		
9		8, did the organization also follo							
For D	Danarwark Badı	iction Act Notice, see the In	structions for F	orm 990	Cat No. 5	0053T Schedul	e 1 (Form	990)	2019

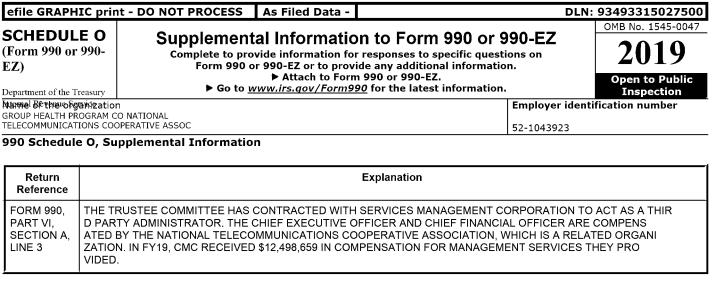
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Note. The sum of column	Do no	ot list any individuals that	are not listed on Form 9	90, Part VII.		nd from related organizati 1a, applicable column (D)		t individual.	
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 SHIRLEY BLOOMFIELD NTCA CEO	(i)	0	0	0	0	0	0	0	
	(ii)	726,000	90,750	162	256,312	30,912	1,104,136	0	
2 MICHAEL VIANDS NTCA FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0	
	(ii)	198,401	14,700	0	51,196	34,752	299,049	0	

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, o	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
PART I, LINE 1A	THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT THAT DOES A COMPARISON OF LIKE POSITIONS IN THE AREA AND PRESENTS THE STUDY TO THE NTCA BOARD FOR APPROVAL. THIS PROCESS IS DOCUMENTED IN THE BOARD MEETING MINUTES. THIS PROCESS WAS LAST CONDUCTED IN 2018. HOWEVER, THE ANNUAL SALARY INCREASE AND BONUS FOR THE CEO ARE APPROVED BY THE BOARD EVERY YEAR WHILE THE INDEPENDENT CONSULTANT STUDY IS BEING DONE ONCE EVERY FIVE YEARS. OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION IS REVIEWED BY A COMPENSATION CONSULTANT EVERY FIVE YEARS. CHANGES IN COMPENSATION ARE PRESENTED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. THIS PROCESS WAS LAST REVIEWED INTERNALLY BY THE ASSOCIATION IN 2015.
PART I, LINE 4B	SHIRLEY BLOOMFIELD - \$190,516 - 457(F) PLAN CONTRIBUTION THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT THAT DOES A COMPARISON OF LIKE POSITIONS IN THE AREA AND PRESENTS THE STUDY TO THE NTCA BOARD FOR APPROVAL. OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION IS REVIEWED BY A COMPENSATION CONSULTANT EVERY FIVE YEARS. CHANGES IN COMPENSATION ARE

PRESENTED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. THIS PROCESS WAS LAST CONDUCTED IN 2018. FOR THE CHIEF EXECUTIVE OFFICER, AND THE

OTHER OFFICERS AND KEY EMPLOYEES' COMPENSATION WAS REVIEWED INTERNALLY BY THE ASSOCIATION IN 2018. Schedule 1 (Form 990) 2019



Return Explanation
Reference

FORM 990, PRIOR TO FILING, REVIEW OF FORM 990 IS DONE BY FINANCE STAFF INCLUDING THE CHIEF FINANCIAL OFFICER AND PRESENTED TO THE CHIEF EXECUTIVE OFFICER FOR REVIEW AND SIGNATURE.

SECTION B,
LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PROGRAM'S CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS AND OFFICERS. WHEN A PERSON BECOMES AWARE OF AN ACTUAL OR POTENTIAL CONFLICT, THEY DISCLOSE ALL RELEVANT INFO RMATION TO THE BOARD CHAIR OR VICE CHAIR, REMOVE THEMSELVES FROM ALL DISCUSSIONS OF THE MA TTER, AND REMOVE THEMSELVES FROM ALL VOTES ON THE MATTER. THE BOARD MAY VOTE TO ENTER THE TRANSACTION IF IT DETERMINES THAT THE TRANSACTION IS IN THE PROGRAM'S BEST INTEREST. ALL R ELEVANT INFORMATION IS DOCUMENTED IN THE MEETING MINUTES. IF A PERSON VIOLATES THE PROGRAM 'S CONFLICT OF INTEREST POLICY, THEY INFORM THE BOARD CHAIR AND THE PROGRAM'S GENERAL COUN SEL, WHO TAKE APPROPRIATE ACTION.

Return Explanation
Reference

FORM 990 THE PROGRAM HAS NO PAID EMPLOYEES

LINE 15

FORM 990, PART VI, SECTION B.

Return Explanation
Reference

LINE 19

FORM 990, THE PROGRAM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SECTION C,

Return Explanation
Reference

FORM 990,	THE COMPENSATED OFFICERS LISTED ON FORM 990, PART VII WERE COMPENSATED THROUGH NATIONAL TE
PART VII:	LECOMMUNICATIONS COOPERATIVE ASSOCIATION. THE HOURS PER WEEK INDICATED ON FORM 990, PART V
	II FOR THESE OFFICERS ARE FOR NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION AND ITS
	RELATED ENTITIES AND TRUST.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493315027500 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization GROUP HEALTH PROGRAM CO NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOC 52-1043923 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II 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. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No

	Identification of Related Organizations Taxable as a one or more related organizations treated as a partnership	•	the organization	n answered	d "Yes" on	Form 990,	Part IV, line	34, becau	use it had
See Addition	nal Data Table								

See Additional Data Table		1	1		1	1	1			1	1 -		
(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	redominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ral or aging ner?	(k) Percentage ownership
					314)			Yes	No		Yes	No	
												П	
									1		1		
			 						 				
												\vdash	
e Additional Data Table (a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state d	c) egal nicile or foreign ntry)		entity (C co	(e) e of entity orp, S corp, or trust)	(f) Share of total income		(g) e of end- year assets	-of- Perce owne	ntage	(13	(i) ction 512(3) controlle entity? 'es No

Gift, grant, or capital contribution from related organization(s).

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
Pagaint of (i) interest, (ii) appulities, (iii) revalties, or (iv) rept from a controlled entity	13		No				

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

m Performance of services or membership or fundraising solicitations by related organization(s)

(a)

Name of related organization

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.

(b)

Transaction

type (a-s)

(c)

Amount involved

1c

1d

1e

1f

1q

1k

11

10

1q

1r

15

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1m Yes

Yes 1n

Yes

No No No

No No No No

No

No

No

No

No

No

Nο

No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	tal end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	box managing partner?		(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No					
										Schedul	e R (Form	199	0) 2019				

Schedule R (Fo	rm 990) 2019		Page 5						
Part VII	Supplemental Info	ormation							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							

Software ID: **Software Version:**

EIN: 52-1043923

Name: GROUP HEALTH PROGRAM CO NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOC

Form 990, Schedule R, Part II - Identification of Rela	ted Tax-Exempt Organization		1 45	1 .	1	1 -	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(contr enti	n 512 13) olled
						Yes	No
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-0741336	TRADE ASSOCIATION	VA	501(C)(6)	N/A	NTCA		No
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1522857	DEFINED CONTRIBUTION PLAN	VA	501(C)(9)	N/A	NTCA		No
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1558805	DEFINED BENEFIT PLAN	VA	501(C)(9)	N/A	NTCA		No
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-1889647	PROMOTE, EDUCATE, AND ADVANCED RURAL TELECOMMUNICATIONS	VA	501(C)(3)	N/A	N/A		No
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-6685526	POST RETIREMENT BENEFITS	DC	501(C)(9)	N/A	NTCA		No
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 52-6737391	POST RETIREMENT BENEFITS	DC	501(C)(9)	N/A	NTCA		No
4121 WILSON BOULEVARD 10TH FLOOR ARLINGTON, VA 22203 56-6678513	DEFERRED COMPENSATION	VA	501(C)(9)	N/A	NTCA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a) (b) (c) (d) (e) (f) (g)												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(control enti	n 512 13) olled ty?					
						Yes	No					

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a) (b) (c) (d) (e) (f) (g)												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(contri enti	n 512 13) olled ty?					
						Yes	No					

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(contri enti	n 512 13) olled ty?				
						Yes	No				

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations											
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Section (b)(contri enti	n 512 13) olled ty?				
						Yes	No				

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g Section (b)(i contro entit	13) olled					
						Yes	No					

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f)	_			(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
ORT METHODICS LLC							Yes	No		Yes	No	
3RT NETWORKS LLC												
KANSAS FIBER NETWORK LLC												
LAFURIA												
LEACO RURAL TELE COOP INC												
MECHANICSVILLE TELEPHONE CO												
MERIDIAN LTE LLC												
MGW NETWORKS LLC												
MIDWEST VIDEO SOLUTIONS												
MILLENNIUM NETWORKS LLC												
MTA COMMUNICATIONS LLC												
JADE COMMUNICATIONS LLC												
NEBRASKALINK HOLDINGS LLC												
NORTHERN VALLEY COMMUNICATIONS												
PEOPLES TELECOMMUNICATIONS LLC												
PREMIERE ENTERPRISES LLC												

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(h) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j Gen o Mana Partr	eral r eging ner?	(k) Percentage ownership
RAGLAND TELEPHONE CO INC											
SWIFT SERVICES LLC											
SYRINGA NETWORKS LLC											
TOTELCOM COMMUNICATIONS LLC											
WAVERLY HALL TELEPHONE											
WEST CENTRAL WIRELESS											
NEW YORK ACCESS BILLING LLC											
WEST GATE COMMUN LLC DBA WEAVTEL											
INDIANA FIBER NETWORK LLC											
ICONNECT MONTANA LLC											
ACIRA LLC											
ALPINA CAPITAL											
ATV HOLDINGS LLC											
CANADIAN VALLEY TELEPHONE COMPANY											
CELECT COMMUNICATIONS LLC											

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total	_			(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)		r iging ner?	(k) Percentage ownership
CENTRAL OKLAHOMA TELEPHONE							Yes	No		Yes	No	
COMPANY LLC												
CLEAR LAKE TELEPHONE COMPANY												
COLLEGE PUBLISHING												
COLORADO COMMUNICATIONS TRANSPORT LLC												
ILLINOS FIBER CONNECT												
COMTECH SOLUTIONS LLC												
CORDOVA WIRELESS COMMUNICATIONS												
CREATIVE SUPPORT SOLUTIONS LLC												
CUSTER TELE BROADBAND SERVICES LLC												
DCN LLC DBA DAKOTA CARRIER NETWORK												
EAST KENTUCKY NETWORK LLC												
EASTERN OREGON TELECOM LLC												
FARMERS MUTUAL TELEPHONE CO												
FTC COMMUNICATIONS LLC												
FUTIVA LLC												

(c) (h) Disproprtionate (e) (f) (g)
Share of total Share of end-General Legal (b) Predominant (a) Domicile Direct allocations? Percentage Name, address, and EIN of Primary activity income(related, Controlling of-year assets (State ownerchin related executeation

WISP SERVICES

related organization	or Foreign Country)	Entity	excluded from tax under sections 512-514)				(Form 1065)	Parti	ner?	ownership
			312-314)		Yes	No		Yes	No	
COPPER VALLEY WIRELESS LLC										

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (c) (e) (h) (i) (f) (g) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No 3 RIVERS DBS INC ACCESS WISCONSIN ADAK EAGLE ENT LLC DBA ADAK TEL UTIL ADAMS TEL CO-OP ADVANCED COMM TECHNOLOGY AGATE MUTUAL TELEPHONE COOP ASSN ALASCONNECT ALASKA POWER AND TELEPHONE COMPANY ALASKA TELEPHONE ASSOCIATION ALBANY MUTUAL TELE ASSN ALBION TELEPHONE COMPANY INC ALENCO COMMUNICATIONS INC ALEXICON TELECOM CONSULTING ALLUVION COMMUNICATIONS AMERY TELCOM INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No ARAPAHOE TELEPHONE COMPANY ARCTIC SLOPE TELE ASSN COOP INC ARDMORE TELEPHONE COMPANY INC. ARVIG BT CONSTRUCTION COMPANY INC BACA VALLEY TELEPHONE COMPANY INC BADGER COMMUNICATIONS CORPORATION BALDWIN TELECOM INC BALLARD RURAL TELE COOP INC BEACON TELECOM ADVISORS LLC BEK COMMUNICATION COOP BENKELMAN TELE CO INC BIJOU TELEPHONE COOPERATIVE ASSN BLACKFOOT TELE COOP INC BLANCA TELEPHONE COMPANY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No **BLOOMER TELEPHONE COMPANY** BLOOMINGDALE TELEPHONE CO INC **BLUEGRASS CELLULAR** BPS TELEPHONE COMPANY **BRANDON COMMUNICATIONS** BRAZORIA TELEPHONE COMPANY BREDA TELEPHONE CORPORATION BRETTON WOODS TELEPHONE COMPANY INC BRIGHTNET NORTH INC BROOKLYN MUTUAL TELECOMMUN COOP BRUCE TELEPHONE COMPANY BUCKLAND TELEPHONE COMPANY **BUSH-TELL INC** CALAVERAS TELEPHONE COMPANY CAL-ORE TELEPHONE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No CAMBRIDGE TELEPHONE COMPANY CAMPTI-PLEASANT HILL TELE CO INC CANBY TELEPHONE ASSOCIATION CAP ROCK TELE COOPERATIVE INC CARNEGIE TELEPHONE CO INC CAROLINALINK CARR TELEPHONE COMPANY CASS COMM MANAGEMENT INC CENTRAL INDIANA COMMUNICATIONS INC CENTRAL INDIANA POWER INC CENTRAL INDIANA UTILITIES INC CENTRAL SCOTT TELE CO CHAMPLAIN TELEPHONE COMPANY CHARITON VALLEY COMMUNICATIONS CORP CHARITON VALLEY TELE CORP

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (f) (h) (i) (g) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 domicile (C corp, S corp, related organization entity income ownership (b)(13)year (state or foreign or trust) assets controlled country) entity? Yes No CHEQUAMEGON COMMUNICATIONS COOPERATIVE INC DBA NORVADO CHESNEE TELEPHONE COMPANY INC CHOICE WIRELESS LC CHRISTIAN ENTERPRISES CITIZENS MUTUAL TELE COOPERATIVE CITIZENS TELE CO OF HAMMOND INC CITIZENS TELEPHONE COMPANY INC CITIZENS TELEPHONE CORPORATION CLEAR CREEK MUTUAL TELE CO COCHRANE COOP TELE CO COLEMAN COUNTY TELE COOP INC COLO TELEPHONE COMPANY COLUMBINE TELEPHONE CO INC COMMSOFT COMMUNICATIONS MGMT GROUP LLC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No COMMUNICATIONS SUPPLY SERVICE ASSOC COMMUNITY TELEPHONE COMPANY INC COMNET INC COMPASS CONSULTANTS INC COMPUTEL SERVICES INC CONSOLIDATED COMPANIES INC CONSOLIDATED TELCOM CONSOLIDATED TELEPHONE CO CONSORTIA CONSULTING INC COON VALLEY CO-OP TELE ASSN COON VALLEY FARMERS TELE COMP INC COOPERATIVE TELE EXCHANGE CORDOVA TELEPHONE COOPERATIVE INC CORN BELT TELEPHONE CRAW-KAN TELE COOP INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) controlled assets country) entity? Yes No CROSSVILLE TELEPHONE COMPANY CROWN POINT TELE CORPORATION CRST TELEPHONE AUTHORITY CUBA CITY TELEPHONE EXCHANGE CO CUMBERLAND TELEPHONE COMPANY CUMBY TELEPHONE COOPERATIVE INC CURTIS TELEPHONE COMPANY INC DAKOTA CENTRAL TELECOM COOP DALTON TELEPHONE COMPANY INC DARIEN TELEPHONE CO INC DELHI TELEPHONE COMPANY DICKEY RURAL TELEPHONE COOP DILLER TELEPHONE COMPANY DUBOIS TELEPHONE EXCHANGE INC DUCOR TELEPHONE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (i) (f) (g) Primary activity Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No **DUMONT TELEPHONE** DUO COUNTY TELE CO-OP CORP INC EAGLE TELEPHONE COMPANY INC EAGLE VALLEY COMMUNICATIONS EASTERN SLOPE RURAL TEL ASSN ELLERBE TELEPHONE COMPANY INC ELLINGTON TELEPHONE COMPANY EMERY TELCOM **ENDEAVOR COMMUNICATIONS EN-TOUCH SYSTEMS** EPI COMMUNICATIONS CONSULTANTS LLC FARBER TELEPHONE CO FARMERS CO-OP TELE CO FARMERS INDEPENDENT TELE CO FARMERS MUTUAL TELEPHONE CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Primary activity Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No FARMERS TELEPHONE CO FARMERS TELEPHONE CO FARMERS TELEPHONE COMPANY FARMERS TELEPHONE COMPANY FILER MUTUAL TELEPHONE COMPANY FINLEY ENGINEERING FIRST CHOICE SECURITY INC FISHERS ISLAND DEVELOPMENT CORPORATION FISHERS ISLAND UTILITY COMPANY FLAT ROCK TELEPHONE COOP FOOTHILLS RURAL TELE CO-OP FORT JENNINGS TELEPHONE COMPANY FORT MOJAVE TELECOMMUNICATIONS INC

FOURSIGHT COMMUNICATIONS

FRED WILLIAMSON & ASSOCIATES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Primary activity Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No FRIEDRICH & ASSOCIATES INC GANADO TELE CO INC DBA YK COMM GARDEN VALLEY INNOVATIONS LLC GARDONVILLE COOP TELE ASSN GEETINGSVILLE TELEPHONE CO INC GEORGETOWN TELEPHONE COMPANY INC GEORGIA TELEPHONE ASSOCIATION GERMANTOWN TEL COMPANY INC GERVAIS TELE CO GILA RIVER TELECOMMUNICATIONS INC GLANDORF TELEPHONE CO INC GLASFORD TELEPHONE COMPANY GLENWOOD TELE MEMBERSHIP CORP GLENWOOD TELEPHONE COMPANY

GOLDEN BELT TELE ASSN INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No **GOLDEN WEST TECHNOLOGIES** GOLDEN WEST TELECOMMUN COOP GRAND TELEPHONE COMPANY INC. GREAT BASIN FOODS INC GREEN HILLS TELE CORP GRIDLEY TELEPHONE COMPANY GUADALUPE VALLEY TELE COOP INC **GUNNISON TELEPHONE COMPANY GVNW CONSULTING H&B COMMUNICATIONS** HAMILTON COUNTY TEL CO-OP HANSON COMMUNICATIONS INC HARTINGTON TELEPHONE COMPANY HAVILAND TELEPHONE COMPANY INC HAWKEYE TELEPHONE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Primary activity Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No HELIX TELEPHONE COMPANY HENDERSON COOP TELE COMPANY HERSHEY COOP TELE CO HIAWATHA COMMUNICATIONS INC HIAWATHA TELEPHONE COMPANY HIGH PLAINS PROPANE LLC HOPI TELECOM INC HOT SPRINGS TELEPHONE COMPANY INC HUBBARD CO-OPERATIVE TELEPHONE ASSN IAMO TELEPHONE CO INC ICORE CONSULTING LLC ILLINOIS TELECOMMUNI ACCESS CORP ILLINOIS TELECOMMUNICATIONS ASSN

INDIANTOWN COMPANY INC

INDUSTRY TELE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Primary activity Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No INTERSTATE TELCOM CONSULTING INC INTERSTATE TELECOM COOP INC ITS TELECOMMUNICATIONS SYSTEMS JAMES VALLEY COOP TELE CO JBN TELEPHONE COMPANY JOHN STAURULAKIS INC KALONA COOPERATIVE TELEPHONE CO KANSAS RURAL IND TELECOM COALITION KAPLAN TELEPHONE COMPANY INC KEYSTONE FARMERS CO-OP TELE CO KINGDOM TELE CO

K & M TELEPHONE COMPANY INC KALIDA TELEPHONE COMPANY

KINGDOM TELECOMMUNICATIONS INC

LA HARPE TELEPHONE COMPANYINC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (f) (h) (g) (i) Primary activity Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, ownership entity (b)(13)income year or trust) (state or foreign controlled assets country) entity? Yes No LA JICARITA RURAL TELEPHONE COOP LA VALLE TELE COOPERATIVE LA WARD TELEPHONE CO INC LAKE LIVINGSTON TELEPHONE CO LAKELAND COMMUNICATIONS GROUP LLC LATHROP TELEPHONE COMPANY LAVACA TELEPHONE CO INC LEAF RIVER TELEPHONE INC LEHIGH VALLEY COOP TELEPHONE ASSOCIATION LEMONWEIR VALLEY TELEPHONE COMPANY LGM ENGINEERING DBA MITCHELL **ENGINEERING** LIGONIER TELEPHONE COMPANY INC LINCOLN COUNTY TELE SYSTEM INC LINCOLN TELEPHONE CO INC LIPAN TELEPHONE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No LIVINGSTON TELEPHONE COMPANY LOGAN TELE COOP INC LOST NATION-ELWOOD TELE CO LOUISIANA TELEPHONE ASSOCIATION LR COMMUNICATIONS INC MABEL CO-OP TELE CO MANAWA TELEPHONE COMPANY MARGARETVILLE TELEPHONE CO INC MARK TWAIN RURAL TELEPHONE CO MARQUETTE-ADAMS TELE COOP INC MARTELLE COOP TELE ASSOCIATION MCCLURE TELEPHONE COMPANY MCDONOUGH TELE COOP INC MCNABB TELEPHONE COMPANY

MEDIAPOLIS TELE CO DBA MTC TECH

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No MESCALERO APACHE TELECOM INC MGW TELEPHONE COMPANY MIDLAND GROUP INC MID-RIVERS TELE COOP INC MIDSTATE COMMUNICATIONS MIDWAY TELEPHONE COMPANY MIDWEST DATA CENTER INC MILBANK COMMUNICATIONS INC MILES COOPERATIVE TELEPHONE MILLER TELEPHONE COMPANY MINBURN TELEPHONE COMPANY MINERVA VALLEY TELEPHONE CO INC MISSOURI VALLEY COMMUNICATIONS INC MOAPA VALLEY TELEPHONE CO MONTANA TELECOMM ASSN

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (f) (h) (i) (g) Name, address, and EIN of Primary activity Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 (C corp, S corp, related organization domicile entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No MONTE R LEE & CO CONS ENGRS MUD LAKE TELEPHONE COOPERATIVE MUENSTER TELEPHONE CORPORATION OF TEXAS DBA NORTEX COMMUNICATIONS MULBERRY COOPERATIVE TELEPHONE CO MUTUAL TELE COMP OF MORNING SUN NATIVE TECHNOLOGY SOLUTIONS NEBRASKA CENTRAL TELEPHONE COMPANY NEBRASKA TELECOMM ASSOCIATION NECA NEHALEM TELECOMMUNICATIONS NEMONT TELEPHONE COOP NEW KNOXVILLE TELEPHONE COMPANY NEW LISBON TELEPHONE COMPANY INC NEW WINDSOR TELEPHONE COMPANY INC NEW YORK STATE TELECOMM ASSOC INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization domicile (C corp, S corp, entity ownership (b)(13)income year (state or foreign or trust) controlled assets country) entity? Yes No NICHOLVILLE TEL CO INC NORTH CENTRAL SECURITY SERVICES NORTH DAKOTA TELEPHONE COMPANY NORTHEAST IOWA TELEPHONE COMPANY INC NORTHEAST LOUISIANA TELE CO INC NORTHEAST MISSOURI RURAL TELE NORTHEAST NEBRASKA TELEPHONE CO NORTHERN DIRECTORY PUBLISHING INC NORTHERN TELE COOP INC NORTHWEST TELE COOP ASSN NORVADO INC NUCLA-NATURITA TELEPHONE NUNN TELEPHONE COMPANY OAKWOOD TELE CO DBA TDS TELECOM OGDEN TELEPHONE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (f) (g) (h) (i) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) controlled assets country) entity? Yes No OKLAHOMA WESTERN TELEPHONE CO OKLATEL COMMUNICATIONS INC ONE POINT TECHNOLOGIES ONTONAGON COUNTY TELEPHONE CO OREGON FARMERS MUTUAL TELEPHONE CO OREGON-IDAHO UTILITIES INC PALMER MUTUAL TELEPHONE COMPANY PALMETTO RURAL TELEPHONE CO-OP INC PALO COOP TELE ASSN PANHANDLE TELE COOP INC PANHANDLE TELECOM SYSTEMS INC PARK REGION MUTUAL TELE CO PARTNER COMMUNICATIONS COOP PEACE VALLEY TELEPHONE CO INC PEMBROKE TELEPHONE COMPANY INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Primary activity Direct controlling Legal Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No PEND OREILLE TELEPHONE COMPANY PEOPLES COMMUNICATIONS PEOPLES RURAL TELEPHONE COOP PHILLIPS COUNTY TELEPHONE CO PIERCE TELECOMMUNICATIONS INC PINE DRIVE TELEPHONE COMPANY PIONEER DIRECTORIES PIONEER TELEPHONE COMPANY PLAINS COOPERATIVE TEL ASSN INC PLAINVIEW TELEPHONE CO INC PLANT TELECOMMUNICATIONS PLUS ONE STRATEGIC COMMUNICATIONS LLC POLAR COMM MUTUAL AID CORP PRAIRIE GROVE TELEPHONE CO

PRIME LINK INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No PROJECT TELEPHONE COMPANY PUBLIC SERVICE COMMUNICATIONS INC PUBLIC SERVICE TELEPHONE COMPANY PULASKI WHITE RURAL TEL CO-OP PVT NETWORKS INC RAINBOW TELECOMMUNICATIONS ASSN RC TECHNOLOGIES READLYN TELEPHONE COMPANY RED RIVER RURAL TELE ASSOC INC RESPOND SERVICE COMPANY INC REVL INC RICHLAND-GRANT TELE COOP INC RICO TELEPHONE COMPANY

RIDGEVILLE TELEPHONE CO

RINGSTED TELEPHONE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No RIVER VALLEY TELECOMM COOP RIVER VALLEY TELECOMM COOP RIVIERA TELEPHONE COMPANY INC ROBINSON COMMUNICATIONS CORP ROCHESTER TELEPHONE ROCK PORT TELEPHONE CO ROCKWELL COOPERATIVE TELEPHONE ASSOC **ROLLA L JOHNSON & ASSOCIATES INC** ROOME TELECOMMUNICATIONS INC ROTHSAY TELEPHONE COMPANY ROYAL TELEPHONE COMPANY RT COMMUNICATIONS INC RURAL COMM HOLDING CORP

RURAL TELEPHONE COMPANY

RYE TELEPHONE INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (d) (c) (e) (h) (f) (g) (i) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization (C corp, S corp, domicile entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No S & T TELE COOP ASSN S&A TELEPHONE SAC COUNTY MUTUAL TELEPHONE SALEM TELEPHONE COMPANY INC SALINA-SPAVINAW TELEPHONE CO INC SAND CREEK TELEPHONE COMPANY SANTEL COMMUNICATIONS COOPERATIVE SCHWARTZ VENTURESMADISON TELEPHONE SCTG HOLDINGS LLC SERVICES MANAGEMENT CORP SHAWNEE TELEPHONE COMPANY SHIDLER TELEPHONE CO SIERRA CELLULAR INC SIERRA TELEPHONE CO INC SIREN TELEPHONE CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) controlled assets country) entity? Yes No SISKIYOU TELEPHONE SKYBEST COMMUNICATIONS SKYLINE MEMBERSHIP CORPORATION NC SLIC NETWORK SOLUTIONS INC SOLARUS SOUTH CENTRAL TELE ASSN INC SOUTH CENTRAL WIRELESS SOUTH DAKOTA TELECOMMUN ASSOC SOUTH PLAINS TELE COOP INC SOUTH SLOPE COOPERATIVE TELEPHONE SOUTHERN MONTANA TELEPHONE CO SOUTHWEST TEXAS TELEPHONE COMPANY SPRING GROVE COMMUNICATIONS SPRING VALLEY TELEPHONE COMPANY SPRINGPORT TELEPHONE COMPANY

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity ownership (b)(13)income year (state or foreign or trust) controlled assets country) entity? Yes No SPRINGVILLE COOP TELE ASSN INC SPRUCE KNOB SENECA ROCKS TELE INC SRT COMMUNICATIONS INC ST PAUL COOP TELE ASSOC STANTON TELECOM INC STEELVILLE TELE EXCHANGE INC STRATFORD MUTUAL TELEPHONE COMPANY SUMMIT TELEPHONE COMPANY SWAYZEE TELEPHONE COMPANY INC SWEETSER TELEPHONE CO INC SYCAMORE CELLULAR TELEPHONE CO SYCAMORE TELEPHONE COMPANY TECH COM INC TELCOM INSURANCE SERVICES CORP TELECOM MANAGEMENT SERVICES INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust **(b)** Primary activity (c) (e) (h) (f) (g) (i) Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership year (state or foreign or trust) controlled assets country) entity? Yes No **TELECOM TRAINING & SAFETY** TENNEY TELEPHONE COTDS TELECOM TERRIL TELEPHONE COOPERATIVE TEXAS LONE STAR NETWORK TEXAS STATEWIDE TELEPHONE COOP INC TEXAS TELEPHONE ASSOCIATION THACKER-GRIGSBY TELE CO INC THE TOLEDO TELEPHONE CO INC THINROUTE TECHNOLOGIES THREE RIVER TELCO TITONKA TELEPHONE COMPANY TONICA TELEPHONE COMPANY TOPSHAM TELE CO INC TOTAH COMMUNICATIONS INC TRANSNEXUS

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (d) (c) (e) (h) (i) (f) (g) Primary activity Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No TRC ENGINEERING SERVICES TRENTON TELEPHONE COMPANY INC TRIANGLE TELE COOP ASSN INC TRI-COUNTY TELE ASSN INC TRI-COUNTY TELE MEMB CORP TRIOTEL COMMUNICATIONS INC TULAROSA BASIN TELEPHONE CO INC TWIN LAKES COMMUNICATIONS TWIN VALLEY TELEPHONE INC UNION TELEPHONE COMPANY UNITED FARMERS TELEPHONE COMPANY UNITED TELE MUTUAL AID CORP UNITED TELEPHONE COMPANY UNITEL INC UNIVERSAL SERVICE ADMIN CO

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (h) (f) (g) (i) Primary activity Name, address, and EIN of Direct controlling Type of entity Legal Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership year (state or foreign or trust) assets controlled country) entity? Yes No UPPER PENINSULA TELEPHONE COMPANY UPSALA COOP TELE ASSN USCONNECT SERVICES CO INC VALLEY TELE COOP ASSOC INC VANTAGE POINT SOLUTIONS INC VENTURE COMMUNICATIONS COOPERATIVE VENUS TELEPHONE CORPORATION VERMONT TELEPHONE COMPANY INC VERNON COMMUNICATIONS COOP VIOLA HOME TELEPHONE COMPANY VISION NET INC WABASH INDEPENDENT NETWORKS WALDRON TELEPHONE COMPANY WAMEGO TELEPHONE COMPANY INC WASHINGTON INDEPENDENT TELECOMM ASSOC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (c) (d) (e) (i) (f) (g) (h) Name, address, and EIN of Primary activity Direct controlling Percentage Legal Type of entity Share of total Share of end-of-Section 512 related organization (C corp, S corp, domicile entity income ownership (b)(13)year (state or foreign or trust) controlled assets country) entity? Yes No WEBSTER-CALHOUN COOP TELE ASSN WEST KENTUCKY RURAL TELE COOP WEST RIVER COOP TELE CO WEST RIVER TELECOMMUNICATIONS COOP WEST SIDE TELECOMMUNICATIONS WESTERN INDEPENDENT NETWORKS INC WESTERN WAHKIAKUM COUNTY TELE CO WES-TEX TELE COOP INC WIATEL-WESTERN IOWA WIGGINS TELE ASSN WILSON TELEPHONE COMPANY INC WINTHROP TELEPHONE COMPANY WISCONSIN STATE TELECOMM ASSOC WITTENBERG TELEPHONE COMPANY

WOODHULL COMMUNITY TELE CO INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (h) (a) (b) (d) (e) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile (C corp, S corp, (b)(13)entity income ownership vear (state or foreign controlled or trust) assets country) entity? Yes No WOODSTOCK TELEPHONE COMPANY XIT RURAL TELEPHONE COOP INC ZENDA TELEPHONE COMPANY INC