${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and }$ the Rules of the Committee on Natural Resources

Oversight hearing on "American Energy Jobs: Opportunities for Skilled Trades Workers." April 29, 2014

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Robert C. Flurer, Skeels Electric Co.
2. Name of Organization(s) You are Representing at the Hearing: National Electrical Contractors Association (NECA)
3. Business Address: 412 First Street, SE Suite 110, Washington, D.C. 20003
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Robert. C. Flurer, NECA

Title/Date of Hearing: Oversight hearing on "American Energy Jobs: Opportunities for Skilled Trades Workers." April 29, 2014

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - Bachelor of Science, Business Administration, University of North Dakota, 1980
 - Associate Arts Degree, Electrical Technology, North Dakota State College of Science, 1981
 - IBEW/NECA Apprenticeship Training Dakotas Chapter 1985
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - North Dakota Journeyman's License 1985
 - North Dakota Master's License 1992
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
 - Partner, Skeels Electric Co. 1996- present
 - Training Director Dakotas JATC 1989-1985
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
 - N/A
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
 - N/A
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.
 - N/A
- g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.
 - N/A

Witnesses Representing Organizations

Name/Organization: Robert. C. Flurer, NECA

Title/Date of Hearing: Oversight hearing on "American Energy Jobs: Opportunities for Skilled Trades Workers." April 29, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

- N/A
- i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).
 - N/A
- j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
 - N/A
- k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.
 - N/A
- 1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).
 - See attached forms.

990 -

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

2010

OMB No 1545-0047

Open to Public Inspection

						Inspection
		2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 C Name of organization		D Emplo	yer ic	lentification number
	ck if ap ress cha	NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC		53-01	-	
_	ne char	Doing Business As		E Teleph		
_	al retur		Danier / austr			
	nınated	Number and street (of P.O. box it mail is not delivered to street address)	Room/suite	(301)	657	-3110
☐ Ame	ended r			G Gross r	eceıpt	s \$ 35,917,725
— _{Арр}	lication	BETHESDA, MD 208146302 pending				
		F Name and address of principal officer	H(a) Isthisa	group return fo	or affilia	tes? Yes No
		JOHN M GRAU 3 BETHESDA METRO CENTER NO 1100				F., F.,
		BETHESDA,MD 208146302	H(b) Are all a			Yes No
	r-exem	pt status		exemption		
 J W	ebsit e	: ► WWW NECANET ORG				
K Form	n of org	Janization	L Year of form	nation 190	1 M	State of legal domicile
					М	
Pai	rt I	Summary Briefly describe the organization's mission or most significant activities				
Governance	E	EDUCATION, LABOR RELATIONS, CURRENT INFORMATION AND PROMOTI ELECTRICAL CONTRACTING INDUSTRY, WORKING TO PROMOTE HIGHER S FRAINING FOR A SKILLED WORKFORCE				
	2 (Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25	i% of its i	net as	ssets
න් ග		Number of voting members of the governing body (Part VI, line 1a)			3	13:
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			4	13:
ctiv	5 T	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .			5	7:
⋖	6 T	otal number of volunteers (estimate if necessary)			6	(
		Total unrelated business revenue from Part VIII, column (C), line 12			7a	6,198,508
	bΛ	Net unrelated business taxable income from Form 990-T, line 34			7b	497,003
	8	Contributions and grants (Part VIII, line 1h)	Prior	Year	0	Current Year
횰	9	Program service revenue (Part VIII, line 2g)		22,022,0		22,035,961
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		245,0	-	906,748
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,147,5	81	2,617,904
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		25,414,6	60	25,560,613
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		381,4	_	346,126
	14	Benefits paid to or for members (Part IX, column (A), line 4)		,	0	, (
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-				
)3e	16a	10) Professional fundraising fees (Part IX, column (A), line 11e)		8,698,7	0	9,233,733
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright^0			\dashv	
Э	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	,	14,594,0	51	13,887,378
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		23,674,1	_	23,467,237
	19	Revenue less expenses Subtract line 18 from line 12		1,740,4	83	2,093,376
Net Assets or Fund Balances			Beginning Ve	of Curren	t	End of Year
ssete Jafar	20	Total assets (Part X, line 16)		25,333,9	48	28,851,073
#Age nd B	21	Total liabilities (Part X, line 26)		10,702,6	31	10,971,094
žZ	22	Net assets or fund balances Subtract line 21 from line 20		14,631,3	17	17,879,979
Under	edge a	Signature Block ties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)				
		*****	201	1-11-11		
Sign Here		Signature of officer J MICHAEL THOMPSON SECRETARY-TREASURER	Dat			
	1.	Type or print name and title	. 10	heck if self-	. 1	DTIN
Paid		preparer's name DOUGLAS A BOEDEKER DOUGLAS A BOEDEKER	= 1	mployed •	Г	PTIN
. aru	11	Firm's name 🕨 TATE AND TRYON			1	Firm's FIN

WASHINGTON, DC 20036

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

Firm's address • 2021 L STREET NW SUITE 400

Preparer

Use Only

Phone no ▶ (202) 293-2200

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νo
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		Νo
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</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νo
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		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		Νo
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νo
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, 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, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [고	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
U	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the		.,	
h	year?	3a 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 30	165	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		
L	account)?	44	Yes	
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filling requirements for Form FD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
_		5c	V.	
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?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		_	
_	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	7a		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	/a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d	file Form 8282?	\		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
•		8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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 Continue Foldonia Foldonia Foldonia			
	Section 501(c)(12) organizations. Enter Gross uncome from members or shareholders			
	Gross income from members or shareholders			
U	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	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		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule C							. 🗸

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								
ь	Enter the number of voting members included in line 1a, above, who are	•							
	ındependent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	,		NI a					
3	other officer, director, trustee, or key employee?	2		No					
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo					
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	Does the organization have members or stockholders?	6	Yes						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes						
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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		N o					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110					
	venue Code.)								
			Yes	No					
10a	0a Does the organization have local chapters, branches, or affiliates?								
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes						
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b	Yes						
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes						
13	Does the organization have a written whistleblower policy?	13	Yes						
14	Does 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	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)								
162	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Se	ection C. Disclosure			<u> </u>					
17	List the States with which a copy of this Form 990 is required to be filed►MD								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)								
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request								
	I Own website I Anothers website it Opon request								

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 THE ORGANIZATION 3 BETHESDA METRO CENTER NO 1100 BETHESDA, MD 208146302 (301) 657-3110

Check if Schedule O contains a response to any question 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 year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

SRDS

PO BOX 8500-8601 PHILADELPHIA, PA 191788601

\$100,000 in compensation from the organization $\blacktriangleright 5$

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

		1	1											 1		
	(A) Name and Title	(B) Average	Posi	tion (•	cka	П			(D) ortable	(E) Reportable		(F) Estima			
	Wallie and Title	hours	1	hat a					compe	ensation	compensation	י	amount o	fother		
		per week		_			e E			m the atıon (W-	from related organizations		compens			
		(describe	Individual tilustee or director	nstri		쥿	Highest compensat			9-MISC)	(W- 2/1099-		organizat			
		hours for	발 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼 얼		Q	ē,	8 O	ൌ			MISC)		relat organiza			
		related	호텔	letk	Officei	夏	=	Former					.			
		organizations in	E	I∄I	<u> </u>	employee	l š	*								
		Schedule O)	<u> </u>	Institutional Trustee		"	Safe ed									
See A	dditional Data Table	0,														
1 b	Sub-Total				•	•		▼								
c	Total from continuation sheets						•			2 426 625	200.4			206 254		
d		<u> </u>						•		2,136,625	,	4		396,354		
2	Total number of individuals (incl \$100,000 in reportable compen	_					above) who	receive	d more tha	n					
													Yes	No		
3	Did the organization list any for					еу е	mploy	ee, o	r highes	t compens	ated employee					
	on line 1a? If "Yes," complete Sci	hedule J for such	ındıvıdı	ual .		•	•					3		No		
4	For any individual listed on line															
	organization and related organiz	actions greater ti		• •	•		es, co	mpre.	te Scheat	uie i i oi suc		4	Yes			
5	Did any person listed on line 1a	receive or accri	ue comi	ensa	ition	fror	n anv	unrel	ated ord	anızatıon o	r individual for	_	100			
	services rendered to the organiz						-		_		•	5		No		
Se	ection B. Independent Con	tractors														
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent d	ontra	ctors	that rec	eived more	than					
	Nar	(A) me and business ad-	dress							Descr	(B) option of services		(C Comper			
761 F	IART COMPANY VALMER AVENUE PALMER PROFESSIO IDEL, NJ 07733										REPRESENTATIVE		296,601			
HFI L 210 S	-									EXHIBIT SALE	S			235,732		
RALPI 1591	H GRAVE PRODUCTIONS 4 INDIANAOLA DRIVE (VILLE, MD 20855									PRODUCTION	I SERVICES	MISC) relorgan 209,474 Yes demployee				
MATR PO BO	IX MEDIA GROUP INTERNATIONAL LLC DX 25904									WEB DESIGN	SERVICES			148,606		
ALEX/	ANDRIA, VA 22313															

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

130,500

ADVERTISING

Form 9		· _ ·					Pa	ge 9
Part \	711	Statement of Reven	ile		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events	1c 1d 1e , and 1f nes 1a-1f \$					
Program Service Revenue	2a			Business Code				
₹6 YK	_	MEMBERSHIP DUES		900099	11,237,372			
Se F	Ь	ADVERTISING INCOME		900099	5,807,898		5,776,198	31,70
er wit	c d	-		900099	4,029,657	4,029,657 538,724		
Š				541800	422,310		422,310	
jrar	f	All other program service re	venue		·			
Š	-	Total. Add lines 2a-2f	.		22,035,961			
	3	Investment income (includin			22,033,301			
	4	and other similar amounts) Income from investment of tax-ex Royalties	empt bond proceeds		535,200 139,385			535,20 139,38
			(ı) Real	(II) Personal				
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	▶- (ı) Securities	(u) O thor				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	10,728,660	(II) O ther				
		Gaın or (loss)	371,548					
	d	Net gain or (loss)	<u> </u>		371,548			371,54
Other Revenue	8a	Gross income from fundraisii (not including \$ of contributions reported on See Part IV, line 18	line 1c)					
5 ∣		Less direct expenses .	_					
_		Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a					
		Less direct expenses . Net income or (loss) from ga	ming activities b					
		Gross sales of inventory, les						
		returns and allowances .	-					
		Less cost of goods sold . Net income or (loss) from sa		513,481	513,481	513,481		
		Miscellaneous Revenue		Business Code				
	11a	FAS 158 ADJUSTMENT		900099	1,655,774	1,655,774		<u> </u>
	ь	MISCELLANEOUS INCOME		900099	179,187			179,18
	c	PAC ADMINISTRATION FU	N	900099	130,077	130,077		
	d	All other revenue	•					
		Total. Add lines 11a-11d	•		1,965,038			
	12	Total revenue. See Instructi	ons		25,560,613		6,198,508	1,257,02
						18,105,085	rm 990 (20	

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c		s (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	346,126			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,625,165			
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	5,372,154			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,110,018			
9	Other employee benefits	605,254			_
10	Payroll taxes	521,142			
а	Fees for services (non-employees) Management				
ь	Legal	156,927			
c	Accounting	78,955			-
d	Lobbying	70,333			
	Professional fundraising services See Part IV, line 17				
e •		F2 002			
f	Investment management fees	52,802			
g 12	Other	1,585,864			
12	Advertising and promotion	157,763			-
13	Office expenses	1,125,617			
14	Information technology	150,538			
15	Royalties	4 000 000			
16	Occupancy	1,020,899			
17 18	Travel	1,121,520			
	state, or local public officials				
19	Conferences, conventions, and meetings	4,311,683			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	113,521			
23	Insurance	93,932			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	COMMISSIONS	1,894,083			
ь	PRINTING & PUBLICATIONS	1,279,064			
С	TAXES & LICENSES	344,206			
d	EQUIPMENT RENTAL & MAIN	189,851			
e	DUES & SUBSCRIPTIONS	119,688			_
f	All other expenses	90,465			_
25	Total functional expenses. Add lines 1 through 24f	23,467,237			
26	Joint costs. Check here ► ☐ If following	,			
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Fargo and a second seco	1			

Form 990 (2010) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year 234.640 714.793 1 1,833,009 3,953,703 2 2 Savings and temporary cash investments 3 4 2,565,804 2,851,463 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 4ssets 6 7 8 367,001 390,110 Prepaid expenses and deferred charges 692.898 819.577 10a Land, buildings, and equipment cost or other basis Complete 2,681,755 Part VI of Schedule D 10a 10b 2.495.747 249,539 **10c** b Less accumulated depreciation 186.008 18.855,116 19,308,760 11 11 Investments—other securities See Part IV, line 11 12 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 535.941 15 626.659 15 25,333,948 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 28,851,073 17 1.431.239 17 1.713.041 Accounts payable and accrued expenses . 18 18 371.770 19 436.145 19 20 Tax-exempt bond liabilities 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 8.899.622 25 8,821,908 26 10.702.631 26 10,971,094 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 14,631,317 27 Unrestricted net assets 27 17,879,979 Temporarily restricted net assets 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 14,631,317 33 17,879,979 33 Total net assets or fund balances 25,333,948 34 Total liabilities and net assets/fund balances 28.851.073

Par	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25.5	-60.61
2	Total expenses (must equal Part IX, column (A), line 25)	2			560,613
3	Revenue less expenses Subtract line 2 from line 1	3			167,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			31,316
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,1	155,286
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		17,8	379,979
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			ন	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

Software ID: Software Version:

EIN: 53-0115267

Name: NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

INC

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion (that a	(che				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
CHARLES FREEMAN BOARD OF GOVERNORS	1 00	x						o	0	0			
MICK E MANNING	1 00	x						0	0	0			
BOARD OF GOVERNORS GREGORY RUSSELL	1.00	, , , , , , , , , , , , , , , , , , ,						0	0	0			
BOARD OF GOVERNORS JOHN F KOSTYO	1 00	×						0		0			
BOARD OF GOVERNORS	1 00	Х						0	0	0			
JIMMY D COKER BOARD OF GOVERNORS	1 00	×						0	0	0			
JOHN L MUSSELL BOARD OF GOVERNORS	1 00	х						0	0	0			
RICK HENRY BOARD OF GOVERNORS	1 00	х						0	0	0			
DAVID J HELSEL BOARD OF GOVERNORS	1 00	х						0	0	0			
FRANK E SCHETTER BOARD OF GOVERNORS	1 00	х						0	0	0			
CARL JARRETT BOARD OF GOVERNORS	1 00	х						0	0	0			
JOHN S EVERSON BOARD OF GOVERNORS	1 00	Х						0	0	0			
FREDERICK A JENSEN BOARD OF GOVERNORS	1 00	Х						0	0	0			
LEWIS FRAIN BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT L DOUGLASS BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT SMITH BOARD OF GOVERNORS	1 00	Х						0	0	0			
THOMAS L HEDGES BOARD OF GOVERNORS	1 00	х						0	0	0			
KENNETH A PAGANINI BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT GONZALES BOARD OF GOVERNORS	1 00	х						0	0	0			
PATRICK L MARK BOARD OF GOVERNORS	1 00	Х						0	0	0			
THOMAS G ISPAS BOARD OF GOVERNORS	1 00	х						0	0	0			
THOMAS L HEDGES BOARD OF GOVERNORS	1 00	х						0	0	0			
KENNETH A PAGANINI BOARD OF GOVERNORS	1 00	х						0	0	0			
ROBERT GONZALES BOARD OF GOVERNORS	1 00	х						0	0	0			
PATRICK L MARK BOARD OF GOVERNORS	1 00	Х						0	0	0			
THOMAS G ISPAS BOARD OF GOVERNORS	1 00	х						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
CRAIG CLARK			'			౼		_		_			
BOARD OF GOVERNORS	1 00	Х						0	0	0			
JAMES PETERSON BOARD OF GOVERNORS	1 00	Х						0	0	0			
IAN M LOGIE BOARD OF GOVERNORS	1 00	х						0	0	0			
MICHAEL D TOMAN BOARD OF GOVERNORS	1 00	Х						0	0	0			
SCOTT MADDOX BOARD OF GOVERNORS	1 00	Х						0	0	0			
ANDY DELAPARTE BOARD OF GOVERNORS	1 00	Х						0	0	0			
DAVID LONG	1 00	X						0	0	0			
BOARD OF GOVERNORS JONATHAN R BORDEN								0		0			
BOARD OF GOVERNORS RILO STEPHENS	1 00	X											
BOARD OF GOVERNORS	1 00	Х						0	0	0			
TIM MUNDY BOARD OF GOVERNORS	1 00	Х						0	0	0			
BRAD BUTLER BOARD OF GOVERNORS	1 00	×						0	0	0			
STEVE T WATANABE BOARD OF GOVERNORS	1 00	Х						0	0	0			
JEFF L WHEELER BOARD OF GOVERNORS	1 00	Х						0	0	0			
STEVE C GARDNER SR BOARD OF GOVERNORS	1 00	х						0	0	0			
BRADLEY R WEIR BOARD OF GOVERNORS	1 00	Х						0	0	0			
LAWRENCE H CLENNON BOARD OF GOVERNORS	1 00	Х						0	0	0			
DANIEL M WILCOX BOARD OF GOVERNORS	1 00	Х						0	0	0			
CRAIG R MARTIN BOARD OF GOVERNORS	1 00	Х						0	0	0			
JOHN CORSIGLIA BOARD OF GOVERNORS	1 00	х						0	0	0			
DANIEL F PALMER BOARD OF GOVERNORS	1 00	х						0	0	0			
JEFF W CARDWELL BOARD OF GOVERNORS	1 00	Х						0	0	0			
ANTHONY J MALONEY III BOARD OF GOVERNORS	1 00	Х						0	0	0			
DAN HARPENAU BOARD OF GOVERNORS	1 00	Х						0	0	0			
DONALD D BARRIGAR BOARD OF GOVERNORS	1 00	х						0	0	0			
DOUG HAGUE BOARD OF GOVERNORS	1 00	Х						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
		""	g			ě							
WILLIAM B LICH BOARD OF GOVERNORS	1 00	Х						0	0	0			
HERMON L MILTON BOARD OF GOVERNORS	1 00	Х						0	0	0			
KIRK DAVIS BOARD OF GOVERNORS	1 00	Х						0	0	0			
MARTIN WEST BOARD OF GOVERNORS	1 00	Х						0	0	0			
EJ DEUBLER III BOARD OF GOVERNORS	1 00	Х						0	0	0			
JAMES M STARK SR BOARD OF GOVERNORS	1 00	Х						0	0	0			
JAMES H CORNELIUS BOARD OF GOVERNORS	1 00	Х						0	0	0			
THOMAS M DRISCOLL BOARD OF GOVERNORS	1 00	Х						0	0	0			
JONATHAN OSTROW BOARD OF GOVERNORS	1 00	Х						0	0	0			
THOMAS SCHMITT BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT J TURNER BOARD OF GOVERNORS	1 00	Х						0	0	0			
JERRY DANCEY BOARD OF GOVERNORS	1 00	Х						0	0	0			
PAUL KOSMIDES BOARD OF GOVERNORS	1 00	Х						0	0	0			
MICHAEL HANSON BOARD OF GOVERNORS	1 00	Х						0	0	0			
BLAIR MAHAN BOARD OF GOVERNORS	1 00	Х						0	0	0			
GLADE MCINNIS BOARD OF GOVERNORS	1 00	Х						0	0	0			
JERRY W ROOT BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT J UNTERREINER BOARD OF GOVERNORS	1 00	Х						0	0	0			
MICK CABBAGE BOARD OF GOVERNORS	1 00	Х						0	0	0			
GARY DEMMEL BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT J LISO WSKI BOARD OF GOVERNORS	1 00	Х						0	0	0			
NEIL C NITALE BOARD OF GOVERNORS	1 00	Х						0	0	0			
GEORGE BRESTLE BOARD OF GOVERNORS	1 00	Х						0	0	0			
BOB MCDADE BOARD OF GOVERNORS	1 00	Х						0	0	0			
JOSEPH F FARINA BOARD OF GOVERNORS	1 00	Х						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
JOHN S KOGUT BOARD OF GOVERNORS	1 00	×						0	0	0			
JEFFREY L SEIDEL BOARD OF GOVERNORS	1 00	Х						0	0	0			
DONALD W LESLIE JR BOARD OF GOVERNORS	1 00	х						0	0	0			
STEVEN LAZZARO BOARD OF GOVERNORS	1 00	Х						0	0	0			
LEO J VILLENEUVE BOARD OF GOVERNORS	1 00	×						0	0	0			
BRIAN W HAAS BOARD OF GOVERNORS	1 00	х						0	0	0			
LINDSAY T MILLS BOARD OF GOVERNORS	1 00	х						0	0	0			
JOSEPH R PELLERITE BOARD OF GOVERNORS	1 00	Х						0	0	0			
GREGORY A RICK BOARD OF GOVERNORS	1 00	Х						0	0	0			
RONALD D BECKER BOARD OF GOVERNORS	1 00	Х						0	0	0			
WILLIAM J MEYER BOARD OF GOVERNORS	1 00	х						0	0	0			
DUKE J BENEVENTO BOARD OF GOVERNORS	1 00	Х						0	0	0			
MICHAEL B JOYCE BOARD OF GOVERNORS	1 00	Х						0	0	0			
DAVID A DICKEY BOARD OF GOVERNORS	1 00	Х						0	0	0			
LAVERNE A WOLGAMOTT BOARD OF GOVERNORS	1 00	Х						0	0	0			
RUSS ZIMMERMAN BOARD OF GOVERNORS	1 00	Х						0	0	0			
JOHN S FRANTZ BOARD OF GOVERNORS	1 00	Х						0	0	0			
LARRY K LAFAVE BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROB CHERRY BOARD OF GOVERNORS	1 00	Х						0	0	0			
KARL JENSEN BOARD OF GOVERNORS	1 00	Х						0	0	0			
MICHAEL J HAMILTON BOARD OF GOVERNORS	1 00	Х						0	0	0			
THOMAS G MOORE JR BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT J BRUCE BOARD OF GOVERNORS	1 00	Х						0	0	0			
HENRY KANDZERSKI JR BOARD OF GOVERNORS	1 00	Х						0	0	0			
MICHAEL A GRANT BOARD OF GOVERNORS	1 00	х						0	0	0			

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	week	Individual trustee or director	Highest compensated Key employee Cofficer Institutional Trustee		organizations (W- 2/1099- MISC)	from the organization and related organizations							
DAVID N ESTES SR BOARD OF GOVERNORS	1 00	х						0	0	0			
JIM SUNVISON BOARD OF GOVERNORS	1 00	х						0	0	0			
RALPH E KENDRICK JR BOARD OF GOVERNORS	1 00	Х						0	0	0			
STEVE HARGROVE BOARD OF GOVERNORS	1 00	Х						0	0	0			
MARVIN L GROVES II BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROBERT A CORBO BOARD OF GOVERNORS	1 00	Х						0	0	0			
WAYNE BRICKMEYER BOARD OF GOVERNORS	1 00	Х						0	0	0			
TOM WILEY BOARD OF GOVERNORS	1 00	Х						0	0	0			
JIM HAVELL BOARD OF GOVERNORS	1 00	Х						0	0	0			
JOSEPH B GUEDRI III BOARD OF GOVERNORS	1 00	Х						0	0	0			
PAUL C SORENSEN BOARD OF GOVERNORS	1 00	Х						0	0	0			
ANDREW R DAHLMAN BOARD OF GOVERNORS	1 00	Х						0	0	0			
MARVIN D NELSON BOARD OF GOVERNORS	1 00	Х						0	0	0			
ROCKY SHARP BOARD OF GOVERNORS	1 00	Х						0	0	0			
JAMES A SMITH BOARD OF GOVERNORS	1 00	Х						0	0	0			
MICHAEL KELLIHER BOARD OF GOVERNORS	1 00	Х						0	0	0			
GERALD W SCHULZ BOARD OF GOVERNORS	1 00	Х						0	0	0			
BOB BLACKHAM BOARD OF GOVERNORS	1 00	Х						0	0	0			
REX FERRY PRESIDENT	10 00	Х		х				0	0	0			
DAVID R MACKAY VICE PRESIDENT	10 00	Х		х				0	0	0			
DENNIS F QUEBE VICE PRESIDENT	10 00	Х		х				0	0	0			
LANNY S THOMAS VICE PRESIDENT	10 00	Х		х				0	0	0			
DAVID A HARDT VICE PRESIDENT	10 00	Х		х				0	0	0			
JOHN LAMBERT VICE PRESIDENT	10 00	Х		х				0	0	0			
MEL A BUTTRUM VICE PRESIDENT	10 00	Х		х				0	0	0			

(A) Name and Title	(B) Average hours		((tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officel Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
DANIEL G SCHAEFFER VICE PRESIDENT	10 00	Х		х				0	0	0
RAYMOND K FRIEND VICE PRESIDENT	10 00	Х		х				0	0	0
STANLEY R LAZARIAN VICE PRESIDENT	10 00	х		х				0	0	0
WILLIAM H GREEN VICE PRESIDENT	10 00	Х		х				0	0	0
RON A AUTREY VICE PRESIDENT	10 00	х		х				0	0	0
JOHN M GRAU CHIEF EXECUTIVE OFFICER	40 00			х				530,987	0	62,823
J MICHAEL THOMPSON SECRETARY-TREASURER	40 00			х				204,096	0	39,707
DANIEL G WALTER VICE PRESIDENT, COO	40 00			х				244,887	0	42,961
RUSSELL J ALESSI PRESIDENT-ELECTRI INTL	40 00			х				0	209,474	36,473
GEARY M HIGGINS VP, LABOR RELATIONS	40 00				х			214,593	0	39,164
JOHN W MAISEL PUBLISHER	40 00					Х		156,771	0	33,150
WILLIAM F KUHR EXECUTIVE DIRECTOR	40 00					Х		195,478	0	34,395
B DAVID ROBERTS EXECUTIVE DIRECTOR	40 00					х		196,784	0	35,187
ROBERT D GIBSON EXECUTIVE DIRECTOR	40 00					Х		194,985	0	34,395
RICHARD A PARENTI EXECUTIVE DIRECTOR	40 00					х		198,044	0	38,099

orm 990, Part	III - 4 Program Service Ac	complishments (See the Instru	ctions)	
4d. Other program	services			
(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
MANAGEMENT ED	UCATION INSTITUTE HELPS I	NECA'S MEMBERS RUN THEIR BUSINE	ESSES BETTER BY PUBLISHIN	IG
IMPORTANT BUSI	NESS DATA, PROVIDING TOOLS	FOR MEMBERS TO ACCURATELY AC	COUNT FOR JOB COSTS, PRO	VIDING
MANAGEMENT, FO	REMEN, AND FUTURE LEADERS	TRAINING, AND PUBLISHING THE MA	ANUAL OF LABOR UNITS AND	THE
FINANCIAL PERFO	ORMANCE REPORT			

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DLN: 93493315026521

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

	ection 501(c)(4), (5), or (6) orgar ame of the organization	·		Employer i	dentification number
NA	TIONAL ELECTRICAL CONTRACTORS AS	SSOCIATION INC		52.01152	c 7
Par	TJ-A Complete if the o	rganization is exempt und	er section 501(53-01152 c) or is a section 5	
1		rganization's direct and indirect p			
2	Political expenditures	rganization's direct and indirect po	ontical campaign ac	LIVILIES III PAIL IV	.
3	Volunteer hours			_	\$
Pai	rt I-B Complete if the o	rganization is exempt und	ler section 501 <i>(</i>	c)(3).	
1		e tax incurred by the organization			
2		se tax incurred by organization ma			· \$
3	·	section 4955 tax, did it file Form	_		⊤ Yes
4a	Was a correction made?	,	,		☐ Yes ☐ No
ь	If "Yes," describe in Part IV				
Pai		rganization is exempt und	er section 501(c) except section 5	501(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	or section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	\$
3	Total exempt function expend	litures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	¢
4	Did the filing organization file	Form 1120-POL for this year?			↑
5					ons to which the minn
	amount of political contribution	For each organization listed, enteriors received that were promptly as political action committee (PAC)	er the amount paid fr and directly delivered	om the filing organizatior to a separate political o	rganızatıon, such as a
	amount of political contribution	For each organization listed, ente ons received that were promptly a	er the amount paid fr and directly delivered	om the filing organizatior to a separate political o	r's funds Also enter the rganization, such as a mation in Part IV (e) A mount of political contributions received
	amount of political contributions separate segregated fund or a	For each organization listed, enterns received that were promptly as political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization to a separate political o is needed, provide infor (d) A mount paid froi filing organization's	r's funds Also enter the rganization, such as a mation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contributions separate segregated fund or a	For each organization listed, enterns received that were promptly as political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization to a separate political o is needed, provide infor (d) A mount paid froi filing organization's	r's funds Also enter the rganization, such as a mation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contributions separate segregated fund or a	For each organization listed, enterns received that were promptly as political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization to a separate political o is needed, provide infor (d) A mount paid froi filing organization's	r's funds Also enter the rganization, such as a mation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contributions separate segregated fund or a	For each organization listed, enterns received that were promptly as political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization to a separate political o is needed, provide infor (d) A mount paid froi filing organization's	r's funds Also enter the rganization, such as a mation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	amount of political contributions separate segregated fund or a	For each organization listed, enterns received that were promptly as political action committee (PAC	er the amount paid fr nd directly delivered) If additional space	om the filing organization to a separate political o is needed, provide infor (d) A mount paid froi filing organization's	r's funds Also enter the rganization, such as a mation in Part IV (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns						
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(h)).	(;	a)		(b)	
		Yes	No	А	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ctio	n
1	Dues, assessments and similar amounts from members	1		1	.1,23	7,372
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			29	1,002
b	Carryover from last year	2b				
c	Total	2c			29	1,002
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5			29	1,002

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

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DLN: 93493315026521

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

emai	Revenue Service P- Attach to Fo	orm 990. F See separate instructions.		Ilispe	Ction
	ne of the organization ONAL ELECTRICAL CONTRACTORS ASSOCIATION INC		Emp	loyer identification num	ber
			53-0	0115267	
Pa	rt I Organizations Maintaining Donor Ac		Funds	or Accounts. Comp	ete ıf the
	organization answered "Yes" to Form 99	00, Part IV, line 6. (a) Donor advised funds	 	b) Funds and other acco	ntc
	Tatal number at and of year	(a) Donor advised lunds	+ '	Funds and other acco	ounts
	Total number at end of year				
	Aggregate contributions to (during year) Aggregate grants from (during year)				
	· · · · · · · · · · · · · · · · · · ·				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		onor advi	Sed ┌ Yes	┌ No
1	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				∏ No
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forn	n 990, Part IV, line 7.	
<u>!</u>	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication on the last day of the tax year	on or pleasure) Preservation of a	a certifie	ically importantly land a d historic structure onservation	rea
				Held at the End of t	ne Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d		
	Number of conservation easements modified, transfe the taxable year -		ted by th	e organization during	
	Number of states where property subject to conserva				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	violations, and Yes	☐ No
	Staff and volunteer hours devoted to monitoring, insp				
	A mount of expenses incurred in monitoring, inspecti			the year ► \$	
1	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of so	ection	☐ Yes	☐ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financi	•	•	
a r'	Organizations Maintaining Collection Complete if the organization answered "	ons of Art, Historical Treasures "Yes" to Form 990, Part IV, line 8.	, or Otl	her Similar Assets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch in fu		ce,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research			
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			► \$	
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA:		for finan		
a	•	o 110 relating to these items		b. A	
а	Revenues included in Form 990, Part VIII, line 1			▶ \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or C)the	<u>r Simila</u>	r Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	hat are	e a signific	ant us	se of its co	ollection	1	
а	Public exhibition		d	Γ	Loan	orexch	nange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	rthe o	rganızatıor	n's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	∏ No
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontrıbu	tions o	or other ass	ets r	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г	Ι		A mou	ınt	
c	Beginning balance						ľ	1c				
d	Additions during the year						Ī	1d				
e	Distributions during the year						ľ	1e				
f	Ending balance						ŀ	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	ie 21?				L	I		Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											,
Par			n ans	were	ed "Ye	s" to F	Form 990.	Par	t IV, line	10.		
	<u> </u>	(a)Current Year) Prior `			o Years Back		Three Years) Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are held	d and a	dmınıstere	d for	the		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization	•						٠		3b		<u> </u>
4	Describe in Part XIV the intended uses of th					00 0		10				
Par	VI Investments—Land, Buildings	s, and Equipme	nt. S				· ·					
	Description of investment) Cost or is (inves		(b) Cost or basis (oth		(c) Accur depreci		(d) B	ook value
1 a L	and											
b E	Buildings		•									
c L	easehold improvements											
	quipment			1			I				1	
d E				-								
e (Other	<u> </u>					<u> </u>	1,755		,495,747		186,008

Part VII Investments—Other Securities. See I	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation
		Cost of end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
		Cost or ena-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
	(D) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION PLAN	559,554		
ACCRUED PENSION LIABILITY	7,243,521		
FUNDS DUE TO PENSION PLAN	1,018,833		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	8,821,908		

2	Assets from Form 990 to Financial Statements
3 2,093, 4 Net unrealized gains (losses) on investments	line 12) 1 25,560,613
A Net unrealized gains (losses) on investments 5 5 5 5 5 5 5 5 5	ne 25) 2 23,467,237
5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (net) Add lines 4 - 8 9 1,155, 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 1,155, 3,248, Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 26,663, 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a 1,155,286 b Donated services and use of facilities 2a 1,155,286 c Recoveries of prior year grants 2c 2e 1,155,286 d Other (Describe in Part XIV) 2d 2e 1,155,36 d Add lines 2a through 2d 3 2,5507,4 a Subtract line 2e from line 1 4 5,2,802 b Other (Describe in Part XIV) 4b 5,2,802 <	om line 1 3 2,093,376
6 Investment expenses 6 Content of the proof adjustments 6 Content of the proof adjustments 7 Content of the proof adjustments (net) Add lines 4 - 8 Sother (Describe in Part XIV) Sother	4 1,155,286
Note Propertied adjustments Propertied a	5
8	6
8	7
9	8
10 3,248, Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9 1,155,286
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	
1 Total revenue, gains, and other support per audited financial statements	
A Net unrealized gains on investments	i I
b Donated services and use of facilities	, Part VIII, line 12
c Recoveries of prior year grants	2a 1,155,286
d Other (Describe in Part XIV)	2b
Add lines 2a through 2d	2c
Subtract line 2e from line 1	2d
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 52,802 b Other (Describe in Part XIV)	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 52,802 b Other (Describe in Part XIV)	
b Other (Describe in Part XIV)	2, but not on line 1
c Add lines 4a and 4b	, Part VIII, line 7b . 4a 52,802
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	4ы
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	4c 52,802
Total expenses and losses per audited financial statements	
statements	· ·
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	23,414,435
a Donated services and use of facilities	, Part IX, line 25
· · · · · · · · · · · · · · · · · · ·	
c Other losses	2b
d Other (Describe in Part XIV) 2d	2d
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 52,802	Part VIII, line 7b 4a 52,802
b Other (Describe in Part XIV) 4b	4b
c Add lines 4a and 4b	4c 52,802
	equal Form 990, Part I, line 18) 5 23,467,237
Part XIV Supplemental Information	

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493315026521

Department of the Treasury Internal Revenue Service

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

Name of the organization		ATIONING				Employer identi	ication number
NATIONAL ELECTRICAL CONT	TRACTORS ASSOCI	ATIONING				53-0115267	
	nation on Grants						
Form 990, Part I\	to award the grants of ganization's procedure er Assistance to V, line 21 for any r	or assistance? es for monitoring the us Governments and ecipient that receive	e of grant funds in the Organizations in d more than \$5,000	United States the United State Check this box if	s. Complete if the no one recipient re	organization answere	d "Yes" to
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ELECTRI INTERNATIONAL3 BETHESDA METRO CENTER BETHESDA,MD 20814	52-1643734	501(C)(3)		346,126	FMV	A DMINISTRATIVE SUPPORT	SUPPORT ONGOING EFFORTS OF ELECTRI INTERNATIONAL TO ADVANCE THE ELECTRICAL INDUSTRY

Enter total number of section 501(c)(3) and government organizations

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS		SCHEDULE I, PART I, LINE 2 NECA PROVIDES CONTRIBUTED ADMINISTRATIVE SUPPORT TO ELECTRI INTERNATIONAL NECA MANAGEMENT AND GOVERNING BODY RECEIVE PERIODIC UPDATES FROM ELECTRI
IN THE U S		INTERNATIONAL ON PROGRAM PURPOSE ACHIEVEMENTS

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DLN: 93493315026521

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC **Employer identification number**

		33-0113207			
Pa	rt I Questions Regarding Compensation	on			
				Yes	No
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			İ
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc	organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2	Vas	
	omeers, anectors, trastees, and the Ses, executive	o binoctor, regarding the realist encored in line 24		Yes	<u> </u>
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t				
	✓ Compensation committee	✓ Written employment contract			
	Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			İ
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines $4a-c$, list the persons and p	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
ь	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$				
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII,	paid or accured pursuant to a contract that was			
	subject to the initial contract exception described i	in Regs section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow th section $534958-6(c)$?	ne rebuttable presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN M GRAU	(I) (II)	487,600 0	25,000		27,525	35,298 0	593,810 0 0	
(2) J MICHAEL THO MPSO N	(ı) (ıı)	179,400 0	10,000		I I	18,263	3 243,803 0 0	
(3) DANIEL G WALTER	(ı) (ıı)	217,601	13,000		25,843	3 17,118 0	8 287,848 0 0	
(4) RUSSELL J ALESSI	(ı) (ıı)	0 198,800	′I ∪I	0 10,674	0 22,000	0 14,473	0 0 3 245,947	7
(5) GEARY M HIGGINS	(ı) (ıı)	192,600 0	10,000	11,993	22,649	16,515	5 253,757 0 0)
(6) JOHN W MAISEL	(ı) (ıı)	148,600	4,600	3,571	17,281	15,869	9 189,921 0 0	
(7) WILLIAM F KUHR	(ı) (ıı)	184,200 0	6,000	· ·	I I		5 229,873 0 0	3
(8) B DAVID ROBERTS	(ı) (ıı)	188,800	3,200		20,790	14,397	7 231,971 0 0)
(9) ROBERT D GIBSON	(ı) (ıı)	181,800 0	6,000	1	20,790	13,605	5 229,380 0 0	
(10) RICHARD A PARENTI	(ı) (ıı)	185,875 0	6,000		I I	16,649	9 236,143 0 0	3
(11)			1					
(12)	 '	1			1			
(13)	+-	†			 			
(14)	-	†			†			
(15)								
(16)		<u> </u>			<u> </u>			

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 4B	JOHN GRAU HAS A DEFERRED SEVERANCE PLAN THE TOTAL AMOUNT ACCRUED FOR THE PLAN AT 12/31/2010 WAS \$100,475

Schedule J (Form 990) 2010

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NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC.

As Filed Data -

DLN: 93493315026521

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Employer identification number

53-0115267

Identifier	Return Explanation Reference	
	FORM 990, PART V, LINE 4B	THE FOREIGN ACCOUNTS IN ANTIGUA AND BARBADOS ARE BEING REPORTED ON LINE 4B TO ENSURE THE ORGANIZATION'S COMPLIANCE WITH THE TREASURY REGULATIONS REQUIRING CERTAIN FINANCIAL ACCOUNTS BE DISCLOSED ON FORM TD F 90-22 1 EVEN THOUGH THESE ACCOUNTS ARE BEING REPORTED ON FORM TD F 90-22 1, THE ORGANIZATION BELIEVES THESE ITEMS TO BE ELIGIBLE FOR COVERAGE UNDER CERTAIN PROTECTIONS OFFERED BY THE SIPC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		(A) REGULAR MEMBERSHIP REGULAR MEMBERSHIP SHALL BE AVAILABLE TO PERSONS, FIRMS, CORPORATIONS, AND OTHER PERMANENTLY ESTABLISHED ENTITIES WHOSE PRINCIPAL BUSINESS IS ELECTRICAL POWER, COMMUNICATIONS OR CONTROLS CONTRACTING AND WHO HAVE AN ESTABLISHED PLACE OF BUSINESS AS DEFINED BY THE BOARD OF GOVERNORS REGULAR MEMBERS IN GOOD STANDING SHALL BE AUTHORIZED TO CAST THE FOLLOWING VOTES BY BALLOT IN ALL MATTERS REFERRED TO MEMBERS BY THE ASSOCIATION AND REQUIRING A VOTE BY BALLOT BASED UPON "MANHOURS" IN THE PRIOR CALENDAR YEAR, REGULAR MEMBER, REPORTING (1) 1 TO 75,000 MANHOURS SHALL HAVE ONE (1) VOTE, (2) 75,001 TO 150,000 MANHOURS SHALL HAVE TWO (2) VOTES AND (3) IN EXCESS OF 150,000 MANHOURS SHALL HAVE THREE (3) VOTES EACH REGULAR MEMBER SHALL DESIGNATE AN "ACCREDITED REPRESENTATIVE" WHO IS AN OWNER, PARTNER, OFFICER OR OCCUPANT OF ANOTHER SENIOR POSITION THE "ACCREDITED REPRESENTATIVE" SHALL REPRESENT AND VOTE ON BEHALF OF THE REGULAR MEMBER (B) HONORARY MEMBERSHIP HONORARY MEMBERSHIP SHALL BE AVAILABLE TO ANY PERSON ELECTED TO SUCH STATUS BY THE BOARD OF GOVERNORS FOR DISTINGUISHED SERVICE TO THE ELECTRICAL INDUSTRY (C) VETERAN MEMBERSHIP VETERAN MEMBERSHIP SHALL BE AVAILABLE TO PERSONS HAVING REPRESENTED A REGULAR MEMBER IN GOOD STANDING FOR AT LEAST FIFTEEN (15) YEARS AND NOT CURRENTLY ENGAGED IN THE ELECTRICAL CONTRACTING BUSINESS VETERAN MEMBERSHIP SHALL BE AVAILABLE TO DECRED BY THE EXECUTIVE COMMITTEE (D) INDIVIDUAL MEMBERSHIP INDIVIDUAL MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION OR (I), HAVING ONCHER ENTITIES MEETING ALL REGULAR MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION OR (I), HAVING ONCHE HELD MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION, DENIED CONTINUATION OF SUCH MEMBERSHIP PAPLICANTS FOR INDIVIDUAL MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION, DENIED CONTINUATION OF SUCH MEMBERSHIP PAPLICANTS FOR INDIVIDUAL MEMBERSHIP IN BUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE BEFORE APPROVING INDIVIDUAL MEMBERSHIPS, THE EXECUTIVE COMMITTEE AND HAVE THE RIGHT OF APPEAL TO THE BOARD OF GOVE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE BOARD OF GOVERNORS IS THE ULTIMATE GOVERNING BODY OF THIS ASSOCIATION AND SHALL CONTROL ALL ITS ASSETS AND AFFAIRS AND FORMULATE ITS POLICIES AND PROGRAMS THE BOARD OF GOVERNORS SHALL CONSIST OF (A) ONE (1) GOVERNOR ELECTED FROM AND BY THE MEMBERS OF EACH CHAPTER EMPOWERED TO ELECT GOVERNORS AFFILIATED WITH THIS ASSOCIATION (B) THE PRESIDENT OF THIS ASSOCIATION (C) THE PRESIDENT ELECT (D) THE DISTRICT VICE PRESIDENTS (E) THE VICE PRESIDENT AT LARGE SELECTION OF GOVERNORS - EACH CHAPTER LOCATED IN AN ODD-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH ODD-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS EACH CHAPTER LOCATED IN AN EVEN-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH EVEN-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS GOVERNORS SHALL TAKE OFFICE UPON SELECTION AND NOTIFICATION SENT TO THE SECRETARY/TREASURER IN WRITING

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		NECA REVIEWED THE INITIAL DRAFT OF THE FORM 990 WITH THE AUDIT COMMITTEE VIA CONFERENCE CALL UPON APPROVAL BY THE AUDIT COMMITTEE, NECA FORWARDED THE DRAFT OF THE FORM 990 TO THE EXECUTIVE COMMITTEE VIA E-MAIL AND ANSWERED ANY QUESTIONS THAT AROSE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION EXECUTIVE COMMITTEE, BOARD OF GOVERNORS, COMMITTEES, TASK FORCES, WORKING GROUPS AND OTHERS IN THE NECA GOVERNANCE STRUCTURE, AS WELL AS ALL NECA EMPLOYEES MUST ACT AT ALL TIMES IN THE BEST INTERESTS OF NECA AND NOT FOR PERSONAL OR THIRD-PARTY GAIN OR FINANCIAL ENRICHMENT THE NECA EXECUTIVE COMMITTEE HAS THE EXCLUSIVE AUTHORITY AND RESPONSIBILITY TO DECIDE AN APPROPRIATE REACTION TO THE DISCLOSURE THE EXECUTIVE COMMITTEE MAY, AT ITS DISCRETION, CHOOSE AMONG THE FOLLOWING REACTIONS DISCLOSURE THE DISCLOSURE REGARDING A VOLUNTEER'S OTHER INTEREST IS WORTHY OF THE EXECUTIVE COMMITTEE'S ATTENTION, BUT THE DISCLOSURE ITSELF, AND THE EXECUTIVE COMMITTEE'S AWARENESS OF THE DISCLOSURE, IS CONSIDERED SUFFICIENT TO CORRECT FOR ANY BIAS THAT IT MIGHT ENTAIL. IN SHORT, THE EXECUTIVE COMMITTEE WOULD LIKELY DECIDE THAT ALTHOUGH THE VOLUNTEER CLEARLY HAS SOME OTHER INTEREST, THE EXECUTIVE COMMITTEE WILL SIMPLY TAKE THE INFORMATION INTO ACCOUNT AS THE MEMBER PARTICIPATES IN DECISION-MAKING RECUSAL THE OTHER INTEREST THAT HAS BEEN DISCLOSED AFFECTS AN IMPORTANT POLICY OR PROGRAM FOR THE ORGANIZATION TO ASSURE THE ORGANIZATION AND ITS CONSTITUENCY THAT EXECUTIVE COMMITTEE DECISION-MAKING IS WITHOUT BIAS, IT IS BEST FOR THE VOLUNTEER TO RECUSE HIMSELF/HERSELF WHEN THE EXECUTIVE COMMITTEE WOULD BE ASKED TO SIT OUT ANY WORK OF THE EXECUTIVE COMMITTEE IN THE AREA WHERE HE/SHE HAS CONFLICTING INTERESTS RESIGNATION THE OTHER INTEREST RELATES TO A CONTINUING, PERVASIVE, AND IMPORTANT EXECUTIVE COMMITTEE FUNCTION, ONE THAT CANNOT EASILY BE ISOLATED ON AN AGENDA SO AS TO PERMIT RECUSAL IN THIS CASE, THE MEMBER MIGHT BE ASKED TO RESIGN HIS/HER POSITION, SINCE THIS IS THE ONLY WAY TO ENSURE THAT THE OTHER INTEREST DOES NOT INTRUDE UPON AND SKEW EXECUTIVE COMMITTEES FIRST MONTHLY MEETING OF EACH YEAR, THE COMMITTEE WILL REVIEW THE CONFLICT OF INTEREST POLICY. THE MEMBERS OF THE COMMITTEE WILL THEN HAVE THE OPPORTUNITY TO DISCUSS ANY POTENTIAL CONFLICTS.

Т

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE, IS THE BODY CHARGED WITH REVIEWING THE CEO'S COMPENSATION PACKAGE. THE COMMITTEE REVIEWS MARKET DATA AND THE CEO'S PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD BE. IN TURN, THE CEO OF THE ASSOCIATION IS CHARGED WITH PREPARING EVALUATIONS FOR THE ORGANIZATION'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIVIDUAL'S PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN USED BY THE CEO, WITH ADVISEMENT FROM THE COMPENSATION COMMITTEE, IN SETTING COMPENSATION PACKAGES FOR THE ORGANIZATION'S OFFICERS.

Identifier	Return Reference	Explanation					
	FORM 990, PART VI, SECTION C, LINE 19	NECA'S GOVERNING DOCUMENTS ARE AVAILABLE ON-LINE AT WWW NECANET ORG NECA'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST					

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,155,286

ldentifier	Return Reference	Explanation
DESCRIPTION OF THE AUDIT COMMITTEE REVIEW PROCESS	FORM 990, PART XI, LINE 2C	THIS PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
		FORM 990 PART VII & SCHEDULE J THE STAFF OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES LISTED ON THIS RETURN ALSO PARTICIPATE IN THE NECA EMPLOYEE PENSION PLAN (THE PLAN) THE PLAN IS A QUALIFIED DEFINED BENEFIT PENSION PLAN BENEFITS UNDER THE PLAN WERE FROZEN EFFECTIVE DECEMBER 31, 2003

ldentifier	Return Reference	Explanation
DESCRIPTION OF THE AUTHORITY DELEGATED TO THE EXECUTIVE COMMITTEE	FORM 990, PART VI, LINE 1A	THE EXECUTIVE COMMITTEE IS COMPRISED OF 12 MEMBER OFFICERS OF THE ASSOCIATION (ELECTED BY THE BOARD OF GOVERNORS) AND FOUR STAFF OFFICERS (IN AN ADVISORY CAPACITY) WHO WHEN MEETING AS THIS COMMITTEE, DOES SO AS OFFICERS OF THE NATIONAL ASSOCIATION WITH THE GOAL OF IMPLEMENTING THE OBJECTIVES, POLICIES AND PROGRAMS SET BY THE BOARD OF GOVERNORS THE COMMITTEE REPORTS TO, AND IS SUBJECT TO INSTRUCTIONS FROM, THE BOARD OF GOVERNORS

DLN: 93493315026521

2010

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization IATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC	Employer ide	Employer identification number						
ANIONAL ELECTRICAL CONTINCTORS ASSOCIATION INC					53-011526	7		
Part I Identification of Disregarded Entities (Co	mplete	ıf the organizatıc	on answered "Yes	s" on Form 990, Pa	irt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgon more related tax-exempt organizations dur			ıf the organızatıo	n answered "Yes"	on Form 990, Pa	rt IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	P	(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 5: conti organ	rolled iization
(1) ELECTRI INTERNATIONAL - THE FOUNDATION FOR 3 BETHESDA METRO CENTER SUITE 1100 BETHESDA, MD 208145330 52-1643734	RESEAR	CH ACTIVITIES	MD	501(C)(3)	170(B)(1)(A)(VI)	NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION	Yes	No
(2) ELECTRICAL CONSTRUCTION PAC 3 BETHESDA METRO CENTER SUITE 1100 BETHESDA, MD 208145330 52-1156960	BACK IS	T CANDIDATES WHO SUES IN THE ICAL CONSTRUCTION RY	MD	527		NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION		No

because	it had one or mo	re relat	ed organizations t	reated as a partne	ership during the t	ax yea	r.)													
(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 Share				Share of end-of-year		of total income Share of end-of-year		hare of end-of-year allocate		prtionate Code V- ations? amount in b Scheduk		de V—UBI Ge it in box 20 of m) al or ging er?	(k) Percentage ownership
								Yes	No			Yes	No							
				ble as a Corpora ations treated as a						l nswered "Y	'es" on	Form	990,	Part IV,						
Name, address, and	(a) d EIN of related organiz	ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c Direct co ent	ntrolling	(e) Type of er (C corp, S or trust	corp,	Share o	(f) f total income	Shai end-o	g) re of f-year sets		(h) Percentage ownership						
			_																	
													+							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "	'Yes" on Form 990, Pai	rt IV, line 34, 35, 3	35A, or 36.)				
Note	e. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more related or	rganızatıons lısted ın Part	s II-IV?					
a Rec	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b Gift	b Gift, grant, or capital contribution to other organization(s)							
c Gift	, grant, or capital contribution from other organization(s)			1 c		No		
d Loa	ns or loan guarantees to or for other organization(s)			1d		No		
e Loa	ns or loan guarantees by other organization(s)			1e	!	No		
f Sale	e of assets to other organization(s)			1f		No		
g Pur	chase of assets from other organization(s)			1 g		No		
h Exc	hange of assets			1h		No		
i Leas	se of facilities, equipment, or other assets to other organization(s)			1i		No		
j Leas	se of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No		
k Per								
	ormance of services or membership or fundraising solicitations by other organization(s)			11		No		
	ring of facilities, equipment, mailing lists, or other assets			1n	n	No		
n Sha	ring of paid employees			1n	Yes			
o Reii	mbursement paid to other organization for expenses			10		No		
	mbursement paid by other organization for expenses			1p	Yes			
q Oth	ner transfer of cash or property to other organization(s)			1q		No		
_	er transfer of cash or property from other organization(s)			1r		No		
	e answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered relat	ionships and transact	 tion thresholds				
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		nount		
(1)								
(2)								
(3)								
(4)								
(5)								

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are part sect 501(d organiz	ners tion c)(3) zations?	(e) Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	iag ing tner?
			Yes	No		Yes	No		Yes	No
										+
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										+
				\vdash			+			+

Part VII Supplemental Information

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

Ident if ier	Return Reference	Explanation
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Schedule R (Form 990) 2010

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

DLN: 93493315026521

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return NATIONAL ELECTRICAL CONTRACTORS			Business or activity to which this form relates						dent if ying number	
ASSOCIATION INC	CONTRACTOR	.5	FORM 990 PAGE 10					53-0115267		
	To Expense (ou have any li					ı com	nnlete Part I			
1 Maximum amount See								1	500,000	
2 Total cost of section 1		-						2	,	
3 Threshold cost of sect					uctions) .		3	2,000,000	
4 Reduction in limitation				•				4		
5 Dollar limitation for tax				•	o-Ifm	- arried	filina	-		
separately, see instruc	•			·				5		
	Description of pi	ronerty		(b) Cost (b)	ısıness	use	(c) Elected c	nst nst		
- (1)				on	ly)		(0, 1,00000		-	
7 Listed property Enter	the amount from	ılıne 29 🔒				7				
8 Total elected cost of s	ection 179 prop	erty Addamo	unts ın colu	mn (c), lines 6	and 7			8		
9 Tentative deduction E	nter the smaller	of line 5 or lin	e 8 .					9		
10 Carryover of disallowe	d deduction from	ı lıne 13 of you	ır 2009 For	m 4562 .				10		
11 Business income limitation	Enter the smaller of	business income	(not less than	zero) or line 5 (se	ee instruc	tions)		11		
12 Section 179 expense	deduction Add I	ines 9 and 10,	but do not	enter more tha	n lıne 1	1 .		12		
13 Carryover of disallowe	d deduction to 2	011 Add lines	9 and 10, I	ess line 12		13				
Note: Do not use Part			· · · · · · · · · · · · · · · · · · ·		se Par	t V.			.1	
							ınclude lısted pı	oper	ty) (See instructions)	
14 Special depreciation a tax year (see instructi		lified property	(other than	listed property) place	d in se	rvice during the	14		
15 Property subject to se	ction 168(f)(1) e	election .						15		
16 Other depreciation (in	cluding ACRS)							16		
Part III MACRS De	preciation (Do not inclu	de listed p	roperty.) (Se	e insti	uctio	ns.)			
			Se	ction A						
17 MACRS deductions for	assets placed ı	n service in ta	x years beg	ınnıng before 2	010			17		
18 If you are electing t		•	ın service	during the t	ax yea	r ınto	one or mo <u>re</u>			
general asset accou						•	▶l			
Section B-Ass	ets Placed in			<u>0 Tax Year</u>	Using	the	General Depi	reci	ation System	
(a) Classification of property	(b) Month and year placed in service	(c) Bas deprects (business/in use only—see ins	ation vestment	(d) Recovery period	(e) Co	nvent	ion (f) Metho	d	(g)Depreciation deduction	
19a 3-year property										
b 5-year property										
c 7 - year property										
d 10-year property										
e 15-year property										
f 20-year property	-									
g 25-year property				25 yrs	N	ı M	S/L			
h Residential rental property				27 5 yrs 27 5 yrs	1	IM IM	S/L S/L			
i Nonresidential real				39 yrs	 	IM	S/L			
property					+	IM	S/L			
Sect io	n C—Assets Pla	ced in Service	During 2010	Tax Year Using	the A	ternat	ive Depreciation	Syst	em	
20a Class life							S/L			
b 12-year				12 yrs			S/L			
c 40-year				40 yrs	N	1 M	S/L			
	y (see instruc								1	
21 Listed property Enter					•			21		
22 Total. Add amounts fro and on the appropriate								22	0	
23 For assets shown above portion of the basis att	•	_		year, enter the	e	23				

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	Caution	: See	the i	nstruct	tions fo	or limi	its f	or pa	sseng	er au	tomot	iles.)
24a Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Гпо		24	lb If "Ye	s," is th	ie evi	dence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost o ba:	rother	(busines	(e) r deprecia ss/investr se only)		(f) Recovery period	(g Meth Conve	nod/	[(h) Depreck deduc	ation/		(i) Electe section 1 cost	179
25 Special depreciation allo 50% in a qualified busi	•		rty placed	ın service (during the	tax year	and u	ised more	e than	25						
26 Property used mor	e than 50%		business	use												
		%														
		%														
27 Property used 50%	orless in a		ıness us	е					la u							
		%							S/L - S/L -					-		
		%							S/L -					1		
28 Add amounts in c	olumn (h), lır	ies 25 throug	h 27 En	ter here a	and on lı	ne 21, _l	page	1 .	28							
29 Add amounts in c	olumn (ı), lın	e 26 Enterhe	ere and c	n line 7,	page 1							29				
				_Infor												
Complete this section If you provided vehicles to														e vehic	les	
30 Total business/in	vestment mi	les driven dur	una the	_	a))		(c)		(d	-	-	=)		f)
year (do not inclu			•	Vehi	ıcle 1	Vehi	cle 2	V e	hicle 3		ehic	le 4	Vehi	cle 5	Vehi	cle 6
31 Total commuting	milas drivan	during the ve	25													
32 Total other person																
33 Total miles driver	•					+										
through 32	· · ·															
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u		by a more th	ian 5%													
owner or related p 36 Is another vehicle		r nersonal us	• •		1											+
		stions for		Vers W	ho Pro	vide V	/e hi	clas f	or Hee	a by 1	 The	ir Fn	anlov	995		
Answer these questio 5% owners or related	ns to determ	ine if you mee	et an exc												not mo	re thai
37 Do you maintain a employees?		y statement											our •	Y	es	No
20.0																
38 Do you maintain a employees? See t												our • •				
39 Do you treat all us	se of vehicle:	s by employee	es as per	sonal us	e? .											
40 Do you provide movehicles, and reta		•		oyees, o	btaın ınfo	ormatio •	n froi	m your e	employe	ees ab	out t	he us	e of the	•		
41 Do you meet the r	equirements	concerning q	ualified a	automobi	ıle demoi	nstratio	n us	e? (See	ınstruc	tions)) .					
Note: If your ansv	ver to 37, 38	, 39, 40, or 4	1 is "Ye:	s," do no	t comple	te Sect	ion E	for the	covere	d vehi	cles					
	rtization	· · · ·														
(a) Description of c	costs	(b) Date amortization begins	1	(A mort a mo	ızable		((d) Code ection	p ·	(e) ortizat eriod o rcenta	r			(f) rtızatı nıs ye:		
42 A mortization of co	osts that beg	ıns durıng yo	ur 2010	tax year	(see ins	truction	ns)		•							
43 A mortization of co	sts that beg	an before you	ır 2010 t	ax year						4	3					
44 Total. Add amoun	ts ın column	(f) See the in	structio	ns for wh	ere to re	port				4	4					

Form **990**

Department of the Treasury

DLN: 93493319035772

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

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

Open to Public

	the 2011 c	alendar year, or tax year beginning 01-01-2011 and ending 12-31-2	011		Inspection		
	ck if applicable	C Name of organization		D Employer id	dentification number		
_	ress change	NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC		53-01152			
Nan	ne change	Doing Business As		E Telephone r	number		
Inıtı	al return	Number and street (or P O box if mail is not delivered to street address) Room	/suite	(301)657			
Terr	minated	3 BETHESDA METRÒ CENTER NO 1100	,	G Gross receipt	s \$ 34,589,087		
	ended return	City or town, state or country, and ZIP + 4 BETHESDA, MD 208146302					
App	lication pending						
		F Name and address of principal officer JOHN M GRAU	H(a) Is this affiliat	s a group retu	rn for ┌ Yes ┌ No		
		3 BETHESDA METRO CENTER NO 1100	aiiiia	ies.	1 165 1 110		
		BETHESDA,MD 208146302		affiliates inclu			
Tax	c-exempt status	5		p," attach a lis p exemption n	t (see instructions) umber >		
W	ebsite: ► W	WW NECANET ORG					
Form	of organizatio	n	L Year of for	mation 1901	M State of legal domicile		
Dai	rt I Sun	nmary	•		MD		
19		describe the organization's mission or most significant activities			_		
,	ELECT	TION, LABOR RELATIONS, CURRENT INFORMATION AND PROM RICAL CONTRACTING INDUSTRY, WORKING TO PROMOTE HIGH ING FOR A SKILLED WORKFORCE					
	2 Check t	this box $lacktriangler$ if the organization discontinued its operations or dispose	d of more than 2	5% of its net	assets		
		r of voting members of the governing body (Part VI, line 1a)		3	13		
		r of independent voting members of the governing body (Part VI, line 3		4	13		
		umber of individuals employed in calendar year 2011 (Part V, line 2a)		5	7		
		umber of volunteers (estimate if necessary) nrelated business revenue from Part VIII, column (C), line 12		7a	6,513,41		
		elated business taxable income from Form 990-T, line 34		7b	591,470		
			Prio	r Year	Current Year		
_	8 Contr	ributions and grants (Part VIII, line 1h)		0	200,000		
		ram service revenue (Part VIII, line 2g)		22,035,961	23,413,988		
ž		stment income (Part VIII, column (A), lines 3, 4, and 7d)	•	906,748	649,749		
		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A),	line -	2,617,904	663,403		
	12)			25,560,613	24,927,140		
		ts and similar amounts paid (Part IX, column (A), lines 1-3)	·	346,126	350,000		
		fits paid to or for members (Part IX, column (A), line 4)		0	(
82	15 Salar 5–10		5	9,233,733	9,523,325		
EXPANSES	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)		0	(
3	b Total f	undraising expenses (Part IX, column (D), line 25) 🛌	-				
		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)					
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25 nue less expenses Subtract line 18 from line 12		23,467,237	26,621,696 -1,694,556		
<i>(1)</i>	15 Reve	Take 1633 expenses Subtrace line 10 from line 12		of Current			
Fund Balances			Y	ear	End of Year		
8		assets (Part X, line 16)		28,851,073	27,273,733		
. <u>.</u>		liabilities (Part X, line 26)		10,971,094	11,435,738 15,837,995		
		nature Block	· L	17,073,373	13,037,335		
nder 10 w l	penalties of pedge and beliedge.	perjury, I declare that I have examined this return, including accompanying ef, it is true, correct, and complete. Declaration of preparer (other than off	icer) is based on a	all information			
ia-		NCI PICKUS SECRETARY-TREASURER					
	7 L TRA						
	1107	e or print name and title		f- (see instructions)			
ign lere	Prepare signatu	Date SUBRINA L WOOD	Check If self-employed	(see instruction			
ere aid repa	Prepare signatu	Date SUBRINA L WOOD TATE AND TRYON employed),	self-	(see instruction	ns)		
aid	Prepare signatu	Date SUBRINA L WOOD TATE AND TRYON	self-	(see instruction P00365899	ns)		

1 0111	J J U (2	2011)				Page .
Par	t III	Statement of Progra Check if Schedule O cont			ı	দ
1	Briefl	y describe the organizatior	n's mission			
RELA	TIONS	S, CURRENT INFORMATIO	ON AND PROMOTIO	NAL ACTIVITIES IT IS	STRY THROUGH CONTINU THE VOICE OF THE ELEC ISHIP AND TRAINING FOF	TRICAL CONTRACTING
2	the pr	e organization undertake a ior Form 990 or 990-EZ?		n services during the yea	r which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new serv	vices on Schedule O			
3	servic	e organization cease condices?		cant changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes	s," describe these changes	on Schedule O			
4	expen	ses Section 501(c)(3) and	d 501(c)(4) organızat	ions and section 4947(a	nree largest program service)(1) trusts are required to re ch program service reported	port the amount of
4a	(Code	e) (Expe	nses \$	ıncludıng grants of \$) (Revenue \$)
	AND C	COLUMNS ON SUCH TOPICS AS T	HE NATIONAL ELECTRICAL	CODE, ESTIMATING, PROJECT	BUSINESS EDUCATES THE INDUS MANAGEMENT, NETWORKING, LIC AMINE HOW CONTRACTORS OPERA	GHTING, POWER QUALITY, FIBER
	(Code	e) (Expe	nses \$	including grants of \$) (Revenue \$,
-	FIELD INDUS DEPAR ANALY MONI SAFE	AND OTHER SERVICES NECA STRY FIELD SERVICES HELP MEN RTMENT OF LABOR REGULATIONS 'SES OF LABOR TRENDS, AND IN TORS FEDERAL LEGISLATION AND WORK ENVIRONMENT FOR MEMI	PROVIDES A NUMBER OF SMBERS BY MEDIATING LOCA S, NEGOTIATION OF NATIO GENERAL, HELPING TO PR D PUBLISHES GUIDANCE FO BER EMPLOYEES NECA'S C S' INTERESTS IN THE FOR	SERVICES TO MEMBERS AS PAR AL LABOR DISPUTES AND PROV NAL LABOR AGREEMENTS, EDU OMOTE A POSITIVE IMAGE FOR OR FEDERAL REGULATORY CON CODES AND STANDARDS GROU	RT OF ITS MISSION TO ADVANCE T /IDING COUNSELING LABOR RELATION AND TRAINING FOR EMPL R UNIONIZED ELECTRICAL CONSTRUMENTE SAFETY SERVICES BENE P PROVIDES INPUT TO THE NATION DARDS BUSINESS DEVELOPMENT I	TIONS SERVICES HELP WITH U S OYEES, PROVIDING STATISTICAL RUCTION GOVERNMENT AFFAIRS FIT MEMBERS BY ENSURING A NAL ELECTRICAL CODE PANELS,
	(Code	e) (Expe	nses \$	including grants of \$) (Revenue \$	1
	CONV		CA'S CONVENTION AND TR	RADE SHOW PROVIDES AN OPP	ORTUNITY FOR MEMBERS TO EXC	HANGE IDEAS AND ATTEND
	(Code			including grants of \$) (Revenue \$)
	EMPLO	OYEES AT ALL LEVELS WORKING '	WITHIN THE ELECTRICAL O	CONTRACTING INDUSTRY, PUE	ETTER BY OFFERING EXPERT-LED BLISHING IMPORTANT BUSINESS DA DR UNITS AND THE FINANCIAL PER	ATA, PROVIDING TOOLS FOR
	Otha	er program services (Desc	rihe in Schedule O \			
Tu		enses \$	including grant	s of \$) (Revenue \$)
		l program service expenses		·		·

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	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	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \Box	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, 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, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV .	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</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements	Regarding O	ther TRS	Filings and T	ax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
_				
	1a 105			
b	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	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
L				
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
a	year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities	_		
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country AC			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Vac" to line Fe or Fh, did the organization file Form 9996, T2	-		
·	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	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			
_	Did the expansation receive any funds, directly or indirectly, to now promiting on a personal honefit			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
y	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	Ī		
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
ט	facilities			
1	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)			
	223.222 against amounts and or received from them / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2a	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 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management						
				Yes	No		
_		ı					
1a	Enter the number of voting members of the governing body at the end of the tax year	130					
b	Enter the number of voting members included in line 1a, above, who are independent	130					
2	Did any officer, director, trustee, or key employee have a family relationship or a busine		2		No		
3	other officer, director, trustee, or key employee?	•	3				
4	supervision of officers, directors or trustees, or key employees to a management comparing the organization make any significant changes to its governing documents since the				No		
_	filed?						
5	Did the organization become aware during the year of a significant diversion of the orga		5	.,	No		
6	Did the organization have members or stockholders?		6	Yes			
7a	Did the organization have members, stockholders, or other persons who had the power to more members of the governing body?		7a	Yes			
b	Are any governance decisions of the organization reserved to (or subject to approval by or persons other than the governing body?) members, stockholders,	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions year by the following	undertaken during the					
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		No		
Se	ction B. Policies (This Section B requests information about policies not rec						
Re	venue Code.)	. ,					
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a	Yes			
b	If "Yes," did the organization have written policies and procedures governing the activit affiliates, and branches to ensure their operations are consistent with the organization's purposes?		10b	Yes			
11a	Has the organization provided a complete copy of this Form 990 to all members of its g the form?	overning body before filing	11a		No		
b	Describe in Schedule O the process, if any, used by the organization to review the Form	1990					
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 in rise to conflicts?	terests that could give	12b	Yes			
c	Did the organization regularly and consistently monitor and enforce compliance with the in Schedule O how this was done	e policy? If "Yes," describe		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		14	165			
а	Independent persons, comparability data, and contemporaneous substantiation of the d The organization's CEO, Executive Director, or top management official		15a	Yes			
	Other officers or key employees of the organization		15b	Yes			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		130	163			
	The res, to line 13a of 13b, describe the process in Schedule O (see histractions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or staxable entity during the year?	ımılar arrangement wıth a	16a		No		
b	If "Yes," did the organization follow a written policy or procedure requiring the organizat participation in joint venture arrangements under applicable federal tax law, and take st organization's exempt status with respect to such arrangements?	eps to safeguard the					
			16b				
	Let the States with which a convention Form 000 is required to be filed. MD						
17	List the States with which a copy of this Form 990 is required to be filed MD	000 and 000 T /501/-\					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), (3)s only) available for public inspection. Indicate how you made these available. Chec						

Own website Another's website V Upon request

- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 THE ORGANIZATION 3 BETHESDA METRO CENTER NO 1100 BETHESDA, MD 208146302 (301)657-3110

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Tıtle	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(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
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
				\vdash			_			

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

									,				
	(A) Name and Title	(B) Average hours per week (describe	rage Position (do not check rs more than one box, compensation compensation r unless person is both an officer and a director/trustee) 2/1099-MISC) (W- 2/1099-MISC)					(E) Reportable compensation from related organizations (W- 2/1099-	,	(F) Estima amount o compens from t organizati	ated f other sation the ion and		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		organiza	
See A	ddıtıonal Data Table						+-	<u> </u>			_		
					\vdash						+		
					<u> </u>		-				_		
					_		<u> </u>				_		
					<u> </u>								
					<u> </u>						+		
					 		+				+		
				<u> </u>	_		1				_		
											\top		
1b	Sub-Total				<u> </u>	<u> </u>		<u> </u>			十		
	Total from continuation sheets					<u> </u>		F					
d	Total (add lines 1b and 1c) .							-	2,180,034	210,5	533		413,979
2	Total number of individuals (incl \$100,000 of reportable compens						above) wh	o received more tha	n	•		
												Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					-	mploy •	ee,	or highest compens	ated employee • • •	3		No
4	For any individual listed on line 1 organization and related organization individual										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_	r individual for	5		No
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from	hıghest comper											

or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CAL HART COMPANY 761 PALMER AVENUE PALMER PROFESSIO HOLMDEL, NJ 07733	ADVERTISING REPRESENTATIVE	293,989
HFI LLC 210 SMOKERISE TRACE PEACHTREE CITY, GA 30269	EXHIBIT SALES	256,242
MATRIX MEDIA GROUP INTERNATIONAL LLC PO BOX 25904 ALEXANDRIA, VA 22313	WEB DESIGN SERVICES	186,872
SRDS PO BOX 8500-8601 PHILADELPHIA, PA 191788601	ADVERTISING	150,504
Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization $\blacktriangleright 4$

Form 99		Statement o	f Davanua					Page 9
Part	,,,,,,	<u>Statement o</u>	i Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
म् इ	1a	Federated camp	oaigns 1a					
호호	b	Membership due	es					
S, G	c	Fundraising eve	ents 1c					
# <u>E</u>	d	Related organız	ations 1d					
E, S	e	Government grants	(contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contril	butions included in	200,000				
ν. E	h	lines 1a-1f \$ Total. Add lines	:1a-1f	▶	200,000			
				Business Code				
Program Serwce Revenue	2a	MEMBERSHIP DUES	5	900099	11,622,082	11,622,082		
e ve	Ь	ADVERTISING INCO		900099	6,143,429	11,022,002	6,087,430	55,999
ው ሚ	c	ANNUAL CONVENTI		900099	4,424,338	4,424,338	0,007,430	33,333
Z .	d	EDUCATIONAL COU		900099	688,712	688,712		
33	e	PUBLICATION		541800	431,685	5,700	425,985	
Ē	f	-	m service revenue	341600	103,742	3,700	423,963	103,742
Ş	'	An other progra	III service revenue		103,742			103,742
	g		2a-2f		23,413,988			
	3		ome (including dividend	_ ·	509,474			509,474
	١,		ar amounts) tment of tax-exempt bond ;	F	309,474			309,474
	4 5			· · · · ·	31,088			31,088
		Royalties	(ı) Real	(II) Personal	,			,
	6a	Gross rents	(i) iteal	(ii) i dissilar				
	Ь	Less rental						
	_c	expenses Rental income						
	d	or (loss)	me or (loss)					
	"		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	9,802,222	(11) 0 01101				
	ь	than inventory Less cost or other basis and sales expenses	9,661,947					
	c	Gain or (loss)	140,275					
	d	Net gain or (los		▶	140,275			140,275
eune	8a	Gross income frevents (not incl						
Other Revenue		See Part IV, lin	e 18 a					
Ě	b		penses b	avents •				
9	c 9a		loss) from fundraising of forming from gaming activities	events F				
		See Part IV, lin						
	b		penses b					
	C		loss) from gaming activ	vities				
	10a	Gross sales of i returns and allo		447,581				
	Ь	Less cost of go	oods sold b	0				
	С		loss) from sales of inve		447,581	447,581		
		Miscellaneous	Revenue	Business Code				
	11a	PAC ADMINIS	TRATION FUN	900099	113,964	113,964		
	b c	MISCELLANEO	USINCOME	900099	70,770			70,770
	d	All other revenu				-		
	e e	Total. Add lines	ı					
			···	•	184,734			
	12	Total revenue.	See Instructions	▶	24,927,140	17,302,377	6,513,415	911,348 Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	et include amounts reported on lines 6b,	· · · · ·	(B)	(c)	(D)
	of include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	350,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,647,272			
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	5,505,032			_
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,125,426			
9	Other employee benefits	690,097			
10	Payroll taxes	555,498			
11	Fees for services (non-employees)	12,170			
а	Management				
b	Legal	163,022			
c	Accounting	109,357			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	52,054			_
g	Other	1,803,088			
12	Advertising and promotion	181,157			
13	Office expenses	1,185,451			
14	Information technology	213,417			
15	Royalties				
16	Occupancy	1,064,385			
17	Travel	1,264,362			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,397,080			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	107,903			
23	Insurance	89,831			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FAS 158 ADJUSTMENT	2,032,689			
b	COMMISSIONS	1,999,654			
c	PRINTING & PUBLICATIONS	1,300,596			
d	TAXES & LICENSES	380,794			
е					
f	All other expenses	403,531			
25	Total functional expenses. Add lines 1 through 24f	26,621,696			
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				F	orm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 714,793 607,808 1 1 2 3,953,703 4,393,469 2 3 3 2,851,463 4 2,537,550 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 390,110 8 378,474 819.577 9 856.798 Prepaid expenses and deferred charges 2,905,049 10a Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10b 2,473,997 186,008 **10c** 431,052 b Less accumulated depreciation 17,470,062 19,308,760 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 626,659 15 15 598,520 16 28,851,073 16 27,273,733 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,713,041 17 1.607.984 **17** Accounts payable and accrued expenses . 18 18 19 436,145 19 498.044 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 8,821,908 25 9,329,710 D 26 10,971,094 26 11,435,738 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 17,879,979 27 27 Unrestricted net assets 15,837,995 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 17.879.979 33 15.837.995 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 28.851.073 27.273.733

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24.0	927,140
2	Total expenses (must equal Part IX, column (A), line 25)	2			521,696
3	Revenue less expenses Subtract line 2 from line 1	3			594,556
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,8	379,979
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 3	347,428
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		15,8	37,995
Par	TEXTI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		-	৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Additional Data

Software ID:

Software Version:

EIN: 53-0115267

Name: NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ including grants of \$) (Revenue \$

MANAGEMENT EDUCATION INSTITUTE MEI HELPS NECA'S MEMBERS RUN THEIR BUSINESSES BETTER BY OFFERING EXPERT-LED MANAGEMENT TRAINING FOR EMPLOYEES AT ALL LEVELS WORKING WITHIN THE ELECTRICAL CONTRACTING INDUSTRY, PUBLISHING IMPORTANT BUSINESS DATA, PROVIDING TOOLS FOR MEMBERS TO ACCURATELY ACCOUNT FOR JOB COSTS, AND PUBLISHING THE MANUAL OF LABOR UNITS AND THE FINANCIAL PERFORMANCE REPORT

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
		trustee r	Trustee	티	loyee	pensated	· 한					
CHARLES FREEMAN BOARD OF GOVERNORS	1 00	Х						0	0	0		
MICK E MANNING BOARD OF GOVERNORS	1 00	Х						0	0	0		
GREGORY RUSSELL BOARD OF GOVERNORS	1 00	Х						0	0	0		
JOHN F KOSTYO BOARD OF GOVERNORS	1 00	Х						0	0	0		
JIMMY D COKER BOARD OF GOVERNORS	1 00	Х						0	0	0		
JOHN L MUSSELL BOARD OF GOVERNORS	1 00	Х						0	0	0		
RICK HENRY BOARD OF GOVERNORS	1 00	Х						0	0	0		
DAVID J HELSEL BOARD OF GOVERNORS	1 00	Х						0	0	0		
FRANK E SCHETTER BOARD OF GOVERNORS	1 00	Х						0	0	0		
CARL JARRETT BOARD OF GOVERNORS	1 00	Х						0	0	0		
JOHN S EVERSON BOARD OF GOVERNORS	1 00	Х						0	0	0		
FREDERICK A JENSEN BOARD OF GOVERNORS	1 00	Х						0	0	0		
LEWIS FRAIN BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROBERT L DOUGLASS BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROBERT SMITH BOARD OF GOVERNORS	1 00	Х						0	0	0		
THOMAS L HEDGES BOARD OF GOVERNORS	1 00	Х						0	0	0		
KENNETH A PAGANINI BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROBERT GONZALES BOARD OF GOVERNORS	1 00	Х						0	0	0		
PATRICK L MARK BOARD OF GOVERNORS	1 00	Х						0	0	0		
THOMAS G ISPAS BOARD OF GOVERNORS	1 00	Х						0	0	0		
THOMAS L HEDGES BOARD OF GOVERNORS	1 00	Х						0	0	0		
KENNETH A PAGANINI BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROBERT GONZALES BOARD OF GOVERNORS	1 00	Х						0	0	0		
PATRICK L MARK BOARD OF GOVERNORS	1 00	Х						0	0	0		
THOMAS G ISPAS BOARD OF GOVERNORS	1 00	Х						0	0	0		

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion (that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
		trustee r) Trustee	ë	oloyee	npensated	ĕ					
CRAIG CLARK BOARD OF GOVERNORS	1 00	Х						0	0	0		
JAMES PETERSON BOARD OF GOVERNORS	1 00	Х						0	0	0		
IAN M LOGIE BOARD OF GOVERNORS	1 00	Х						0	0	0		
MICHAEL D TOMAN BOARD OF GOVERNORS	1 00	Х						0	0	0		
SCOTT MADDOX BOARD OF GOVERNORS	1 00	Х						0	0	0		
ANDY DELAPARTE BOARD OF GOVERNORS	1 00	Х						0	0	0		
DAVID LONG BOARD OF GOVERNORS	1 00	Х						0	0	0		
JONATHAN R BORDEN BOARD OF GOVERNORS	1 00	Х						0	0	0		
RILO STEPHENS BOARD OF GOVERNORS	1 00	Х						0	0	0		
TIM MUNDY BOARD OF GOVERNORS	1 00	Х						0	0	0		
BRAD BUTLER BOARD OF GOVERNORS	1 00	Х						0	0	0		
STEVE T WATANABE BOARD OF GOVERNORS	1 00	Х						0	0	0		
JEFF L WHEELER BOARD OF GOVERNORS	1 00	Х						0	0	0		
STEVE C GARDNER SR BOARD OF GOVERNORS	1 00	Х						0	0	0		
BRADLEY R WEIR BOARD OF GOVERNORS	1 00	Х						0	0	0		
LAWRENCE H CLENNON BOARD OF GOVERNORS	1 00	Х						0	0	0		
DANIEL M WILCOX BOARD OF GOVERNORS	1 00	Х						0	0	0		
CRAIG R MARTIN BOARD OF GOVERNORS	1 00	Х						0	0	0		
JOHN CORSIGLIA BOARD OF GOVERNORS	1 00	Х						0	0	0		
DANIEL F PALMER BOARD OF GOVERNORS	1 00	Х						0	0	0		
JEFF W CARDWELL BOARD OF GOVERNORS	1 00	Х						0	0	0		
ANTHONY J MALONEY III BOARD OF GOVERNORS	1 00	Х						0	0	0		
DAN HARPENAU BOARD OF GOVERNORS	1 00	Х						0	0	0		
DONALD D BARRIGAR BOARD OF GOVERNORS	1 00	Х						0	0	0		
DOUG HAGUE BOARD OF GOVERNORS	1 00	Х						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) A verage hours		(tion that a			all		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WILLIAM B LICH BOARD OF GOVERNORS	1 00	x						0	0	0
HERMON L MILTON BOARD OF GOVERNORS	1 00	Х						0	0	0
KIRK DAVIS BOARD OF GOVERNORS	1 00	Х						0	0	0
MARTIN WEST BOARD OF GOVERNORS	1 00	Х						0	0	0
EJ DEUBLER III BOARD OF GOVERNORS	1 00	Х						0	0	0
JAMES M STARK SR BOARD OF GOVERNORS	1 00	Х						0	0	0
JAMES H CORNELIUS BOARD OF GOVERNORS	1 00	Х						0	0	0
THOMAS M DRISCOLL BOARD OF GOVERNORS	1 00	Х						0	0	0
JONATHAN OSTROW BOARD OF GOVERNORS	1 00	Х						0	0	0
THOMAS SCHMITT BOARD OF GOVERNORS	1 00	Х						0	0	0
ROBERT J TURNER BOARD OF GOVERNORS	1 00	Х						0	0	0
JERRY DANCEY BOARD OF GOVERNORS	1 00	Х						0	0	0
PAUL KOSMIDES BOARD OF GOVERNORS	1 00	Х						0	0	0
MICHAEL HANSON BOARD OF GOVERNORS	1 00	Х						0	0	0
BLAIR MAHAN BOARD OF GOVERNORS	1 00	Х						0	0	0
GLADE MCINNIS BOARD OF GOVERNORS	1 00	Х						0	0	0
JERRY W ROOT BOARD OF GOVERNORS	1 00	Х						0	0	0
ROBERT J UNTERREINER BOARD OF GOVERNORS	1 00	Х						0	0	0
MICK CABBAGE BOARD OF GOVERNORS	1 00	Х						0	0	0
GARY DEMMEL BOARD OF GOVERNORS	1 00	Х						0	0	0
ROBERT J LISOWSKI BOARD OF GOVERNORS	1 00	Х						0	0	0
NEIL C VITALE BOARD OF GOVERNORS	1 00	Х						0	0	0
GEORGE BRESTLE BOARD OF GOVERNORS	1 00	Х						0	0	0
BOB MCDADE BOARD OF GOVERNORS	1 00	Х						0	0	0
JOSEPH F FARINA BOARD OF GOVERNORS	1 00	х						0	0	0

Compensated Employees, and Independent Contractors												
(A) Name and Tıtle	(B) Average hours per		tion (that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
JOHN S KOGUT BOARD OF GOVERNORS	1 00	Х						0	0	0		
JEFFREY L SEIDEL BOARD OF GOVERNORS	1 00	Х						0	0	0		
DONALD W LESLIE JR BOARD OF GOVERNORS	1 00	Х						0	0	0		
STEVEN LAZZARO BOARD OF GOVERNORS	1 00	Х						0	0	0		
LEO J VILLENEUVE BOARD OF GOVERNORS	1 00	Х						0	0	0		
BRIAN W HAAS BOARD OF GOVERNORS	1 00	×						0	0	0		
LINDSAY T MILLS BOARD OF GOVERNORS	1 00	Х						0	0	0		
JOSEPH R PELLERITE BOARD OF GOVERNORS	1 00	Х						0	0	0		
GREGORY A RICK BOARD OF GOVERNORS	1 00	Х						0	0	0		
RONALD D BECKER BOARD OF GOVERNORS	1 00	Х						0	0	0		
WILLIAM J MEYER BOARD OF GOVERNORS	1 00	Х						0	0	0		
MICHAEL B JOYCE BOARD OF GOVERNORS	1 00	Х						0	0	0		
DAVID A DICKEY BOARD OF GOVERNORS	1 00	Х						0	0	0		
LAVERNE A WOLGAMOTT BOARD OF GOVERNORS	1 00	Х						0	0	0		
RUSS ZIMMERMAN BOARD OF GOVERNORS	1 00	Х						0	0	0		
JOHN S FRANTZ BOARD OF GOVERNORS	1 00	Х						0	0	0		
LARRY K LAFAVE BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROB CHERRY BOARD OF GOVERNORS	1 00	Х						0	0	0		
KARL JENSEN BOARD OF GOVERNORS	1 00	Х						0	0	0		
MICHAEL J HAMILTON BOARD OF GOVERNORS	1 00	Х						0	0	0		
THOMAS G MOORE JR BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROBERT J BRUCE BOARD OF GOVERNORS	1 00	Х						0	0	0		
HENRY KANDZERSKI JR BOARD OF GOVERNORS	1 00	Х						0	0	0		
MICHAEL A GRANT BOARD OF GOVERNORS	1 00	Х						0	0	0		
DAVID N ESTES SR BOARD OF GOVERNORS	1 00	Х						0	0	0		

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
JIM SUNVISON BOARD OF GOVERNORS	1 00	Х						0	0	0		
RALPH E KENDRICK JR BOARD OF GOVERNORS	1 00	Х						0	0	0		
STEVE HARGROVE BOARD OF GOVERNORS	1 00	X						0	0	0		
MARVIN L GROVES II BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROBERT A CORBO BOARD OF GOVERNORS	1 00	Х						0	0	0		
WAYNE BRICKMEYER BOARD OF GOVERNORS	1 00	Х						0	0	0		
TOM WILEY BOARD OF GOVERNORS	1 00	Х						0	0	0		
JIM HAVELL BOARD OF GOVERNORS	1 00	Х						0	0	0		
JOSEPH B GUEDRI III BOARD OF GOVERNORS	1 00	Х						0	0	0		
PAUL C SORENSEN BOARD OF GOVERNORS	1 00	Х						0	0	0		
ANDREWR DAHLMAN BOARD OF GOVERNORS	1 00	Х						0	0	0		
MARVIN D NELSON BOARD OF GOVERNORS	1 00	Х						0	0	0		
ROCKY SHARP BOARD OF GOVERNORS	1 00	Х						0	0	0		
JAMES A SMITH BOARD OF GOVERNORS	1 00	Х						0	0	0		
MICHAEL KELLIHER BOARD OF GOVERNORS	1 00	Х						0	0	0		
GERALD W SCHULZ BOARD OF GOVERNORS	1 00	Х						0	0	0		
BOB BLACKHAM BOARD OF GOVERNORS	1 00	Х						0	0	0		
REX FERRY PRESIDENT	10 00	Х		Х				0	0	0		
DENNIS F QUEBE PRESIDENT ELECT	10 00	Х		х				0	0	0		
DAVID R MACKAY VICE PRESIDENT	10 00	Х		х				0	0	0		
GREG E STEWART VICE PRESIDENT	10 00	Х		Х				0	0	0		
ALEX OWEN VICE PRESIDENT	10 00	Х		Х				0	0	0		
DAVID HARDT VICE PRESIDENT	10 00	Х		Х				0	0	0		
JOHN LAMBERT VICE PRESIDENT	10 00	Х		Х				0	0	0		
GEORGE ADAMS VICE PRESIDENT	10 00	Х		х				0	0	0		

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DANIEL G SCHAEFFER VICE PRESIDENT	10 00	Х		х				0	0	0
RAYMOND K FRIEND VICE PRESIDENT	10 00	Х		х				0	0	0
STANLEY R LAZARIAN VICE PRESIDENT	10 00	X		Х				0	0	0
GARY A TUCCI VICE PRESIDENT	10 00	X		Х				0	0	0
RON A AUTREY VICE PRESIDENT	10 00	X		х				0	0	0
JOHN M GRAU CHIEF EXECUTIVE OFFICER	40 00			х				525,529	0	79,369
J MICHAEL THOMPSON SECRETARY-TREASURER	40 00			х				206,629	0	40,006
DANIEL G WALTER VICE PRESIDENT, COO	40 00			х				245,061	0	43,055
RUSSELL J ALESSI PRESIDENT-ELECTRI INTL	40 00			х				0	210,533	37,139
GEARY M HIGGINS VP, LABOR RELATIONS	40 00				х			221,396	0	38,555
WILLIAM C ORGILL EXECUTIVE DIRECTOR	40 00					Х		150,401	0	32,825
JOHN W MAISEL PUBLISHER	40 00					Х		157,270	0	33,214
RICHARD A PARENTI EXECUTIVE DIRECTOR	40 00					Х		195,999	0	38,131
ROBERT D GIBSON EXECUTIVE DIRECTOR	40 00					Х		197,758	0	34,260
B DAVID ROBERTS EXECUTIVE DIRECTOR	40 00					х		279,991	0	37,425

DLN: 93493319035772

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of	the organi	zation		
NATIONAL	ELECTRICAL	CONTRACTORS	ASSOCIATION	INC

Employer identification number

53-0115267

art I-A	Complete i	f the organization i	s exempt under	section 501(c)) or is a	a section 527	organization.
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- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures
- 3 Volunteer hours

art I-B Complete if the organization is exempt under section 501(c)(3).	art I-B	Complete if the	organization is ex	xempt under	section 501(c)(3).
---	---------	-----------------	--------------------	-------------	--------------------

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none. enter - 0 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000,		-			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0				· -				
d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0	d	Otherexe	empt purpose expenditures					
Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,			
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	,			
Part II-B	Complete if the organization is exempt under section 501(c)(3) and	has	NOT filed Fo	rm 5768
	(election under section 501(h)).			

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	11,622,082
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	304,360
b	Carryover from last year	2b	
С	Total	2c	304,360
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	304,360

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493319035772

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Inspection

	me of the organization TIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC	•	Emp	loyer identification number	er
			53-0	0115267	
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds	or Accounts. Comple	te if the
		(a) Donor advised funds	((b) Funds and other accou	nts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi	_	or advı	sed T Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ No
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certified	d historic structure	
	Total militar of accompation accompation	•	_	Held at the End of the	Year
a	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	ŀ	2b		
С	Number of conservation easements on a certified his	` ′	2c		
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d		
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminate	ed by th	ne organization during	
4	Number of states where property subject to conserva	ation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents di	uring the year ►	
7	A mount of expenses incurred in monitoring, inspectines	ng, and enforcing conservation easements	s durınç	g the year	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial:			
Pai	rt III Organizations Maintaining Collectio Complete If the organization answered "		or Otl	her Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu		e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii			
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan		

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	Organizations Maintaining Co										ontinueu)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	e a signific	ant us	se of its collect	ion	
а	Public exhibition		d	Γ	Loan	or exch	nange prog	rams			
b	Scholarly research		e	Г	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	allections and evals	ain hov	w the	, furthe	rthe o	rganizatioi	n's ev	emnt nurnose u	n	
•	Part XIV	meetions and expla	1111 110 V	v cire	ruiciie	ir the o	rgamzacio	13 6	empt purpose n	•	
5	During the year, did the organization solicity assets to be sold to raise funds rather than t									_ Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organ	ızatıon			<u>.</u>		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other as:	sets n		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		г			_	
							-		Am	ount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo		e 21?						ſ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV				1 11.						
Pai	rt V Endowment Funds. Complete	If the organizatio		were Prior			Form 990 o Years Back			/a\Eour\	ears Back
1a	Beginning of year balance	(a)Current rear	(0,	PHOL	real	(C)TW	o reals back	(4)	Tillee feats back	(e)rour i	ears back
b	Contributions							+			
c	Investment earnings or losses							+			
d	Grants or scholarships							+			
e	Other expenditures for facilities							+			
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	d and a	dmınıstere	d for t	the		
	organization by									Yes	No
	-								3a(1
	(i) unrelated organizations			•				•			
h	(i) unrelated organizations(ii) related organizations								3a(i	i)	
	(i) unrelated organizations (ii) related organizations	 ns listed as require	 d on S	ched	ule R?					i)	
4	(i) unrelated organizations	 ns listed as require e organization's en	d on S	ched ent fu	ule R? nds			· .	3a(i	i)	
4	(i) unrelated organizations (ii) related organizations	 ns listed as require e organization's en	d on S	ched ent fu ert X	ule R? nds . line :			other	3a(i	i)	
4	(i) unrelated organizations	 ns listed as require e organization's en	d on S	ent funt X	ule R? nds	 LO.			3a(i	i)	book value
4 Par	(i) unrelated organizations (ii) related organizations	 ns listed as require e organization's en	d on S	ent funt X	ule R? nds line :	 LO.	(b)Cost or		3a(i	i)	book value
4 Par	(i) unrelated organizations (ii) related organizations	 ns listed as require e organization's en	d on S	ent funt X	ule R? nds line :	 LO.	(b)Cost or		3a(i	i)	book value
Par	(i) unrelated organizations (ii) related organizations	 ns listed as require e organization's en	d on S	ent funt X	ule R? nds line :	 LO.	(b)Cost or		3a(i	i)	book value
1a l b i	(i) unrelated organizations (ii) related organizations	 ns listed as require e organization's en	d on S	ent funt X	ule R? nds line :	 LO.	(b)Cost or		3a(i	i)	book value
1a l b 6 c l d 6	(i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment Description of property Land	 ns listed as require e organization's en	d on S	ent funt X	ule R? nds line :	 LO.	(b)Cost or basis (oth		3a(i	i) (d) E	book value

Part VII Investments—Other Securities. S (a) Description of security or category	ee Form 990, Part X, line 12 	. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	þ-	
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X	, line 15.	
	cription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) III	ne 15.)	
Part X Other Liabilities. See Form 990, Pa		•
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
DEFERRED COMPENSATION PLAN	536,840	
ACCRUED PENSION LIABILITY	8,792,870	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 9,329,710	

tal revenue (Form 990, Part VIII, column (A), line 12) tal expenses (Form 990, Part IX, column (A), line 25) cess or (deficit) for the year Subtract line 2 from line 1 it unrealized gains (losses) on investments inated services and use of facilities vestment expenses or period adjustments	1 2 3 4 5	-1,694,556
cess or (deficit) for the year Subtract line 2 from line 1 It unrealized gains (losses) on investments Inated services and use of facilities Inated services	3 4 5	
t unrealized gains (losses) on investments nated services and use of facilities vestment expenses	4 5	-1,694,556 -347,428
t unrealized gains (losses) on investments nated services and use of facilities vestment expenses	5	-347,428
vestment expenses	-	
·		
·	6	
or period adjustification	7	
	8	-
	9	-347,428
	10	-2,041,984
	er Re	
	1	24,527,658
mounts included on line 1 but not on Form 990, Part VIII, line 12		
et unrealized gains on investments		
onated services and use of facilities		
ecoveries of prior year grants		
ther (Describe in Part XIV)		
dd lines 2a through 2d	2e	-347,428
ubtract line 2e from line 1	3	24,875,086
mounts included on Form 990, Part VIII, line 12, but not on line 1		
nvestment expenses not included on Form 990, Part VIII, line 7b . 4a 52,054		
ther (Describe in Part XIV)		
•	4c	52,054
		24,927,140
	per I	
·	1	26,569,642
mounts included on line 1 but not on Form 990, Part IX, line 25		
onated services and use of facilities		
rıor year adjustments		
ther losses		
ther (Describe in Part XIV)		
dd Innes 2a through 2d	2e	0
ubtract line 2e from line 1	3	26,569,642
mounts included on Form 990, Part IX, line 25, but not on line 1:		
ovestment expenses not included on Form 990, Part VIII, line 7b 4a 52,054		
ther (Describe in Part XIV)		
	4 c	52,054
	5	26,621,696
	total revenue, gains, and other support per audited financial statements mounts included on line 1 but not on Form 990, Part VIII, line 12 et unrealized gains on investments	tal adjustments (net) Add lines 4 - 8 cess or (deficit) for the year per financial statements Combine lines 3 and 9 10 11 Reconciliation of Revenue per Audited Financial Statements With Revenue per Re otal revenue, gains, and other support per audited financial statements

Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493319035772

Department of the Treasury Internal Revenue Service

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

Inspection

NATIONAL ELECTRICAL CON	ITDACTORS ASSOCI	ATIONING				'	imployer identi	ilication number
NATIONAL ELECTRICAL CON	ITRACTORS ASSOCI	ATION INC				5	3-0115267	
Part I General Inform	nation on Grants	and Assistance						
Does the organization ma the selection criteria useDescribe in Part IV the o	d to award the grants o	orassistance?			ollity for the grants or	assistance • • • •	, and 	ר Yes ר
Form 990, Part I	IV, line 21 for any r	Governments and ecipient that receive 0) if additional space	d more than \$5,000). Check this box if	no one recipient re	eceived m	ore than \$5,	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of h assistance	(h) Purpose of grant or assistance
(1) ELECTRI INTERNATIONAL3 BETHESDA METRO CENTER BETHESDA, MD 20814	52-1643734	501(C)(3)	350,000		FM∨	A DMINIS SUPPOR	STRATIVE T	SUPPORT ONGOING EFFORTS OF ELECTRI INTERNATIONAL TO ADVANCE THE ELECTRICAL INDUSTRY

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . .

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.										
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					

Part IV Supplem	ental Information. Complete	this part to provide the information required in Part I, line 2, and any other additional information.
Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NECA PROVIDES CONTRIBUTED ADMINISTRATIVE SUPPORT TO ELECTRI

MONITORING GRANTS
IN THE U S

SCHEDULE I, PART I, LINE 2 NECA PROVIDES CONTRIBUTED ADMINISTRATIVE SUPPORT TO ELECTRI INTERNATIONAL NECA MANAGEMENT AND GOVERNING BODY RECEIVE PERIODIC UPDATES FROM ELECTRI INTERNATIONAL ON PROGRAM PURPOSE ACHIEVEMENTS

DLN: 93493319035772

Employer identification number

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

NAT	IONAL ELECTRICAL CONTRACTORS ASSOCIATION INC			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Independent compensation committee Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN M GRAU	(ı) (ıı)	478,541 0	25,000 0	21,988 0	44,025 0	35,344 0	604,898 0	
(2) J MICHAEL THOMPSON	(ı) (ıı)	181,734 0	6,001 0	18,894 0	21,113 0	18,893 0	246,635 0	
(3) DANIEL G WALTER	(ı) (ıı)	221,224 0	10,001	13,836 0	25,601 0	17,454 0	288,116 0	
(4) RUSSELL J ALESSI	(ı) (ıı)	0 200,800	0	0 9,733	0 22,220	0 14,919	0 247,672	
(5) GEARY M HIGGINS	(ı) (ıı)	196,731 0	7,000 0	17,665 0	22,608 0	15,947 0	259,951 0	
(6) WILLIAM C ORGILL	(ı) (ıı)	144,967 0	2,000 0	3,434 0	16,628 0	16,197 0	183,226 0	
(7) JOHN W MAISEL	(ı) (ıı)	148,600 0	5,000 0	3,670 0	17,325 0	15,889 0	190,484 0	
(8) RICHARD A PARENTI	(ı) (ıı)	186,000 0	6,000 0	3,999 0	21,450 0	16,681 0	234,130 0	
(9) ROBERT D GIBSON	(ı) (ıı)	181,800 0	4,500 0	11,458 0	20,625 0	13,635 0	232,018	
(10) B DAVID ROBERTS	(I) (II)	188,700 0	6,000 0	85,291 0	20,790	16,635 0	317,416 0	

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	. ,	JOHN GRAU HAS A DEFERRED SEVERANCE PLAN THE TOTAL AMOUNT ACCRUED FOR THE PLAN AT 12/31/2011 WAS \$101,301 B DAVID ROBERTS TOOK A WITHDRAWAL OF \$80,880 FROM THE 457 PLAN

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493319035772

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of	the organi	zation		
VATIONAL	ELECTRICAL	CONTRACTORS	ASSOCIATION	INC

Employer identification number

53-0115267

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	(A) REGULAR MEMBERSHIP REGULAR MEMBERSHIP SHALL BE AVAILABLE TO PERSONS, FIRMS, CORPORATIONS, AND OTHER PERMANENTLY ESTABLISHED ENTITIES WHOSE PRINCIPAL BUSINESS IS ELECTRICAL POWER, COMMUNICATIONS OR CONTROLS CONTRACTING AND WHO HAVE AN ESTABLISHED PLACE OF BUSINESS AS DEFINED BY THE BOARD OF GOVERNORS REGULAR MEMBERS IN GOOD STANDING SHALL BE AUTHORIZED TO CAST THE FOLLOWING VOTES BY BALLOT IN ALL MATTERS REFERRED TO MEMBERS BY THE ASSOCIATION AND REQUIRING A VOTE BY BALLOT BASED UPON "MANHOURS" IN THE PRIOR CALENDAR YEAR, REGULAR MEMBER, REPORTING (1) 1 TO 75,000 MANHOURS SHALL HAVE ONE (1) VOTE, (2) 75,001 TO 150,000 MANHOURS SHALL HAVE TWO (2) VOTES AND (3) IN EXCESS OF 150,000 MANHOURS SHALL HAVE THEE (3) VOTES EACH REGULAR MEMBER SHALL DESIGNATE AN "ACCREDITED REPRESENTATIVE" WHO IS AN OWNER, PARTNER, OFFICER OR OCCUPANT OF ANOTHER SENIOR POSITION THE "ACCREDITED REPRESENTATIVE" SHALL REPRESENT AND VOTE ON BEHALF OF THE REGULAR MEMBER (B) HONORARY MEMBERSHIP HONORARY MEMBERSHIP SHALL BE AVAILABLE TO ANY PERSON ELECTED TO SUCH STATUS BY THE BOARD OF GOVERNORS FOR DISTINGUISHED SERVICE TO THE ELECTRICAL INDUSTRY (C) VETERAN MEMBERSHIP VETERAN MEMBERSHIP SHALL BE AVAILABLE TO PERSONS HAVING REPRESENTED A REGULAR MEMBERSHIP NOOD STANDING FOR AT LEAST FIFTEEN (15) YEARS AND NOT CURRENTLY ENGAGED IN THE ELECTRICAL CONTRACTING BUSINESS VETERAN MEMBERS SHALL BE ELECTED BY THE EXECUTIVE COMMITTEE (D) INDIVIDUAL MEMBERSHIP INDIVIDUAL MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION BUT (§) NOT BEING ACCEPTED FOR MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION ON (§) HAVING ONCE HELD MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION, DENIED CONTINUATION OF SUCH MEMBERSHIP APPLICANTS FOR INDIVIDUAL MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION, DENIED CONTINUATION OF SUCH MEMBERSHIP PROPRIED FOR APPROVING INDIVIDUAL MEMBERSHIPS, THE EXECUTIVE COMMITTEE SHALL COMMUNICATE FULLY WITH CHAPTERS CONCERNED A PROSPECTIVE INDIVIDUAL MEMBER WILL HAVE THE OPPORTUNITY TO RESPOND IN WRITING TO ANY CHAPTER POSITION AND TO BE HEARD BY THE EXECUTIV

	Return ference	Explanation
PAR ⁻	RT VI, CTION A, E 7A	THE BOARD OF GOVERNORS IS THE ULTIMATE GOVERNING BODY OF THIS ASSOCIATION AND SHALL CONTROL ALL ITS ASSETS AND AFFAIRS AND FORMULATE ITS POLICIES AND PROGRAMS. THE BOARD OF GOVERNORS SHALL CONSIST OF (A) ONE (1) GOVERNOR ELECTED FROM AND BY THE MEMBERS OF EACH CHAPTER EMPOWERED TO ELECT GOVERNORS AFFILIATED WITH THIS ASSOCIATION. (B) THE PRESIDENT OF THIS ASSOCIATION. (C) THE PRESIDENT ELECT. (D) THE DISTRICT VICE PRESIDENTS. (E) THE VICE PRESIDENT AT LARGE. SELECTION OF GOVERNORS - EACH CHAPTER LOCATED IN AN ODD-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH ODD-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS. EACH CHAPTER LOCATED IN AN EVEN-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH EVEN-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS. GOVERNORS SHALL TAKE OFFICE UPON SELECTION AND NOTIFICATION SENT TO THE SECRETARY/TREASURER IN WRITING.

Identifier	Return Reference	Explanation
	1	NECA REVIEWED THE INITIAL DRAFT OF THE FORM 990 WITH THE AUDIT COMMITTEE VIA CONFERENCE CALL UPON APPROVAL BY THE AUDIT COMMITTEE, NECA FORWARDED THE DRAFT OF THE FORM 990 TO THE EXECUTIVE COMMITTEE VIA E-MAIL AND ANSWERED ANY QUESTIONS THAT AROSE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION EXECUTIVE COMMITTEE, BOARD OF GOVERNORS, COMMITTEES, TASK FORCES, WORKING GROUPS AND OTHERS IN THE NECA GOVERNANCE STRUCTURE, AS WELL AS ALL NECA EMPLOYEES MUST ACT AT ALL TIMES IN THE BEST INTERESTS OF NECA AND NOT FOR PERSONAL OR THIRD-PARTY GAIN OR FINANCIAL ENRICHMENT THE NECA EXECUTIVE COMMITTEE HAS THE EXCLUSIVE AUTHORITY AND RESPONSIBILITY TO DECIDE AN APPROPRIATE REACTION TO THE DISCLOSURE THE EXCLUSIVE AUTHORITY AND RESPONSIBILITY TO DECIDE AN APPROPRIATE REACTION TO THE DISCLOSURE THE EXECUTIVE COMMITTEE MAY, AT ITS DISCRETION, CHOOSE AMONG THE FOLLOWING REACTIONS DISCLOSURE. THE DISCLOSURE REGARDING A VOLUNTEER'S OTHER INTEREST IS WORTHY OF THE EXECUTIVE COMMITTEE'S ATTENTION, BUT THE DISCLOSURE ITSELF, AND THE EXECUTIVE COMMITTEE'S AWARENESS OF THE DISCLOSURE, IS CONSIDERED SUFFICIENT TO CORRECT FOR ANY BIAS THAT IT MIGHT ENTAIL IN SHORT, THE EXECUTIVE COMMITTEE WOLL LIKELY DECIDE THAT ALTHOUGH THE VOLUNTEER CLEARLY HAS SOME OTHER INTEREST, THE EXECUTIVE COMMITTEE WILL SIMPLY TAKE THE INFORMATION INTO ACCOUNT AS THE MEMBER PARTICIPATES IN DECISION-MAKING RECUSAL THE OTHER INTEREST THAT HAS BEEN DISCLOSED AFFECTS AN IMPORTANT POLICY OR PROGRAM FOR THE ORGANIZATION TO ASSURE THE ORGANIZATION AND ITS CONSTITUENCY THAT EXECUTIVE COMMITTEE DECISION-MAKING IS WITHOUT BIAS, IT IS BEST FOR THE VOLUNTEER TO RECUSE HIMSELF/HERSELF WHEN THE EXECUTIVE COMMITTEE TAKES REPORTS, DEBATES, OR MAKES DECISIONS, REGARDING THAT POLICY OR PROGRAM IN SHORT, THE VOLUNTEER WOULD BE ASKED TO SIT OUT ANY WORK OF THE EXECUTIVE COMMITTEE IN THE AREA WHERE HE/SHE HAS CONFLICTING INTERESTS RESIGNATION THE OTHER INTEREST RELATES TO A CONTINUING, PERVASIVE, AND IMPORTANT EXECUTIVE COMMITTEE FUNCTION, ONCE THAT CANNOT EASILY BE ISOLATED ON AN AGENDA SO AS TO PERMIT RECUSAL IN THIS CASE, THE MEMBER MIGHT BE ASKED TO RESIGN HIS/HEP POSITION, SINCE THIS IS THE ONLY WAY TO POSITION. SHOW THE THIS IS AN EXTREME AND RARE RESULT OF A MEMBERS DISCLOSURE, IT IS SOMETIMES THE BEST AND ONLY FAIR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE, IS THE BODY CHARGED WITH REVIEWING THE CEO'S COMPENSATION PACKAGE. THE COMMITTEE REVIEWS MARKET DATA AND THE CEO'S PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD BE. IN TURN, THE CEO OF THE ASSOCIATION IS CHARGED WITH PREPARING EVALUATIONS FOR THE ORGANIZATION'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIVIDUAL'S PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN USED BY THE CEO, WITH ADVISEMENT FROM THE COMPENSATION COMMITTEE, IN SETTING COMPENSATION PACKAGES FOR THE ORGANIZATION'S OFFICERS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NECA'S GOVERNING DOCUMENTS ARE AVAILABLE ON-LINE AT WWW NECANET ORG NECA'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -347,428

ldentifier	Return Reference	Explanation
DESCRIPTION OF THE AUDIT COMMITTEE REVIEW PROCESS	FORM 990, PART XII, LINE 2C	THIS PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
		FORM 990 PART VII & SCHEDULE J THE STAFF OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES LISTED ON THIS RETURN ALSO PARTICIPATE IN THE NECA EMPLOYEE PENSION PLAN (THE PLAN) THE PLAN IS A QUALIFIED DEFINED BENEFIT PENSION PLAN BENEFITS UNDER THE PLAN WERE FROZEN EFFECTIVE DECEMBER 31, 2003

ldentifier	Return Reference	Explanation
DESCRIPTION OF THE AUTHORITY DELEGATED TO THE EXECUTIVE COMMITTEE	1A	THE EXECUTIVE COMMITTEE IS COMPRISED OF 12 MEMBER OFFICERS OF THE ASSOCIATION (ELECTED BY THE BOARD OF GOVERNORS) AND FOUR STAFF OFFICERS (IN AN ADVISORY CAPACITY) WHO WHEN MEETING AS THIS COMMITTEE, DOES SO AS OFFICERS OF THE NATIONAL ASSOCIATION WITH THE GOAL OF IMPLEMENTING THE OBJECTIVES, POLICIES AND PROGRAMS SET BY THE BOARD OF GOVERNORS THE COMMITTEE REPORTS TO, AND IS SUBJECT TO INSTRUCTIONS FROM, THE BOARD OF GOVERNORS

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

DLN: 93493319035772

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC				Employer id	entification number		
				53-011526	57		
Part I Identification of Disregarded Entities (Co	mplete if the organizat	ion answered "Ye	s" on Form 990, P	art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations duri		e if the organization	on answered "Yes'	' on Form 990, Pa	art IV, line 34 becaus	e it had	one
(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 5: contr organ	g) 12(b)(13 rolled ızatıon
(A) FLECTRY INTERNATIONAL. THE FOUNDATION FOR						Yes	No
(1) ELECTRI INTERNATIONAL - THE FOUNDATION FOR 3 BETHESDA METRO CENTER SUITE 1100 BETHESDA, MD 208145330	RESEARCH ACTIVITIES	MD	501(C)(3)	170(B)(1)(A)(VI)	NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION		No
52-1643734 (2) ELECTRICAL CONSTRUCTION PAC 3 BETHESDA METRO CENTER SUITE 1100 BETHESDA, MD 208145330	SUPPORT CANDIDATES WHO BACK ISSUES IN THE ELECTRICAL CONSTRUCTION INDUSTRY	MD	527		NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION		No
52-1156960							
For Privacy Act and Panerwork Peduction Act Notice see the Instr	uctions for Form 000	Cat No. I	50135V	·	Schodulo D (orm 900\	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV	/, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

ſ		(a)					(h	١	(i)	(j	$\overline{}$	
(a) address, and EIN of ed organization		(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total Income	(g) Share of end-of- year assets	Disprop allocat	rtionate		Gener mana partr	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
	·											
	·											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Par	LV	Transactions with Related Organizations (Complete in the organization answered Tes	on Form 990, Par	11V, line 34, 35, 3	3A, 01 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transactions with one or more related organ	uzations listed in Parts	s II-IV?		1	T
а	Recei	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, g	rant, or capital contribution to related organization(s)			1b	Yes	
C	Gıft, g	rant, or capital contribution from related organization(s)			1 c		No
d	Loans	or loan guarantees to or for related organization(s)			1d		No
е	Loans	or loan guarantees by related organization(s)			1e	1	No
f	Sale o	f assets to related organization(s)			1f	士	No
g	Purch	ase of assets from related organization(s)			1 g		No
h	Excha	nge of assets with related organization(s)			1h		No
İ	Lease	of facilities, equipment, or other assets to related organization(s)			1i	_	No
j	Lease	of facilities, equipment, or other assets from related organization(s)			<u>1j</u>		No
k	Perfor	mance of services or membership or fundraising solicitations for related organization(s)			1k		No
I	Perfori	mance of services or membership or fundraising solicitations by related organization(s)			11		No
m	Sharır	g of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	n	No
n	Sharır	ng of paid employees with related organization(s)			1n	Yes	┿
o	Reımb	ursement paid to related organization(s) for expenses			10	,	No
p	Reimb	ursement paid by related organization(s) for expenses			1p	Yes	
q	Other	transfer of cash or property to related organization(s)			1 q		No
r	Other	transfer of cash or property from related organization(s)			1r		No
2	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ıcludıng covered relatı	onships and transact	:ion thresholds		
		(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		nount
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)		(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)		j) eral or aging tner?	(k) Percentage ownership
			314)	Yes	No			Yes No			Yes No		
												<u> </u>	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

DLN: 93493319035772

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury

 $A\,tta\,c\,h\,m\,e\,n\,t$

Name(s) shown on return NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions)	
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions)	500,000
Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions)	·
1 Maximum amount (see instructions)	·
2 Total cost of section 179 property placed in service (see instructions)	·
3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	2,000,000
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 - If married filing separately, see instructions	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost	
(a) Description or property only)	
(a) Description or property only)	
7 Listed property. Enter the amount from line 29	
7 Listed property. Enter the amount from line 29	
7 Listed property. Enter the amount from line 29	
2 Listed property. Lincol the dimodile from time 27	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	
9 Tentative deduction Enter the smaller of line 5 or line 8	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 · · · · 12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 . • 13	
Note: Do not use Part II or Part III below for listed property. Instead, use Part V.	
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See	nstructions)
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	
15 Property subject to section 168(f)(1) election	
16 Other depreciation (including ACRS)	
Part III MACRS Depreciation (Do not include listed property.) (See instructions.)	
Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2011	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	
general asset accounts, check here	ctom
(c) Basis for	steili
(b) Month and donrectation	
(a) Classification of year placed in (husiness/investment (d) Recovery (e) Convention (f) Method (g)De	preciation duction
' ' ' service use '	raction
only—see instructions) 19a 3-year property	
b 5-year property	
c 7-year property	
d 10-year property	
e 15-year property	
f 20-year property	
f 20-year property	
f 20-year property 25 yrs S/L	
f 20-year property 25 yrs S/L g 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM S/L	
f 20-year property 25 yrs S/L g 25-year property 25 yrs S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L MM S/L MM S/L MM S/L	
f 20-year property 25 yrs S/L g 25-year property 25 yrs MM S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L MM S/L MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System	
f 20-year property 25 yrs S/L g 25-year property 25 yrs S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L i Nonresidential real property MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L	
f 20-year property 25 yrs S/L g 25-year property 25 yrs S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L MM S/L MM S/L MM S/L MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L	
f 20-year property 25 yrs S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40 yrs MM S/L	
f 20-year property 25 yrs S/L g 25-year property 25 yrs MM S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L b Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Summary (see instructions)	
f 20-year property 25 yrs S/L g 25-year property 25 yrs MM S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV Summary (see instructions) 21 Listed property Enter amount from line 28	
f 20-year property 25 yrs S/L g 25-year property 25 yrs MM S/L h Residential rental property 27 5 yrs MM S/L i Nonresidential real property 39 yrs MM S/L b Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Summary (see instructions)	0

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomoŁ	iles.)
24a Do you have evider	nce to support	the business/inv	estment u	ise claime	d? ┌ Yes	Γ _{No}		2	4b If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		(f) Recover period	y M∈	(g) ethod/ ventior		(h Depreci deduc	ation/		(i) Electe section : cost	179
25 Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service (during the	tax year	and u	used moi	e than	25						
26 Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+			+		
27 Property used 50%	orless in a		iness us	e										_		
		%							S/L - S/L -		_			4		
		%							S/L -							
28 Add amounts in co	olumn (h), lır	nes 25 throug	ıh 27 En	ter here a	and on lu	ne 21, _l	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														se vehic	les	
					a)	(1		1	(c)		(c			2)		f)
year (do not inclu-			_	Vehi	cle 1	Vehi	cle 2	. V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	mıles drıven	during the ye	ar .													
32 Total other persor	nal(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Ye	s 1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle us owner or related p		y by a more th	nan 5%													
36 Is another vehicle			e? .													
Section	on C—Que	stions for	Emplo	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees	l .	
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
37 Do you maintain a employees? .		cy statement											our •	<u> </u>	es	No
38 Do you maintain a	written polic	cy statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t						ers, dire	ector	s, or 1	% or m	nore o	wners		• •	-	-+	
39 Do you treat all us						•	٠. ٠	•	• .	•	. •		•	-		
40 Do you provide movehicles, and reta				oyees, ol	btain info	ormatio •	n froi	m your • •	emplo •	yees .	about •	the us	e of the	e		
41 Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
Note: If your answ	ver to 37, 38	, 39, 40, or 4	1 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
Part VI Amo	rtization															
(a) Description of c	costs	(b) Date amortization begins	n	(A mort a mo	ızable			(d) Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı hıs ye		
42 A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns)		<u> </u>	3.3011	30					
		, ==,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	,	,	1	,									
						-+			\dashv							
43 Amortization of co	sts that beg	jan before you	ur 2011 t	ax year		-			•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					

DLN: 93493318065483

 $\mathsf{Form} 990$

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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

			2012			Inspection
B Che	eck if ap Tress cha	Doing Business As	2012	D Emplo 53-01	•	ntification number
_	me char	nge				
_	ial retur	3 RETHERDA METRO CENTED NO 1100	e	E Telepho	ne num	nber
_	mınated			(301)	657-3	3110
_	ended r	BETHESDA, MD 208146302				
App	olication	pending				\$ 32,988,426
		F Name and address of principal officer JOHN M GRAU	H(a) Is thus affuliate		returr	n for □ Yes 🔽 No
		3 BETHESDA METRO CENTER NO 1100 BETHESDA,MD 208146302				
		22111232117112				ıded?
r Ta	x-exem	pt status				
ı w	ebsite	:► WWW NECANET ORG	H(c) Grou	p exempt	ion nu	mber ►
∢ Forr	n of org	lanization	L Year of for	mation 19		State of legal domicile
Da	rt I	Summary			М	D
Governance	E	NECA IS DEDICATED TO ENHANCING THE ELECTRICAL CONTRACTING INEDUCATION, LABOR RELATIONS, CURRENT INFORMATION AND PROMOTELECTRICAL CONTRACTING INDUSTRY, WORKING TO PROMOTE HIGHER RAINING FOR A SKILLED WORKFORCE	IONALACTI	VITIES	IT IS	THE VOICE OF THE
<u> </u>	-					
3	2 (Check this box 🔭 if the organization discontinued its operations or disposed o	f more than 2	5% of its	net as	ssets
Activities &	3 ,	Number of voting members of the governing body (Part VI, line 1a)			3	130
AHE HE	l	Number of independent voting members of the governing body (Part VI, line 1b)			4	130
Ş	l	otal number of individuals employed in calendar year 2012 (Part V, line 2a)			5	87
•	6 T	otal number of volunteers (estimate if necessary)			6	С
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	5,804,181
	b≀	Net unrelated business taxable income from Form 990-T, line 34	1		7b	348,692
		Control of the contro	Prior	200,000 23,413,988		Current Year
ē	8	Contributions and grants (Part VIII, line 1h)				200,000
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		649,7		676,780
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		663,4		751,752
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		24.027.1	140	25.002.620
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		350,0		25,092,639 354,100
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
/ 0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		0.500		1001011
Expenses	16a	5-10) Professional fundraising fees (Part IX, column (A), line 11e)		9,523,3	0	10,043,414
⊕ ⊕	b	Total fundraising expenses (Part IX, column (D), line 25) •0				0
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,748,3	371	17,773,061
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		26,621,6		28,170,575
	19	Revenue less expenses Subtract line 18 from line 12		-1,694,5	556	-3,077,936
\$ 8 \$ 8			Beginning	of Currei ear	nt	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		27,273,7	733	27,065,047
4 B	21	Total liabilities (Part X, line 26)		11,435,7	-	12,993,058
žĒ	22	Net assets or fund balances Subtract line 21 from line 20		15,837,9	95	14,071,989
	rt II					
ny ki	nowled	lties of perjury, I declare that I have examined this return, including accompany ge and belief, it is true, correct, and complete Declaration of preparer (other the sany knowledge				
		*****	20	13-11-14		
Sign		Signature of officer	Da	te		
Here	e	TRACI PICKUS SECRETARY-TREASURER				

Sign Here)	****** Signature of officer TRACI PICKUS SECRETARY-TREASURE Type or print name and title	२		2013-11-14 Date	
Paid		Print/Type preparer's name SUBRINA L WOOD	Preparer's signature	Date	Check If self-employed	PTIN P00365899
Prepare	r	Firm's name F TATE AND TRYON			Firm's EIN 🕨 52	2-1855942
Use Onl		Firm's address ► 2021 L STREET NV WASHINGTON, DO	Phone no (202) 293-2200			
May the IR	S d	scuss this return with the prepar		ns)		🔽 Yes 🗆 No

, 01111	JJU (2012)				Page Z
Par		of Program Service dule O contains a respons	Accomplishments e to any question in this Part I	II	٦
1	Briefly describe the	organization's mission			
RELA	TIONS, CURRENT IN	FORMATION AND PROM	IOTIONAL ACTIVITIES IT I	JSTRY THROUGH CONTINUIN S THE VOICE OF THE ELECTE NSHIP AND TRAINING FOR A	RICAL CONTRACTING
2	the prior Form 990 or	r990-EZ?	program services during the ye	ar which were not listed on	
	If "Yes," describe the	se new services on Sched	ule O		
3	Did the organization of services?		e significant changes in how it	conducts, any program	
	If "Yes," describe the	se changes on Schedule C)		
4	expenses Section 50	01(c)(3) and 501(c)(4) org		three largest program services, ort the amount of grants and allo	
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	AND COLUMNS ON SUCH	TOPICS AS THE NATIONAL ELEC	CTRICAL CODE, ESTIMATING, PROJEC	G BUSINESS EDUCATES THE INDUSTR T MANAGEMENT, NETWORKING, LIGH XAMINE HOW CONTRACTORS OPERATE	TING, POWER QUALITY, FIBER
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	INDUSTRY FIELD SERVI DEPARTMENT OF LABOR ANALYSES OF LABOR TRI MONITORS FEDERAL LEG SAFE WORK ENVIRONME AND ALSO REPRESENTS	CES HELP MEMBERS BY MEDIATI REGULATIONS, NEGOTIATION O ENDS, AND IN GENERAL, HELPIN GISLATION AND PUBLISHES GUID ENT FOR MEMBER EMPLOYEES N	ING LOCAL LABOR DISPUTES AND PRO F NATIONAL LABOR AGREEMENTS, ED G TO PROMOTE A POSITIVE IMAGE FO ANCE FOR FEDERAL REGULATORY CO NECA'S CODES AND STANDARDS GRO	ART OF ITS MISSION TO ADVANCE THE DVIDING COUNSELING LABOR RELATIO DUCATION AND TRAINING FOR EMPLOY DR UNIONIZED ELECTRICAL CONSTRUC DMPLIANCE SAFETY SERVICES BENEFI UP PROVIDES INPUT TO THE NATIONAL NDARDS BUSINESS DEVELOPMENT HE	NS SERVICES HELP WITH U S EES, PROVIDING STATISTICAL CTION GOVERNMENT AFFAIRS I MEMBERS BY ENSURING A L ELECTRICAL CODE PANELS,
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			I AND TRADE SHOW PROVIDES AN OF SHOWCASE FOR THE LATEST ELECTRI	PORTUNITY FOR MEMBERS TO EXCHA CAL PRODUCTS AND SERVICES	NGE IDEAS AND ATTEND
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	EMPLOYEES AT ALL LEVE	LS WORKING WITHIN THE ELECT	TRICAL CONTRACTING INDUSTRY, PL	BETTER BY OFFERING EXPERT-LED MA JBLISHING IMPORTANT BUSINESS DATA BOR UNITS AND THE FINANCIAL PERFO	A, PROVIDING TOOLS FOR
4d	Other program serv		e O)		
-	(Expenses \$	•	g grants of \$) (Revenue \$)
4e	Total program servi	ce expenses 🕨			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f colored}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, 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^{\square}	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, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Νo
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 25	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_		F	orm 99 0	(2012)

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 88		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	by this return	1		
,	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
)	If "Yes," enter the name of the foreign country AC			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
)	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?			
_	Describe and the second	5c	U.	
	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	Yes	
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
ł	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
•	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	ٿ		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	<u> </u>		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
:	Enter the amount of reserves on hand	1		
1	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	14h		-140

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3		3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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	Yes					
	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	Yes					
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	b Each committee with authority to act on behalf of the governing body?							
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				
S	ection B. Policies (This Section B requests information about policies not required by the Internal R	ovon	ia Cod	٥١				
30	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ie Cou	c.,				
36	Ection B. Policies (This Section B requests information about policies not required by the Internal K	event	Yes	No No				
	Did the organization have local chapters, branches, or affiliates?	10a						
10a			Yes					
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes					
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No				
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No				

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$ ▶THE ORGANIZATION 3 BETHESDA METRO CENTER NO 1100 BETHESDA, MD (301)657-3110

Form	990	(2012)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

	1									
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•		•							Form 990 (2012)

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

(A) Name and Title		(B) A verage hours per week (list any hours	more t	tion (han (on is	one I both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	v-	(F) Estima amount o compens from t	ited fother ation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC) c	organizati relati organiza	ed
1b c	Sub-Total	c to Dart VII S			•		•	*					
_ d	Total (add lines 1b and 1c) .	•			·.	٠.	٠.	Þ	2,360,711	209,6	526		590,756
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any f ood on line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
S	ection B. Independent Co	ntractors											
1	Complete this table for your fiv	ve highest comp											
	compensation from the organiz	zation Report co	ompens	atıon	fort	the o	calenda	arye	ar ending with or wi	thin the organizat	ion's	tax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WORLD COLOR LOGISTICS PO BOX 842858 BOSTON MA 022842858	MAGAZINE PRINTING & MAILING	866,856
LINDENBERGER & ASSOCIATES INC 7007 WINDING WALK DRIVE SUITE 100 HOUSTON TX 77095	MARKETING REPRESENTATIVE	368,908
HFI LLC 156 PEACHTREE EAST SHOPPING CTR 2 PEACHTREE CITY GA 30269	TRADE SHOW MARKETING	326,363
CAL HART COMPANY 761 PALMER AVENUE HOLMDEL NJ 07733	MARKETING REPRESENTATIVE	274,606
MATRIX GROUP INTERNATIONAL LLC 2711 JEFFERSON DAVIS HYW SUITE 1200 ARLINGTON VA 22202	WEBSITE DEVELOPMENT	244,644

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►21

Part V	лì	Statement of Revenue								
			ule O contains a respo	nse to any question		<u> </u>				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514		
	1a	Federated cam	paigns 1a							
Grants Amounts	ь	Membership du	ıes 1b							
Ę,	c	Fundraising ev	ents 1c							
Giffs, nilar Aı	d	Related organiz	zations 1d							
a, G	e	Government grant	s (contributions) 1e							
ions I Si	f		ons, gifts, grants, and 1f	200,000						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts no	ot included above							
a di	g	1a-1f \$	ions included in lines							
3 g	h	Total. Add line	s 1 a - 1 f	· · · · •	200,000					
<u> </u>				Business Code						
ven	2a			900099	11,763,478	11,763,478				
<u>22</u>	b	ADVERTISING INC		541800	5,404,377		5,329,005	75,372		
¥Ç	d	ANNUAL CONVENT EDUCATIONAL CO	-	900099	5,108,932	5,108,932				
38	e u	PUBLICATION	UK3E3	541800	712,144 475,176	712,144	475,176			
<u>.</u>	f		am service revenue	341000	473,170		473,170			
Program Serwice Revenue	_		s 2a-2f	<u> </u>	22 464 107					
	3		come (including dividen		23,464,107					
		and other sımıl	ar amounts)		483,114			483,114		
	5	Royalties .	stment of tax-exempt bond	proceeds	41,125			41,125		
		Royalties .	(ı) Real	(II) Personal	,			,		
	6a	Gross rents								
	Ь	Less rental expenses								
	C	Rental income or (loss)								
	d	Net rental inco	me or (loss)							
	7a	Gross amount	(ı) Securities	(II) O ther						
		from sales of assets other than inventory Less cost or	8,082,888	6,565						
	Ь	other basis and sales expenses	7,894,199	1,588						
	С	Gain or (loss)	188,689	4,977						
	d		ss)		193,666			193,666		
anne	8a	events (not inc	from fundraising luding s reported on line 1c)							
Other Revenue		See Part IV, lir	ne 18 a							
Ě	c b		penses b (loss) from fundraising	events 🛌						
•	9a	Gross income f	from gaming activities ne 19 a							
	b c		penses b (loss) from gamıng actı							
	10a	Gross sales of returns and allo		442,089						
	b c	Net income or	oods sold b (loss) from sales of inv		442,089	442,089				
	4.4	Miscellaneou		Business Code 900099	127 745			127 741		
	11a			900099	127,745 114,182	114,182		127,745		
	b c	MANAGEMENT	T REVENUE EATION- DIRECT	900099	26,611	114,102		26,611		
	`	MTGS	-ALION- DIKECI	10000	25,524					
	d	All other reven								
	e		s 11a-11d	• • • •	268,538					
	12	Total revenue.	See Instructions .		25,092,639	18,140,825	5,804,181	947,633		

Part IX Statement of Functional Expenses

	in 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa				<u>.</u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	354,100			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,817,129			
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	5,529,775			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,409,110			
9	Other employee benefits	703,896			
0	Payroll taxes	583,504			
1	Fees for services (non-employees)				
а	Management				
b	Legal	172,730			
C	Accounting	92,275			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	50,676			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,180,883			
2	Advertising and promotion	174,524			
3	Office expenses	1,324,487			
4	Information technology	193,745			
5	Royalties	,			
5	Occupancy	1,185,173			
7	Travel	1,487,879			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,074,854			
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	162,244			
3	Insurance	83,587			
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	UNRELATED BUSINESS INCO	241,783			
b	FAS 158 ADJUSTMENT	1,829,559			
C	COMMISSIONS	1,774,235			
d	PRINTING & PUBLICATIONS	1,227,381			
e	All other expenses	517,046			
25	Total functional expenses. Add lines 1 through 24e	28,170,575			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
1						• •
3 Piedges and grants receivable, net		1	Cash—non-interest-bearing	<u> </u>	1	504,659
4 A counts receivable, net		2	Savings and temporary cash investments	4,393,469	2	2,824,328
Solution and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		3	Pledges and grants receivable, net		3	
### Special Complete Part II of Schedule L Complete Part II of Schedule L		4	Accounts receivable, net	2,537,550	4	2,560,336
1		5	employees, and highest compensated employees Complete Part II of		_	
9 Prepaid expenses and deferred charges 388,478 8 271,898 10a Land, buildings, and equipment cost or other basis Complete 10a 2.554,469 10a Land, buildings, and equipment cost or other basis Complete 10a 2.554,469 11 Investments—publicly traded securities 11 11,801,265 431,055 10c 753,184 11 Investments—publicly traded securities 17,470,002 11 18,764,727 12 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 13 14 Intangible assets 14 15 15 15 15 15 15 15	se.	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		5	
Prepaid expenses and deferred charges 386,786 9 898,680	ळू					
9 Prepaid expenses and deferred charges 388,478 8 271,898 10a Land, buildings, and equipment cost or other basis Complete 10a 2.554,469 10a Land, buildings, and equipment cost or other basis Complete 10a 2.554,469 11 Investments—publicly traded securities 11 11,801,265 431,055 10c 753,184 11 Investments—publicly traded securities 17,470,002 11 18,764,727 12 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 13 14 Intangible assets 14 15 15 15 15 15 15 15	S C		·			
10a	_	8		· · · · · · · · · · · · · · · · · · ·		
Part VI of Schedule D 10b 1.801.285		9		856,798	9	898,580
11 Investments—publicly traded securities 17,470,062 11 18,754,727 12 Investments—other securities See Part IV, line 1 12 13 Investments—other securities See Part IV, line 1 13 14 Intangible assets 14 15 Other assets See Part IV, line 1 598,520 15 557,597 16 Total assets, Add lines through 15 (must equal line 34) 27,273,733 16 27,065,047 18 Grants payable and accrude depenses 1,607,994 17 1,516,966 19 Deferred revenue 498,044 19 688,802 20 Tax—exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities, Add lines 17 through 25 11,435,738 26 12,993,058 27 Total liabilities, Add lines 33 and 34 14,071,989 28 Temporarily restricted net assets 28 15,837,995 27 14,071,989 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here		10a	Part VI of Schedule D 2,554,469			
12 Investments—other securities See Part IV, line 11 12 13 14 14 14 15 15 14 15 15		b	Less accumulated depreciation		10c	753,184
13		11		17,470,062	11	18,754,727
14		12	Investments—other securities See Part IV, line 11		12	
15		13	· ·		13	
Total assets. Add lines 1 through 15 (must equal line 34) 27,273,733 16 27,065,047		14			14	
17		15			15	557,597
18 Grants payable			Total assets. Add lines 1 through 15 (must equal line 34)	' '		
19 Deferred revenue		17		1,607,984	17	1,516,956
Tax-exempt bond liabilities						
21 Escrow or custodial account liability Complete Part IV of Schedule D		19		498,044		688,802
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20			20	
24 Unsecured notes and loans payable to unrelated third parties			Escrow or custodial account liability Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	ij	22				
Unsecured notes and loans payable to unrelated third parties	<u>iā</u>		persons Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	0 220 740	25	40 707 200
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		٦,		· · ·		
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		11,433,736	26	12,993,036
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ф.					
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	an G	27	Unrestricted net assets	15,837,995	27	14,071,989
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	е В	28	Temporarily restricted net assets		28	
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	Ξ	29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds	r Fui					
33 Total net assets or fund balances	0	30			30	
33 Total net assets or fund balances	ě	31			31	
33 Total net assets or fund balances	AS:					
34 Total liabilities and net assets/fund balances	늍	33		15,837,995	33	14,071,989
	Z	34	Total liabilities and net assets/fund balances	27,273,733	34	27,065,047

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25.0	092,639
2	Total expenses (must equal Part IX, column (A), line 25)	_			
_		2		28,1	170,575
3	Revenue less expenses Subtract line 2 from line 1	3		-3,0	77,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	4		15,8	337,995
3	Net unleanzed gams (1055es) on mivestinents	5		1,3	311,930
6	Donated services and use of facilities	6			
7	Investment expenses	-			
•		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		14,0	71,989
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b		

Software ID: Software Version:

EIN: 53-0115267

Name: NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION

INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list	more than one box, unless person is both				,		(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	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
CHARLES FREEMAN BOARD OF GOVERNORS	1 00	х						0	0	0	
MICK E MANNING BOARD OF GOVERNORS	1 00	х						0	0	0	
SHANE SNYDER BOARD OF GOVERNORS	1 00	х						0	0	0	
JOHN F KOSTYO BOARD OF GOVERNORS	1 00	х						0	0	0	
JIMMY D COKER BOARD OF GOVERNORS	1 00	х						0	0	0	
LOUIS J ANGELOS BOARD OF GOVERNORS	1 00	х						0	0	0	
RICK HENRY BOARD OF GOVERNORS	1 00	х						0	0	0	
DAVID J HELSEL BOARD OF GOVERNORS	1 00	х						0	0	0	
FRANK E SCHETTER BOARD OF GOVERNORS	1 00	х						0	0	0	
CARL JARRETT BOARD OF GOVERNORS	1 00	х						0	0	0	
STEVE O'BRYANT BOARD OF GOVERNORS	1 00	х						0	0	0	
FREDERICK A JENSEN BOARD OF GOVERNORS	1 00	х						0	0	0	
LEWIS FRAIN BOARD OF GOVERNORS	1 00	х						0	0	0	
ROBERT L DOUGLASS BOARD OF GOVERNORS	1 00	х						0	0	0	
ROBERT SMITH BOARD OF GOVERNORS	1 00	х						0	0	0	
THOMAS L HEDGES BOARD OF GOVERNORS	1 00	х						0	0	0	
LEONARD E LYNCH JR BOARD OF GOVERNORS	1 00	х						0	0	0	
ROBERT GONZALES BOARD OF GOVERNORS	1 00	х						0	0	0	
WILLIAM PFEIFFER BOARD OF GOVERNORS	1 00	х						0	0	0	
THOMAS G ISPAS BOARD OF GOVERNORS	1 00	х						0	0	0	
CRAIG CLARK BOARD OF GOVERNORS	1 00	х						0	0	0	
JAMES L PETERSON BOARD OF GOVERNORS	1 00	х						0	0	0	
JACK FIORA BOARD OF GOVERNORS	1 00	х						0	0	0	
ALBERT E WINFIELD BOARD OF GOVERNORS	1 00	х						0	0	0	
SCOTT MADDOX BOARD OF GOVERNORS	1 00	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Worganizations (Wan officer and a from the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee hours organizations idiwduol 1 r diisetor stitutional for employee related organızatıons trustae below Trustee dotted line) 1 00 ANDY DELAPARTE Χ 0 0 0 BOARD OF GOVERNORS 1 00 DAVID LONG 0 Х 0 BOARD OF GOVERNORS 1 00 JONATHAN R BORDEN 0 0 0 Х BOARD OF GOVERNORS 1 00 **RILO STEPHENS** Х 0 0 0 BOARD OF GOVERNORS 1 00 RUDOLPH DIXON 0 0 Χ BOARD OF GOVERNORS 1 00 BRAD BUTLER 0 0 0 Х BOARD OF GOVERNORS 1 00 STEVE T WATANABE 0 0 0 Х BOARD OF GOVERNORS 1 00 JEFF I WHEFIER 0 0 0 BOARD OF GOVERNORS 1 00 STEVE C GARDNER SR Χ 0 0 BOARD OF GOVERNORS 1 00 JAMES T GALLAHGER O 0 0 X BOARD OF GOVERNORS 1 00 LAWRENCE H CLENNON Χ 0 0 0 BOARD OF GOVERNORS 1 00 DANIEL M WILCOX 0 0 BOARD OF GOVERNORS 1 00 CRAIG R MARTIN 0 0 0 Х BOARD OF GOVERNORS 1 00 ROGER L CHAPMAN Х 0 0 0 BOARD OF GOVERNORS 1 00 1FFF W CARDWELL Х 0 0 0 BOARD OF GOVERNORS 1.00 ANTHONY J MALONEY III 0 0 0 Х BOARD OF GOVERNORS 1 00 DAN HARPENAU 0 0 0 Х BOARD OF GOVERNORS 1 00 DAVID J GILL Χ 0 0 0 BOARD OF GOVERNORS 1 00 DANIEL F PALMER Х 0 0 0 BOARD OF GOVERNORS 1 00 DOUG HAGUE 0 0 0 Х BOARD OF GOVERNORS 1 00 JAMES E STRANGE JR Х O 0 0 BOARD OF GOVERNORS 1 00 HERMON L MILTON 0 0 0 BOARD OF GOVERNORS 1.00 KIRK DAVIS 0 0 0 Х BOARD OF GOVERNORS 1 00 MARTIN WEST 0 Х 0 0 BOARD OF GOVERNORS 1 00 EJ DEUBLER III 0 BOARD OF GOVERNORS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Worganizations (Wan officer and a from the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee hours organizations idiwduol 1 r diisetor stitutional for employee related organızatıons trustae below Trustee dotted line) 1 00 FARL C O'OUINN III Χ 0 0 0 BOARD OF GOVERNORS 1 00 JAMES H CORNELIUS 0 Х 0 BOARD OF GOVERNORS 1 00 LAWRENCE M HURWITZ 0 0 0 Х BOARD OF GOVERNORS 1 00 JONATHAN OSTROW Х 0 0 0 BOARD OF GOVERNORS 1 00 THOMAS SCHMITT 0 0 Χ BOARD OF GOVERNORS 1 00 ROBERT J TURNER 0 0 0 Х BOARD OF GOVERNORS 1 00 JERRY DANCEY 0 0 0 Х BOARD OF GOVERNORS 1 00 TIM HOLMBERG 0 0 0 BOARD OF GOVERNORS 1 00 WILLIAM P LINDBERG Χ 0 0 BOARD OF GOVERNORS 1 00 GLADE MCINNIS O 0 0 X BOARD OF GOVERNORS 1 00 ROBERT W BLAKE Χ 0 0 0 BOARD OF GOVERNORS 1 00 MATTHEW DOELL 0 0 BOARD OF GOVERNORS 1 00 JAMES MCDONALD 0 0 0 Х BOARD OF GOVERNORS 1 00 DANIEL M SMITH Х 0 0 0 BOARD OF GOVERNORS 1 00 ROBERT J LISOWSKI Х 0 0 0 BOARD OF GOVERNORS 1.00 NEIL C VITALE 0 0 0 Х BOARD OF GOVERNORS 1 00 THOMAS PETERSON 0 0 0 Х BOARD OF GOVERNORS 1 00 TROY L BEALL Χ 0 0 0 BOARD OF GOVERNORS 1 00 JOSEPH P GROSS Х 0 0 0 BOARD OF GOVERNORS 1 00 JOHN AMICUCCI 0 0 0 Х BOARD OF GOVERNORS 1 00 JEFFREY L SEIDEL Х O 0 0 BOARD OF GOVERNORS 1 00 NICOLAUS FELDMANN 0 0 0 BOARD OF GOVERNORS 1.00 CIRO J LUPO 0 0 0 Х BOARD OF GOVERNORS 1 00 JOEL BOVEE 0 Х 0 0 BOARD OF GOVERNORS 1 00 ERIC F SCHMIDT 0 BOARD OF GOVERNORS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Worganizations (Wan officer and a from the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee hours Institutional organizations idiwduol 1 r diisetor for employee related organızatıons trustae below Trustee dotted line) 1 00 LINDSAY T MILLS Χ 0 0 0 BOARD OF GOVERNORS 1 00 JOSEPH R PELLERITE 0 Х 0 BOARD OF GOVERNORS 1 00 ROBERT JARDING 0 0 0 Х BOARD OF GOVERNORS 1 00 RONALD D BECKER Х 0 0 0 BOARD OF GOVERNORS 1 00 WILLIAM 1 MEYER 0 0 Χ BOARD OF GOVERNORS 1 00 DAVID HAINES 0 0 0 Х BOARD OF GOVERNORS 1 00 DAVID A DICKEY 0 0 0 Х BOARD OF GOVERNORS 1 00 LAVERNE A WOLGAMOTT 0 0 0 BOARD OF GOVERNORS 1 00 RUSS ZIMMERMAN Χ 0 0 BOARD OF GOVERNORS 1 00 JOHN S FRANTZ ٥ 0 0 X BOARD OF GOVERNORS 1 00 LARRY K LAFAVE Χ 0 0 0 BOARD OF GOVERNORS 1 00 **ROB CHERRY** 0 0 BOARD OF GOVERNORS 1 00 KARL JENSEN 0 0 0 Х BOARD OF GOVERNORS 1 00 MICHAEL J HAMILTON Х 0 0 0 BOARD OF GOVERNORS 1 00 FRANKLIN P HOLLFRAN Х 0 0 0 BOARD OF GOVERNORS 1.00 ROBERT J BRUCE 0 0 0 Х BOARD OF GOVERNORS 1 00 HENRY KANDZERSKI JR 0 0 0 Х BOARD OF GOVERNORS 1 00 CHARLES E MINK JR Χ 0 0 0 BOARD OF GOVERNORS 1 00 DAVID N ESTES SR Х 0 0 0 BOARD OF GOVERNORS 1 00 MIKE KANETZKY 0 0 0 Х BOARD OF GOVERNORS 1 00 RALPH E KENDRICK JR Х O 0 0 BOARD OF GOVERNORS 1 00 STEVE HARGROVE 0 0 0 BOARD OF GOVERNORS 1.00 MARVIN L GROVES II 0 0 0 Х BOARD OF GOVERNORS 1 00 ORVIL ANTHONY 0 Х 0 0 BOARD OF GOVERNORS 1 00 WAYNE BRINKMEYER 0 BOARD OF GOVERNORS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Worganizations (Wan officer and a from the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee hours Institutional organizations idiwduol 1 r diisetor for employee related organızatıons trustae below Trustee dotted line) 1 00 TOM WILEY Χ 0 0 0 BOARD OF GOVERNORS 1 00 THOMAS W NELSON 0 Х 0 BOARD OF GOVERNORS 1 00 TERRY J LETTE 0 0 0 Х BOARD OF GOVERNORS 1 00 PAUL C SORENSEN Х 0 0 0 BOARD OF GOVERNORS 1 00 ANDREW R DAHLMAN 0 0 Χ BOARD OF GOVERNORS 1 00 MARVIN D NELSON 0 0 0 Х BOARD OF GOVERNORS 1 00 MICHAEL L DOYLE 0 0 0 Х BOARD OF GOVERNORS 1 00 JAMES A SMITH 0 0 0 BOARD OF GOVERNORS 1 00 MICHAEL KELLIHER Χ 0 0 BOARD OF GOVERNORS 1 00 BLAIR MAHAN ٥ 0 0 X BOARD OF GOVERNORS 1 00 MARK A HADY Χ 0 0 0 BOARD OF GOVERNORS 1 00 STUART TANNER 0 0 BOARD OF GOVERNORS 1 00 THOMAS M WOLDEN 0 0 0 Х BOARD OF GOVERNORS 1 00 MITCHELL J MARQUART Х 0 0 0 BOARD OF GOVERNORS 1 00 THOMAS G HAIPIN Х 0 0 0 BOARD OF GOVERNORS 1.00 DONALD WILSON 0 0 0 Х BOARD OF GOVERNORS 1 00 JODY SHEA 0 0 0 Х BOARD OF GOVERNORS 1 00 RANDALL WISENBAKER Χ 0 0 0 BOARD OF GOVERNORS 1 00 RICH HOLBECK Х 0 0 0 BOARD OF GOVERNORS 1 00 RAY BEAULNE 0 0 0 Х BOARD OF GOVERNORS 1 00 COLIN M CAMPBELL Х O 0 0 BOARD OF GOVERNORS 1 00 MUN-STK SHIN 0 0 0 BOARD OF GOVERNORS 1.00 RICHARD FLANAGAN 0 0 0 Х BOARD OF GOVERNORS 1 00 WES MCKNIGHT 0 Х 0 0 BOARD OF GOVERNORS 1 00 ALAN BROWN 0 0 BOARD OF GOVERNORS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (D) (E) (C) (F) Reportable Position (do not check Name and Title Average Reportable Estimated amount more than one box, compensation compensation of other hours per unless person is both from the from related compensation an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and any related Highest compensated employee Former Individual trustaa or diiector Institutional Trustee hours organizations , employ for related organizations below dotted line) 1 00 IAN SWAIN Х 0 0 BOARD OF GOVERNORS 1 00 ANDRES C QUINTANA Х 0 0 0 BOARD OF GOVERNORS 1 00 EDUARDO MARISCAL-HAY Х 0 0 0 BOARD OF GOVERNORS 1 00 LUIS FELIPE FLORES TORRES 0 0 0 Х BOARD OF GOVERNORS 1 00 CHARLES H GEORGE 0 Х 0 0 BOARD OF GOVERNORS 34 00 JOHN M GRAU Х 592,210 0 191,498 CHIEF EXECUTIVE OFFICER 1 00 35 00 DANIEL G WALTER Χ 234,704 0 45,674 CHIEF OPERATING OFFICER 0 00 34 00 TRACI PICKUS Х 120,331 0 28,602 SECRETARY-TREASURER 1 00 35 00 **GEARY HIGGINS** Χ 217,983 0 41,195 VICE PRESIDENT 0.00 34 00 J MICHAEL THOMPSON Х 130,531 0 22,371 SECRETARY-TREASURER (RET'D) 1 00 0 00 RUSSELL J ALESSI Х 209,626 43.211 PRESIDENT-ELECTRI INTL 35 00 35 00 JOHN MAISEL Χ 153,763 0 38,267 **PUBLISHER** 0.00 35 00 ROBERT D GIBSON Х 193,782 0 34,892 REGIONAL DIRECTOR 0 00 35 00 WILLIAM ORGILL Х 193,127 0 37,712 REGIONAL DIRECTOR 0 00 35 00 RICHARD PARENTI 190,707 0 Χ 38,810 REGIONAL DIRECTOR 0.00 35 00 B DAVID ROBERTS 0 Х 194,301 38,384 REGIONAL DIRECTOR 0 00 35 00 ROBERT MOOTY Х 30,140 139,272 0 MGMT CONSULTING DIRECTOR 0 00

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DLN: 93493318065483

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC 53-0115267 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT
	filed Form 5768 (election under section 501(h)).

	For each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity.		1)	(b)		
			No	A	Moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), c	or se	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	11,763,478
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	351,461
b	Carryover from last year	2b	_
c	Total	2c	351,461
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5	Taxable amount of lobbying and political expenditures (see instructions)	5	351,461

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES	,	ELECTRICAL CONSTRUCTION POLITICAL ACTION COMMITTEE (ECPAC) WAS FORMED IN 1978 ECPAC IS A SEPARATE, SEGREGATED FUND AND QUALIFIES AS A MULTI-CANDIDATE COMMITTEE

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DLN: 93493318065483

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection

Internal Revenue Service		► Attach to For	Inspection					
Name of the organization NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC		ization CONTRACTORS ASSOCIATION INC		Employer identification number				
		CONTRACTORS ASSOCIATION INC		53-0115267				
Pa			vised Funds or Other Similar Fu	unds or Accounts. Complete if the				
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts				
1	Total number a	t and of year	(a) Donor advised lunds	(b) Funds and other accounts				
2		tributions to (during year)						
3		nts from (during year)						
4		ue at end of year						
5	Did the organiz	•	ors in writing that the assets held in done ganization's exclusive legal control?	or advised Yes No				
6	used only for c conferring imp	haritable purposes and not for the benef ermissible private benefit?	onor advisors in writing that grant funds it of the donor or donor advisor, or for an	y other purpose Yes No				
	•		the organization answered "Yes" to	o Form 990, Part IV, line 7.				
2	Preservation Preservation	of natural habitat on of open space	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ertified historic structure				
	easement on t	he last day of the tax year	· 					
	T - t - 1		-	Held at the End of the Year				
а		of conservation easements	-	2a				
b	-	restricted by conservation easements		2b				
с		servation easements on a certified histo	` ′	2c				
d		servation easements included in (c) acc ure listed in the National Register	fulled after 6/17/06, and not on a	2d				
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization during				
	the tax year 🛌							
4	Number of stat	tes where property subject to conservat	ion easement is located ►					
5	Does the organ		the periodic monitoring, inspection, hand	— Iling of violations, and				
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year				
7	A mount of exp	——— enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year				
,	▶ \$,,	,				
8		nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)				
9	balance sheet,	, and include, if applicable, the text of th	nservation easements in its revenue and footnote to the organization's financial					
Da		on's accounting for conservation easeme	s of Art, Historical Treasures, o	or Other Similar Assets				
FeI		ete if the organization answered "Y		of Other Silling Assets.				
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o to its financial statements that describes	or research in furtherance of public				
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items					
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$				
	(ii) Assets inc	luded in Form 990, Part X		► \$				
2	If the organiza	•	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	'				
а	Revenues incli	uded in Form 990, Part VIII, line 1		► \$				
		•		· ·				

b Assets included in Form 990, Part X

10	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	stori	caii	<u>reasu</u>	res, or u	tnei	r Similar As	ssets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	owing that a	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	or excl	nange progr	ams			
b	Scholarly research		e	Г	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	aın ho	w the	y furth	er the o	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o	or receive donation	s of aı	rt. hıs	torical	l treasu	res or othe	rsım	ılar		
	assets to be sold to raise funds rather than t	o be maintained as	part	of the	organ	ızatıon':	s collection	۱?		☐ Yes	┌ No
Pa	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribi	utions d	rotherass	ets r	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing t	able		_				
							-		Aı	nount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year						 	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	>						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year		Swer)Prior					<u>t IV, line 10.</u> Three years back		vears back
1a	Beginning of year balance	(a)Cullent year	(,	JETIOI	усаі	D (C) V	vo years back	(u)	ilice years back	(e)i oui	years back
b	Contributions							+			
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curi	ent year end balan	nce (lır	ne 1 g	, colun	nn (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment F										
С	Temporarily restricted endowment ▶										
Ĭ	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses organization by		zatıon	that	are hel	d and a	dmınıstere	d for	the	Yes	No
	(i) unrelated organizations								3a		
	(ii) related organizations								3a	(ii)	
b	If "Yes" to 3a(II), are the related organization								3	b	
4	Describe in Part XIII the intended uses of th										
Pai	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa		<u>, lıne</u>) Cost o		(b)Cost or	othor	(c) Accumulate	od (d)	Book value
	Description of property					stment)	basis (oth		depreciation		ook value
1a	Land										
b	Buildings										
c	Leasehold improvements						29	7,835	278,	308	19,527
d	Equipment						1,31	2,694	788,	661	524,033
е	Other						94	3,940	734,	316	209,624
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	umn (B), line	10(c).)					753,184

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	•
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
	+	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	-	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
	- 45	
Part IX Other Assets. See Form 990, Part X, II		(b) Book value
(a) Descri	ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
		<u>'</u>
	K. line 25.	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	(, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION PLAN	(b) Book value 612,690	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION PLAN	(b) Book value 612,690	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION PLAN	(b) Book value 612,690	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION PLAN ACCRUED PENSION LIABILITY	(b) Book value 612,690 10,174,610	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes DEFERRED COMPENSATION PLAN	(b) Book value 612,690	

Раг	XI Reconciliation of Revenue per Audited Financial State	emer	its W	ith	Rev	enue	per F	<u>Return</u>
1	Total revenue, gains, and other support per audited financial statements						1	26,353,893
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains on investments	2a			1,3	11,930		
b	Donated services and use of facilities	2b						
c	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII)	2d						
e	Add lines 2a through 2d						2e	1,311,930
3	Subtract line 2e from line 1						3	25,041,963
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				50,676		
b	Other (Describe in Part XIII)	4b						
c	Add lines 4a and 4b						4c	50,676
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 3	12)					5	25,092,639
Part	XII Reconciliation of Expenses per Audited Financial Sta	teme	nts V	Vith	Ex	pense	s pei	r Return
1	Total expenses and losses per audited financial statements						1	28,119,899
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
c	Other losses	2c						
d	Other (Describe in Part XIII)	2d						
e	Add lines 2a through 2d						2e	o
3	Subtract line 2e from line 1						3	28,119,899
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				50,676		
b	Other (Describe in Part XIII)	4b						
C	Add lines 4a and 4b						4c	50,676
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18 \					5	28,170,575

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ASSOCIATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

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NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC

Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493318065483

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990

Employer identification number

53-0115267

	rganization's procedi ner Assistance t		e of grant funds in the lorganizations in	United States the United State	es. Complete if the	organization answere	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ELECTRI INTERNATIONAL 3 BETHESDA METRO CENTER BETHESDA,MD 20814	52-1643734	501(C)(3)	354,100		FMV	ADMINISTRATIVE SUPPORT	SUPPORT ONGOING EFFORTS OF ELECTRI INTERNATIONAL TO ADVANCE THE ELECTRICAL INDUSTRY

	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.						
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I. line 2. Part III. column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	l ,	SCHEDULE I, PART I, LINE 2 NECA PROVIDES CONTRIBUTED ADMINISTRATIVE SUPPORT TO ELECTRI INTERNATIONAL NECA MANAGEMENT AND GOVERNING BODY RECEIVE PERIODIC UPDATES FROM ELECTRI
IN THE U S		INTERNATIONAL ON PROGRAM PURPOSE ACHIEVEMENTS

Schedule I (Form 990) 2012

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DLN: 93493318065483

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

NAI	IONAL	ELECTRICAL CONTRACTORS ASSOCIATION INC		53-0115267			
Pa	rt I	Questions Regarding Compensation		00 011010.			
						Yes	No
1a		eck the appropriate box(es) if the organization provide					
	_), Part VII, Section A, line 1a Complete Part III to	prov				
	▽	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
		Travel for companions Tax idemnification and gross-up payments	 -	Payments for business use of personal residence Health or social club dues or initiation fees			
	-	Discretionary spending account	-	Personal services (e.g., maid, chauffeur, chef)			
	'	Discretionary spending account	'	r ersonar services (e g , maia, enaunear, ener)			
b		ny of the boxes in line 1a are checked, did the organ nbursement or provision of all of the expenses descr			1b	Yes	
2		the organization require substantiation prior to reim ectors, trustees, and the CEO/Executive Director, re			2	Yes	
3	org	icate which, if any, of the following the filing organiza anization's CEO/Executive Director Check all that a d by a related organization to establish compensation	appl				
	~	Compensation committee	~	Written employment contract			
		Independent compensation consultant	<u> </u>	• • •			
	~	Form 990 of other organizations		Approval by the board or compensation committee			
4		ring the year, did any person listed in Form 990, Part i related organization	t VII	, Section A, line 1a with respect to the filing organizatio	n		
а	Rec	eive a severance payment or change-of-control pay	men	t?	4a	Yes	
b	Par	ticipate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b	Yes	
С	Par	ticipate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		No
	If"	Yes" to any of lines 4a-c, list the persons and provid	de th	e applicable amounts for each item in Part III			
	Onl	y 501(c)(3) and 501(c)(4) organizations only must o	omi	olete lines 5-9.			
5	For	persons listed in Form 990, Part VII, Section A, line appensation contingent on the revenues of					
а	The	organization?			5a		
b	Any	related organization?			5b		
	If"	Yes," to line 5a or 5b, describe in Part III					
6		persons listed in Form 990, Part VII, Section A, lin- npensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The	organization?			6a		
b	Any	related organization?			6b		
	If"	Yes," to line 6a or 6b, describe in Part III					
7		persons listed in Form 990, Part VII, Section A, linements not described in lines 5 and 6? If "Yes," desc			7		
8	sub	re any amounts reported in Form 990, Part VII, paid ject to the initial contract exception described in Re art III			8		
9	If"	Yes" to line 8, did the organization also follow the re	butt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	FW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation			
See Addıtıonal Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINES 4A-B	JOHN GRAU HAS A DEFERRED SEVERANCE PLAN THE TOTAL AMOUNT ACCRUED FOR THE PLAN AT 12/31/2012 WAS \$37,533

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 53-0115267

Name: NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN M GRAU	(I) (II)		40,000	102,710	158,044 0	33,454 0	783,708 0	0
DANIEL G WALTER	(ı) (ıı)		0	14,404	25,840 0	19,834 0	280,378 0	0
GEARY HIGGINS	(ı) (ıı)		0	22,883	22,088 0	19,107 0	259,178 0	0
J MICHAEL THOMPSON	(I) (II)		0	96,631 0	8,885 0	13,486 0	152,902	0
RUSSELL J ALESSI	(I) (II)		0	0 8,826	0 27,260	0 15,951	0 252,837	0
JOHN MAISEL	(I) (II)		0	4,013 0	16,913 0	21,354 0	192,030	0
ROBERT D GIBSON	(I) (II)		0	9,982	20,350 0	14,542 0	228,674 0	0
WILLIAM ORGILL	(I) (II)		0	12,327	20,350	17,362 0	230,839	0
RICHARD PARENTI	(I) (II)		0	2,707 0	21,010 0	17,800 0	229,517 0	0
B DAVID ROBERTS	(I) (II)		0	13,501	20,350 0	18,034 0	232,685	0
ROBERT MOOTY	(I) (II)		0	9,262	14,658 0	15,482 0	169,412 0	0

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As Filed Data -

DLN: 93493318065483

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name of the organization NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC **Employer identification number**

53-0115267

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	(A) REGULAR MEMBERSHIP REGULAR MEMBERSHIP SHALL BE AVAILABLE TO PERSONS, FIRMS, CORPORATIONS, AND OTHER PERMANENTLY ESTABLISHED ENTITIES WHOSE PRINCIPAL BUSINESS IS ELECTRICAL POWER, COMMUNICATIONS OR CONTROLS CONTRACTING AND WHO HAVE AN ESTABLISHED PLACE OF BUSINESS AS DEFINED BY THE BOARD OF GOVERNORS REGULAR MEMBERS IN GOOD STANDING SHALL BE AUTHORIZED TO CAST THE FOLLOWING VOTES BY BALLOT IN ALL MATTERS REFERRED TO MEMBERS BY THE ASSOCIATION AND OF REQUIRING A VOTE BY BALLOT BASED UPON "MANHOURS" IN THE PRIOR CALENDAR YEAR, REGULAR MEMBER, REPORTING (1) 1 TO 75,000 MANHOURS SHALL HAVE ONE (1) VOTE, (2) 75,001 TO 150,000 MANHOURS SHALL HAVE TWO (2) VOTES AND (3) IN EXCESS OF 150,000 MANHOURS SHALL HAVE THERE; (3) VOTES EACH REGULAR MEMBER SHALL DESIGNATE AN "ACCREDITED REPRESENTATIVE" WHO IS AN OWNER, PARTNER, OFFICER OR OCCUPANT OF ANOTHER SENIOR POSITION THE "ACCREDITED REPRESENTATIVE" HALL REPRESENT AND VOTE ON BEHALF OF THE REGULAR MEMBER (B) HONORARY MEMBERSHIP HONORARY MEMBERSHIP SHALL BE AVAILABLE TO ANY PERSON ELECTED TO SUCH STATUS BY THE BOARD OF GOVERNORS FOR DISTINGUISHED SERVICE TO THE ELECTRICAL INDUSTRY (C) VETERAN MEMBERSHIP VETERAN MEMBERSHIP SHALL BE AVAILABLE TO PERSONS HAVING REPRESENTED A REGULAR MEMBER IN GOOD STANDING FOR AT LEAST FIFTEEN (15) YEARS AND NOT CURRENTLY ENCAGED IN THE ELECTRICAL CONTRACTING BUSINESS VETERAN MEMBERSHIP SHALL BE AVAILABLE TO INDIVIDUALS AND/OR OTHER ENTITIES MEETING ALL REGULAR MEMBERSHIP REQUIREMENTS FOR MEMBERSHIP IN THIS ASSOCIATION BUT (I), NOT BEING ACCEPTED FOR MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION BUT (I); NOT BEING ACCEPTED FOR MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION DOTHER ENTITIES MEETING ALL REGULAR MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION, DENIED CONTINUATION OF SUCH MEMBERSHIP APPLICANTS FOR INDIVIDUAL MEMBERSHIP IN A CHAPTER FOR THIS ASSOCIATION, DENIED CONTINUATION OF SUCH MEMBERSHIP APPLICANTS FOR INDIVIDUAL MEMBERSHIP IN A CHAPTER POSITION AND TO BE HEARD BY THE EXECUTIVE COMMITTEE AND HAVE THE RIGHT OF APPEAL TO THE BOARD OF G

	Return ference	Explanation
PART	TVI, TION A, E7A	THE BOARD OF GOVERNORS IS THE ULTIMATE GOVERNING BODY OF THIS ASSOCIATION AND SHALL CONTROL ALL ITS ASSETS AND AFFAIRS AND FORMULATE ITS POLICIES AND PROGRAMS. THE BOARD OF GOVERNORS SHALL CONSIST OF (A) ONE (1) GOVERNOR ELECTED FROM AND BY THE MEMBERS OF EACH CHAPTER EMPOWERED TO ELECT GOVERNORS AFFILIATED WITH THIS ASSOCIATION (B) THE PRESIDENT OF THIS ASSOCIATION (C) THE PRESIDENT ELECT (D) THE DISTRICT VICE PRESIDENTS (E) THE VICE PRESIDENT AT LARGE. SELECTION OF GOVERNORS - EACH CHAPTER LOCATED IN AN ODD-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH ODD-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS EACH CHAPTER LOCATED IN AN EVEN-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH EVEN-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS GOVERNORS SHALL TAKE OFFICE UPON SELECTION AND NOTIFICATION SENT TO THE SECRETARY/TREASURER IN WRITING

Identifier	Return Reference	Explanation
	1	NECA REVIEWED THE INITIAL DRAFT OF THE FORM 990 WITH THE AUDIT COMMITTEE VIA CONFERENCE CALL UPON APPROVAL BY THE AUDIT COMMITTEE, NECA FORWARDED THE DRAFT OF THE FORM 990 TO THE EXECUTIVE COMMITTEE VIA E-MAIL AND ANSWERED ANY QUESTIONS THAT AROSE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION EXECUTIVE COMMITTEE, BOARD OF GOVERNORS, COMMITTEES, TASK FORCES, WORKING GROUPS AND OTHERS IN THE NECA GOVERNANCE STRUCTURE, AS WELL AS ALL NECA EMPLOYEES MUST ACT AT ALL TIMES IN THE BEST INTERESTS OF NECA AND NOT FOR PERSONAL OR THIRD-PARTY GAIN OR FINANCIAL ENRICHMENT THE NECA EXECUTIVE COMMITTEE HAS THE EXCLUSIVE AUTHORITY AND RESPONSIBILITY TO DECIDE AN APPROPRIATE REACTION TO THE DISCLOSURE THE EXCLUSIVE AUTHORITY AND RESPONSIBILITY TO DECIDE AN APPROPRIATE REACTION TO THE DISCLOSURE THE EXECUTIVE COMMITTEE MAY, AT ITS DISCRETION, CHOOSE AMONG THE FOLLOWING REACTIONS DISCLOSURE. THE DISCLOSURE REGARDING A VOLUNTEER'S OTHER INTEREST IS WORTHY OF THE EXECUTIVE COMMITTEE'S ATTENTION, BUT THE DISCLOSURE ITSELF, AND THE EXECUTIVE COMMITTEE'S AWARENESS OF THE DISCLOSURE, IS CONSIDERED SUFFICIENT TO CORRECT FOR ANY BIAS THAT IT MIGHT ENTAIL IN SHORT, THE EXECUTIVE COMMITTEE WOLL LIKELY DECIDE THAT ALTHOUGH THE VOLUNTEER CLEARLY HAS SOME OTHER INTEREST, THE EXECUTIVE COMMITTEE WILL SIMPLY TAKE THE INFORMATION INTO ACCOUNT AS THE MEMBER PARTICIPATES IN DECISION-MAKING RECUSAL THE OTHER INTEREST THAT HAS BEEN DISCLOSED AFFECTS AN IMPORTANT POLICY OR PROGRAM FOR THE ORGANIZATION TO ASSURE THE ORGANIZATION AND ITS CONSTITUENCY THAT EXECUTIVE COMMITTEE DECISION-MAKING IS WITHOUT BIAS, IT IS BEST FOR THE VOLUNTEER TO RECUSE HIMSELF/HERSELF WHEN THE EXECUTIVE COMMITTEE TAKES REPORTS, DEBATES, OR MAKES DECISIONS, REGARDING THAT POLICY OR PROGRAM IN SHORT, THE VOLUNTEER WOULD BE ASKED TO SIT OUT ANY WORK OF THE EXECUTIVE COMMITTEE IN THE AREA WHERE HE/SHE HAS CONFLICTING INTERESTS RESIGNATION THE OTHER INTEREST RELATES TO A CONTINUING, PERVASIVE, AND IMPORTANT EXECUTIVE COMMITTEE FUNCTION, ONCE THAT CANNOT EASILY BE ISOLATED ON AN AGENDA SO AS TO PERMIT RECUSAL IN THIS CASE, THE MEMBER MIGHT BE ASKED TO RESIGN HIS/HEP POSITION, SINCE THIS IS THE ONLY WAY TO POSITION. SHOW THE THIS IS AN EXTREME AND RARE RESULT OF A MEMBERS DISCLOSURE, IT IS SOMETIMES THE BEST AND ONLY FAIR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE, IS THE BODY CHARGED WITH REVIEWING THE CEO'S COMPENSATION PACKAGE. THE COMMITTEE REVIEWS MARKET DATA AND THE CEO'S PERFORMANCE IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD BE. IN TURN, THE CEO OF THE ASSOCIATION IS CHARGED WITH PREPARING EVALUATIONS FOR THE ORGANIZATION'S SENIOR MANAGEMENT TEAM BASED ON EACH INDIVIDUAL'S PERFORMANCE DURING THE CURRENT YEAR. THIS DATA IS THEN USED BY THE CEO, WITH ADVISEMENT FROM THE COMPENSATION COMMITTEE, IN SETTING COMPENSATION PACKAGES FOR THE ORGANIZATION'S OFFICERS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NECA'S GOVERNING DOCUMENTS ARE AVAILABLE ON-LINE AT WWW NECANET ORG NECA'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ĺ	ldentifier	Return Reference	Explanation
		FORM 990, PART XI, LINE 2C	THIS PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493318065483

OMB No 1545-0047

Open to Public

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC	Employer 53-01152	identification number										
Part I Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.)												
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity							
Part II Identification of Related Tax-Exempt Organization		the organization a	inswered "Yes" t	o Form 990, F	Part IV, line 34 because it had one							

or more related tax-exempt organizations during the tax year.)

(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 Sectio (b)(contr enti	n 512 13) olled
						Yes	No
· ,	RESEARCH ACTIVITIES	MD	501(C)(3)	170(B)(1)(A)(VI)	NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION		No
3 BETHESDA METRO CENTER SUITE 1100							
BETHESDA, MD 208145330 52-1643734							
(2) ELECTRICAL CONSTRUCTION PAC	SUPPORT CANDIDATES WHO BACK ISSUES IN THE	MD	527		NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION		No
	ELECTRICAL CONSTRUCTION INDUSTRY						
BETHESDA, MD 208145330 52-1156960							
For Denominary Reduction Act Notice and the Tretwestiens for Forms 00	^	Cat Na FO1	<u></u>		Cabadula D (Carro (200) 20	

because it had one or more rela										1	1		
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging ner?	(k) Percentage ownership
			<u> </u>		,			Yes	No		Yes	No	
Identification of Related Org								swere	d "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity	(e) Type of entil (C corp, S corp, or trust)	Share of t	otal Share of-	(g) of end- year ssets		(h) ercentage wnership	(i Section (b)(contri ent	(13) olled	
		,,									Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related	ed organizations lis	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	Gift, grant, or capital contribution to related organization(s)										
C	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
е	Loans or loan guarantees by related organization(s)				1e		No				
f	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1 g		No				
h	Purchase of assets from related organization(s)				1h		No				
i	Exchange of assets with related organization(s)				1i		No				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No				
n	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
0	Sharing of paid employees with related organization(s)				10	Yes					
р	Reimbursement paid to related organization(s) for expenses				1 p		No				
q	Reimbursement paid by related organization(s) for expenses				1q	Yes					
r	Other transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this (a)			(d)							
	Name of other organization	(b) Transaction	(c) Amount involved	Method of determining amo	ount ir	volved					
		type (a-s)									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	egardıng exclu	ision for ce	ertaın ınvestn	ment	partnerships									
(a) Name, address, and EIN of entity	domicile income section total end (state or foreign unrelated, country) excluded from tax under section 512-	(g) Share of end-of-year assets			(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		nount in managing pox 20 partner? Schedule K-1		managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No		
]	l	
				ш				\	-		<u> </u>	ш		

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 53-0115267

Name: NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC

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