

**COMMITTEE ON NATURAL RESOURCES**  
**Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

Subcommittee on Energy and Mineral Resources Oversight Hearing on the “*Obama Administration’s Actions against the Spruce Coal Mine: Canceled Permits, Lawsuits and Lost Jobs*”

June 1, 2012

For Individuals:

1. Name:
  
2. Address:
  
3. Email Address:
  
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: **Ross Eisenberg**
2. Name of Organization(s) You are Representing at the Hearing:  
**National Association of Manufacturers**
3. Business Address:  
**733 10<sup>th</sup> Street, NW, Suite 700**  
**Washington, DC 20001**
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: **Ross Eisenberg, National Association of Manufacturers**

Title/Date of Hearing: **“Obama Administration’s Actions against the Spruce Coal Mine: Canceled Permits, Lawsuits and Lost Jobs” / June 1, 2012**

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.

**Juris Doctor, Washington & Lee University School of Law, 2002**

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.

**Member, State Bar of the District of Columbia**

**Member, State Bar of Maryland**

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.

**VP, Energy and Resources Policy, National Association of Manufacturers, May 2012-present**

**Counsel, Environment & Energy, U.S. Chamber of Commerce, March 2007-May 2012**

**Associate (environmental law and litigation), Greenberg Traurig LLP, September 2002-March 2007**

d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

**None in my own name. For NAM grant info, see response to question (h).**

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.

**Petition of the Chamber of Commerce of the United States of America for EPA to Conduct its Endangerment Finding Proceeding On The Record using Administrative Procedure Act §§ 556 and 557, filed June 23, 2009 (filed on behalf of the U.S. Chamber of Commerce)**

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: **Ross Eisenberg, National Association of Manufacturers**

Title/Date of Hearing: **“Obama Administration’s Actions against the Spruce Coal Mine: Canceled Permits, Lawsuits and Lost Jobs” / June 1, 2012**

In addition, for witnesses representing organizations:

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

**Vice President, Energy and Resources Policy (May 2012-present)**

h. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* 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).

**None**

i. 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).

**Litigation:**

**Chamber of Commerce v. NLRB, No. 1:11cv-02262-JEB (D.D.C.) (NLRB ambush elections rule)**

**NAM v. NLRB, No. 1:11-cv-01629-ABJ (D.D.C.) (NLRB posting requirement under NLRA) (on appeal to D.C. Cir.)**

**NAM v. EPA, No. 10-1044 (D.C. Cir.) (EPA’s endangerment finding, Clean Air Act)**

**NAM v. EPA, No. 10-1127 (D.C. Cir.) (EPA’s Reconsideration Rule/STR, Clean Air Act)**

**NAM v. EPA, No. 10-1166 (D.C. Cir.) (EPA’s light-duty motor vehicle rule, Clean Air Act)**

**NAM v. EPA, No. 10-1218 (D.C. Cir.) (EPA’s Tailoring Rule, Clean Air Act)**

**NAM v. EPA, Nos. 10-1177 through 1180 (D.C. Cir.) (“Grounds Arising After” challenges to EPA’s 2002 PSD and NSR Rule, EPA’s 1978 Part 51 PSD Implementation Rule, EPA’s 1978 Part 52 PSD Rule, and EPA’s 1980 PSD Rule, Clean Air Act)**

**NAM v. EPA, No. 10-60748 (5<sup>th</sup> Cir.) (EPA decision on Texas flexible permits, Clean Air Act)**

**Texas v. EPA, No. 10-60614 (D.C. Cir.) (EPA decision on Texas flexible permits, Clean Air Act)**

**Ozone NAAQS Litigation Group v. EPA, No. 08-1204 (D.C. Cir.) (EPA ozone regulation, Clean Air Act)**

**SIP/FIP Advocacy Group v. EPA, Nos. 11-1041 and 11-1077 (D.C. Cir.) and SIP/FIP Advocacy Group v. EPA, No. 10-60961 (5<sup>th</sup> Cir.) (EPA Action to Ensure Authority to Issue Permits Under the Prevention of Significant Deterioration Program to Sources of Greenhouse Gas Emissions: Finding of Substantial Inadequacy and SIP Call, Clean Air Act)**

**American Forest & Paper Ass'n v. EPA, No. 11-1123 (D.C. Cir.) (EPA's NHSM Rule, Clean Air Act)**

**American Forest & Paper Ass'n v. EPA, No. 11-1124 (D.C. Cir.) (EPA's Boiler MACT rule, Clean Air Act)**

**American Forest & Paper Ass'n v. EPA, No. 11-1125 (D.C. Cir.) (EPA's CISWI Rule, Clean Air Act)**

**American Petroleum Institute v. Kempthorne, No. 1:08:cv-01496 (D.D.C.) (Alaska Gap in polar bear rule, Administrative Procedure Act).**

**NAM v. Taylor (D.D.C. 2008) (HLOGA challenge, Honest Leadership and Open Government Act of 2007, 28 U.S.C. Secs. 2201 & 2202)**

**National Association of Home Builders v. OSHA, No. 09-1053 (D.C. Cir.) (OSHA's per-employee citation authority, Occupational Safety and Health Act)**

**Petitions:**

**Petition for Administrative Reconsideration and for Amendment of the Industrial Boiler MACT, Industrial Boiler GACT, and CISWI Rules (EPA) (Clean Air Act)**

**Petition for Administrative Stay Pending Reconsideration of the Industrial Boiler MACT and CISWI Rules (EPA) (Clean Air Act)**

**Petition for Stay of Stationary Source Greenhouse Gas Regulation Pursuant to the Tailpipe Rule, the PSD Interpretative Rule, and Tailoring Rule (EPA) (Clean Air Act)**

**Petition to Reconsider, Rescind, and/or Revise EPA's Prevention of Significant Deterioration Regulations (EPA) (Clean Air Act)**

**Petition to Reconsider Action to Ensure Authority to Issue Permits Under the Prevention of Significant Deterioration Program to Sources of Greenhouse Gas Emissions: Finding of Substantial Inadequacy and SIP Call (EPA) (Clean Air Act).**

**Petition to Consumer Product Safety Commission to delay the effective date of the lead content limits in Section 101 of the 2008 Consumer Product Safety Improvement Act (CPSC, 2008 Consumer Product Safety Improvement Act)**

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

**None**

k. 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)).

**NAM's three most recent public IRS Form 990s are attached.**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1331 PENNSYLVANIA AVENUE, NW 600</b> City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20004-1790</b> <b>F Name and address of principal officer: JOHN ENGLER</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> 13-1084330 <b>E Telephone number</b> 202-637-3000 <b>G Gross receipts \$</b> 34,931,240. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.NAM.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1905 <b>M State of legal domicile:</b> NY

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE THE COMPETITIVENESS OF MANUFACTURERS BY SHAPING A LEGISLATIVE AND REGULATORY ENVIRONMENT</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	221
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	220
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	164
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		6,314,362.	5,866,399.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,976,475.	28,800,859.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		258,940.	223,393.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,302.	40,589.
		34,577,079.	34,931,240.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	100,000.	100,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,008,203.	18,751,986.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,495,098.	15,248,926.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,603,301.	34,100,912.	
19 Revenue less expenses. Subtract line 18 from line 12	4,973,778.	830,328.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	23,503,222.	28,078,644.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,401,680.	28,255,104.
		-3,898,458.	-176,460.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ <b>RICHARD KLEIN, CHIEF FINANCIAL OFFICER</b>				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	▶ <b>JOHNSON LAMBERT &amp; CO. LLP</b>		Firm's EIN ▶	
	Firm's address ▶	▶ <b>700 SPRING FOREST ROAD, STE 115</b> <b>RALEIGH, NC 27609</b>		Phone no. 919-719-6400	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2010, or tax year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

Name of exempt organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>34931240</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

**Part II Declaration of Officer**

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ *[Signature]* | 10/18/11 ▶ **CHIEF FINANCIAL OFFICER**

Signature of officer Date Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN
	<u><i>[Signature]</i></u>	<u>10/18/11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>P01059941</u>
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.		
	<b>JOHNSON LAMBERT &amp; CO. LLP</b> <b>700 SPRING FOREST ROAD, STE 115</b> <b>RALEIGH 27609</b>	<b>52-1446779</b>	<b>919-719-6400</b>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

**Product: Exempt****Category:****Name:** National Association of Manufacture**IRS Center:** Ogden**e-Postmark:** 10/17/2011 1:43:33 PM**FEIN:** 13-1084330**Notification:****Fiscal Year** 1/1/2010**Fiscal Year** 12/31/2010**Begin Date:****End Date:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	10/18/2011	Upload Started			
	10/18/2011	Released for Transmission - Validation in Progress			System
	10/18/2011	Ready to transmit - Validation Complete			
	10/18/2011	Transmitted to FD	563708201129107dee00		
	10/18/2011	Accepted by FD on 10/18/2011			

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 PENNSYLVANIA AVENUE, NW, NO. 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20004-1790</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TIMOTHY ROGERS - 1331 PENNSYLVANIA AVENUE NW STE 600 -**

- The books are in the care of ▶ **WASHINGTON, DC 20004**  
 Telephone No. ▶ **202-637-3000** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084 330</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 PENNSYLVANIA AVENUE, NW, NO. 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20004-1790</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	
Form 990-EZ	03	Form 4720	08
Form 990-PF	04	Form 5227	09
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	10
Form 990-T (trust other than above)	06	Form 8870	11
			12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**  
**TIMOTHY ROGERS - 1331 PENNSYLVANIA AVENUE NW STE 600 - WASHINGTON, DC 20004**

- The books are in the care of  **WASHINGTON, DC 20004**  
 Telephone No. **202-637-3000** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.
- 5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **7/14/11**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**THE MISSION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS ("NAM") IS TO BE THE VOICE FOR ALL MANUFACTURING IN THE UNITED STATES. TO INFORM LEGISLATORS, THE ADMINISTRATION, THE MEDIA, POLICY INFLUENCERS AND THE PUBLIC ABOUT MANUFACTURING'S VITAL LEADERSHIP IN INNOVATION, JOB**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**POLICY & EXTERNAL AFFAIRS DIVISION: REPRESENTS AND COORDINATES ASSOCIATION COMMITTEES, SUBCOMMITTEES, AND TASK FORCES ON REGULATORY AND LEGISLATIVE ISSUES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**MARKETING & MEMBERSHIP DIVISION: RECRUITS AND RETAINS MEMBERS, COORDINATES MEMBER RELATIONS AT LOCAL AND NATIONAL LEVEL. HOLDS NUMEROUS MEETINGS, SELLS PUBLICATIONS TO MEMBERS AND NONMEMBERS.**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**COMMUNICATION DIVISION: A CLEARINGHOUSE OF INFORMATION FOR MEMBERS, PUBLISHES NEWSLETTERS TO MEMBERS, AND MANAGES WEBSITE.**

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶

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**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)? <i>If "Yes," complete Schedule A</i> .....		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		
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? <i>If "Yes," complete Schedule C, Part III</i> .....	X	
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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
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> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
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, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	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 "Yes," complete Schedule F, Parts I and IV</i> .....		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
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 "Yes," complete Schedule G, Part I</i> .....		X
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 "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>a</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 53		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 164		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	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)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	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?	X	
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b> 221		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 220		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 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
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TIMOTHY ROGERS - 202-637-3000**  
**1331 PENNSYLVANIA AVENUE NW STE 600, WASHINGTON, DC 20004**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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. 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ENGLER CHIEF EXECUTIVE OFFICER	35.00	X		X				1,147,859.	0.	289,348.
MICHAEL E. CAMPBELL CHAIRMAN	1.00	X		X				0.	0.	0.
MARY ANDRINGA VICE CHAIRMAN	1.00	X		X				0.	0.	0.
KARLA F. AARON BOARD MEMBER	1.00	X						0.	0.	0.
GERARD M. ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
LORI ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY J. ARNOLD BOARD MEMBER	1.00	X						0.	0.	0.
STAN A. ASKREN BOARD MEMBER	1.00	X						0.	0.	0.
ALEX M. AZAR BOARD MEMBER	1.00	X						0.	0.	0.
GREG BABE BOARD MEMBER	1.00	X						0.	0.	0.
BRENT BAGLIEN BOARD MEMBER	1.00	X						0.	0.	0.
TIM BAILEY BOARD MEMBER	1.00	X						0.	0.	0.
CHARLENE T. BEGLEY BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. BELDEN BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL L. BENNETT BOARD MEMBER	1.00	X						0.	0.	0.
ROLF BIEKERT BOARD MEMBER	1.00	X						0.	0.	0.
ROLAND W. BOLES BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY H. BOYCE BOARD MEMBER	1.00	X					0.	0.	0.	
JOSEPH BREUNIG BOARD MEMBER	1.00	X					0.	0.	0.	
ANGELO BRISIMITZAKIS BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM A. BUCKNER BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL J. BULLINGER BOARD MEMBER	1.00	X					0.	0.	0.	
RONALD D. BULLOCK BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES E. BUNCH BOARD MEMBER	1.00	X					0.	0.	0.	
BARRY CALDWELL BOARD MEMBER	1.00	X					0.	0.	0.	
LEONARD J. CALI BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							1,147,859.	0.	289,348.	
<b>c Total from continuation sheets to Part VII, Section A</b>							3,453,079.	0.	298,628.	
<b>d Total (add lines 1b and 1c)</b>							4,600,938.	0.	587,976.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **51**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TARGET ENTERPRISES LTD, 16501 VENTURA BLVD, STE 515, ENCINO, CA 91436	MEDIA ADS & SERVICES	3,748,483.
HERALD GROUP, LLC, 1120 G STREET NW, STE 600, WASHINGTON, DC 20005	CONSULTANTS	247,122.
BAKER BOTTS, LLP PO BOX 201626, HOUSTON, TX 77216	LEGAL FEES	200,805.
DIGITARIA INTERACTIVE, INC. 533 F STREET, 3RD FL, SAN DIEGO, CA 92101	WEBSITE CONSULTANTS	196,510.
COVE STRATEGIES PO BOX 1678, ALEXANDRIA, VA 22314	CONSULTANTS	165,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

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13-1084330

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN CAPPS MORRIS BOARD MEMBER	1.00	X					0.	0.	0.	
RED CAVANEY BOARD MEMBER	1.00	X					0.	0.	0.	
A. BRUCE CLARKE BOARD MEMBER	1.00	X					0.	0.	0.	
GILLES COLAS BOARD MEMBER	1.00	X					0.	0.	0.	
KEN W. COLE BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTOPHER M. CONNOR BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN W. CONWAY BOARD MEMBER	1.00	X					0.	0.	0.	
LEN COOPER BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID M. CORDANI BOARD MEMBER	1.00	X					0.	0.	0.	
MARK A. CORDOVA BOARD MEMBER	1.00	X					0.	0.	0.	
STEPHEN A. COSSE <sup>1</sup> BOARD MEMBER	1.00	X					0.	0.	0.	
MARY FRANCES COX BOARD MEMBER	1.00	X					0.	0.	0.	
PAUL CUNNINGHAM BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM G. CURRIE BOARD MEMBER	1.00	X					0.	0.	0.	
WALTER P. CZARNECKI BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD E. DAUCH BOARD MEMBER	1.00	X					0.	0.	0.	
PETER DAVIDSON BOARD MEMBER	1.00	X					0.	0.	0.	
DARL DAVIDSON BOARD MEMBER	1.00	X					0.	0.	0.	
BRUCE DAVIS BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

NATIONAL ASSOCIATION OF MANUFACTURERS  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN J. DEMETRIOU BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT D. DIXON BOARD MEMBER	1.00	X					0.	0.	0.	
MARK T. DOBBINS BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM H. DOWNEY BOARD MEMBER	1.00	X					0.	0.	0.	
BRETT S. DUNGAN BOARD MEMBER	1.00	X					0.	0.	0.	
ARTHUR J. DYER BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS V. EASTERDAY BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN J. ENGEL BOARD MEMBER	1.00	X					0.	0.	0.	
SHELDON R. ERIKSON BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN A. FEES BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS J. FELMER BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN J. FERRIOLA BOARD MEMBER	1.00	X					0.	0.	0.	
FRED FESTA BOARD MEMBER	1.00	X					0.	0.	0.	
GREGORY D. FLACK BOARD MEMBER	1.00	X					0.	0.	0.	
RUSSELL M. FLAUM BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM C. FOOTE BOARD MEMBER	1.00	X					0.	0.	0.	
JIM FUCHS BOARD MEMBER	1.00	X					0.	0.	0.	
WALTER J. GALVIN BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL R. GAMBRELL BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID L. GARIN BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

NATIONAL ASSOCIATION OF MANUFACTURERS  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM E. GASKIN BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD GIMMEL BOARD MEMBER	1.00	X						0.	0.	0.
SHERMAN J. GLASS BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL GLIER BOARD MEMBER	1.00	X						0.	0.	0.
CLARENCE GOODEN BOARD MEMBER	1.00	X						0.	0.	0.
JAMES E. GREEN BOARD MEMBER	1.00	X						0.	0.	0.
DREW GREENBLATT BOARD MEMBER	1.00	X						0.	0.	0.
GENE GSELL BOARD MEMBER	1.00	X						0.	0.	0.
KIRK S. HACHIGIAN BOARD MEMBER	1.00	X						0.	0.	0.
TIM HANLEY BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL S. HANLEY BOARD MEMBER	1.00	X						0.	0.	0.
ROGER A. HANNAY BOARD MEMBER	1.00	X						0.	0.	0.
STEPHANIE HARKNESS BOARD MEMBER	1.00	X						0.	0.	0.
R. KEITH HARRISON BOARD MEMBER	1.00	X						0.	0.	0.
CARL HAUSMANN BOARD MEMBER	1.00	X						0.	0.	0.
CURT HEBERT BOARD MEMBER	1.00	X						0.	0.	0.
HERBERT L. HENKEL BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT K. HENRY BOARD MEMBER	1.00	X						0.	0.	0.
TED M. HENRY BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM V. HICKEY BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

NATIONAL ASSOCIATION OF MANUFACTURERS  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA C. HIGGENS BOARD MEMBER	1.00	X						0.	0.	0.
JOHN P. HILER BOARD MEMBER	1.00	X						0.	0.	0.
RANDALL G. HOFFMAN BOARD MEMBER	1.00	X						0.	0.	0.
ALAN M. HOLADAY BOARD MEMBER	1.00	X						0.	0.	0.
R. DAVID HOOVER BOARD MEMBER	1.00	X						0.	0.	0.
JERRY HOWARD BOARD MEMBER	1.00	X						0.	0.	0.
MARY L. HOWELL BOARD MEMBER	1.00	X						0.	0.	0.
HANNES HUNSCHOFSKY BOARD MEMBER	1.00	X						0.	0.	0.
KEVIN J. HUNT BOARD MEMBER	1.00	X						0.	0.	0.
GARY D. HUSS BOARD MEMBER	1.00	X						0.	0.	0.
COLLIE L. HUTTER BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM B. INGLEE BOARD MEMBER	1.00	X						0.	0.	0.
AL JENNINGS BOARD MEMBER	1.00	X						0.	0.	0.
KELLIE JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
J. BRADLEY JOHNSTON BOARD MEMBER	1.00	X						0.	0.	0.
PAUL W. JONES BOARD MEMBER	1.00	X						0.	0.	0.
JILL JONES BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL JUNEAU BOARD MEMBER	1.00	X						0.	0.	0.
HANNAH KAIN BOARD MEMBER	1.00	X						0.	0.	0.
PAMELA KAN BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

NATIONAL ASSOCIATION OF MANUFACTURERS  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
D.T. (DEE) KAPUR BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTOPHER J. KEARNEY BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY J. KEATING BOARD MEMBER	1.00	X						0.	0.	0.
GAGE A. KENT BOARD MEMBER	1.00	X						0.	0.	0.
PATRICK J. KIELY BOARD MEMBER	1.00	X						0.	0.	0.
PETER D. KINNEAR BOARD MEMBER	1.00	X						0.	0.	0.
LUTHER C. KISSAM BOARD MEMBER	1.00	X						0.	0.	0.
WARD KLEIN BOARD MEMBER	1.00	X						0.	0.	0.
LEWIS KLING BOARD MEMBER	1.00	X						0.	0.	0.
LINDA KNOLL BOARD MEMBER	1.00	X						0.	0.	0.
JOHN J. KORALESKI BOARD MEMBER	1.00	X						0.	0.	0.
AELRED J. KURTENBACH BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS R. LALLA BOARD MEMBER	1.00	X						0.	0.	0.
JOHN C. LANDGRAF BOARD MEMBER	1.00	X						0.	0.	0.
EDWIN LANGE BOARD MEMBER	1.00	X						0.	0.	0.
ALAN F. LAPOINT BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN F. LEER BOARD MEMBER	1.00	X						0.	0.	0.
GARALD LETENDRE BOARD MEMBER	1.00	X						0.	0.	0.
W. KIRK LIDDELL BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL C. LINN BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

NATIONAL ASSOCIATION OF MANUFACTURERS  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERRENCE G. LINNERT BOARD MEMBER	1.00	X						0.	0.	0.
GAIL A. LIONE BOARD MEMBER	1.00	X						0.	0.	0.
PAUL LOFTUS BOARD MEMBER	1.00	X						0.	0.	0.
DAVID H. LONG BOARD MEMBER	1.00	X						0.	0.	0.
LESLIE LONGORIA BOARD MEMBER	1.00	X						0.	0.	0.
F. JOSEPH LOUGHREY BOARD MEMBER	1.00	X						0.	0.	0.
AL T. LUBRANO BOARD MEMBER	1.00	X						0.	0.	0.
JOHN A. LUKE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN F. LUNDGREN BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM MANSFIELD BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES A. MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
DONALD A. MCCABE BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES G. MCCLURE BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL W. MCLANAHAN BOARD MEMBER	1.00	X						0.	0.	0.
STEWART G. MCMILLAN BOARD MEMBER	1.00	X						0.	0.	0.
CHRIS E. MCNEIL BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT MEANEY BOARD MEMBER	1.00	X						0.	0.	0.
MARK A. MEDLEY BOARD MEMBER	1.00	X						0.	0.	0.
DYKE F. MESSINGER BOARD MEMBER	1.00	X						0.	0.	0.
ALBERT R. MILLER BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL J. MITCHELL BOARD MEMBER	1.00	X					0.	0.	0.	
PATRICK J. MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
RONALD M. MOQUIST BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID C. MORAN BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL G. MORRIS BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS MURPHY BOARD MEMBER	1.00	X					0.	0.	0.	
KENNETH MURTHA BOARD MEMBER	1.00	X					0.	0.	0.	
ALBERT MYRES BOARD MEMBER	1.00	X					0.	0.	0.	
JACK NELSON BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD C. NEUFFER BOARD MEMBER	1.00	X					0.	0.	0.	
LARRY NICHLOLS BOARD MEMBER	1.00	X					0.	0.	0.	
DOUGLAS R. OBERHELMAN BOARD MEMBER	1.00	X					0.	0.	0.	
ZIAD S. OJAKLI BOARD MEMBER	1.00	X					0.	0.	0.	
JEROME D. OKARMA BOARD MEMBER	1.00	X					0.	0.	0.	
PETER M. PEREZ BOARD MEMBER	1.00	X					0.	0.	0.	
NICHLAS T. PINCHUK BOARD MEMBER	1.00	X					0.	0.	0.	
RICE POWELL BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES E. PRESS BOARD MEMBER	1.00	X					0.	0.	0.	
BRUCE W. PULKKINEN BOARD MEMBER	1.00	X					0.	0.	0.	
A. F. RAIMONDO BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GARY L. RAINWATER BOARD MEMBER	1.00	X					0.	0.	0.	
ALFRED M. RANKIN BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD K. REECE BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT K. REEVES BOARD MEMBER	1.00	X					0.	0.	0.	
NATALE RICCIARDI BOARD MEMBER	1.00	X					0.	0.	0.	
TIMOTHY RING BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS J. RIORDAN BOARD MEMBER	1.00	X					0.	0.	0.	
JEANNINE M. RIVET BOARD MEMBER	1.00	X					0.	0.	0.	
MARK A. ROCHE BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS J. SABATINO BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM J. SANDBROOK BOARD MEMBER	1.00	X					0.	0.	0.	
RON SAXTON BOARD MEMBER	1.00	X					0.	0.	0.	
MATT SCHLAPP BOARD MEMBER	1.00	X					0.	0.	0.	
LOUIS L. SCHORSCH BOARD MEMBER	1.00	X					0.	0.	0.	
RICK SCHOSTEK BOARD MEMBER	1.00	X					0.	0.	0.	
MARY E. SCHROEDER BOARD MEMBER	1.00	X					0.	0.	0.	
DEAN C. SIMONE BOARD MEMBER	1.00	X					0.	0.	0.	
WALLACE E. SMITH BOARD MEMBER	1.00	X					0.	0.	0.	
NORRIS P. SNEED BOARD MEMBER	1.00	X					0.	0.	0.	
NICK STANAGE BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										



NATIONAL ASSOCIATION OF MANUFACTURERS  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
W. FLETCHER STEELE BOARD MEMBER	1.00	X						0.	0.	0.
AL STIMAC BOARD MEMBER	1.00	X						0.	0.	0.
TERRENCE D. STRAUB BOARD MEMBER	1.00	X						0.	0.	0.
JOHN M. STROPKI BOARD MEMBER	1.00	X						0.	0.	0.
LEE J. STYSLINGER BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL SURFACE BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY T. SWIENTON BOARD MEMBER	1.00	X						0.	0.	0.
GLEN E. TELLOCK BOARD MEMBER	1.00	X						0.	0.	0.
WARD J. TIMKEN BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH TISONE BOARD MEMBER	1.00	X						0.	0.	0.
R. CHARLES VERMERRIS BOARD MEMBER	1.00	X						0.	0.	0.
GARY VEURNIK BOARD MEMBER	1.00	X						0.	0.	0.
PAUL VIKNER BOARD MEMBER	1.00	X						0.	0.	0.
FRANK W. WAGNER BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY R. WALLACE BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM G. WALTER BOARD MEMBER	1.00	X						0.	0.	0.
DONALD WELCH BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS M. WELSH BOARD MEMBER	1.00	X						0.	0.	0.
SANDRA WESTLUND-DEENIHAN BOARD MEMBER	1.00	X						0.	0.	0.
CHUCK WETHERINGTON BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD M. WHITESIDE BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD L. WILKEY BOARD MEMBER	1.00	X					0.	0.	0.	
RANDY MULLETT BOARD MEMBER	1.00	X					0.	0.	0.	
PHILIP S. MULLIN BOARD MEMBER	1.00	X					0.	0.	0.	
BRUCE MYERS BOARD MEMBER	1.00	X					0.	0.	0.	
MARY E. PILLE BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTOPHER C. WOMACK BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN K. WOODWORTH BOARD MEMBER	1.00	X					0.	0.	0.	
KAREN BUCHWALD WRIGHT BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM D. ZOLLARS BOARD MEMBER	1.00	X					0.	0.	0.	
MIKE WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
DELLA H. WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES M. WISEMAN BOARD MEMBER	1.00	X					0.	0.	0.	
DENNIS H. TREACY BOARD MEMBER	1.00	X					0.	0.	0.	
DONALD W. SEALE BOARD MEMBER	1.00	X					0.	0.	0.	
JAY TIMMONS EXEC. VP	35.00			X			514,696.	0.	23,993.	
LEANNE WILSON CHIEF OPERATING OFFICER	35.00			X			337,350.	0.	27,986.	
RICHARD KLEIN TREASURER	35.00			X			307,033.	0.	15,375.	
DANA COLE SECRETARY	35.00			X			210,857.	0.	19,370.	
JEFFREY PIERCE VP - FIELD SALES	35.00				X		277,344.	0.	28,553.	
Total to Part VII, Section A, line 1c .....										



NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Form 990 (2010)

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**Part VIII Statement of 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		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,866,399.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		5,866,399.				
	Program Service Revenue	2 a	<b>MEMBER DUES</b>	Business Code 900099	27648666.	27648666.		
b		<b>AFFILIATION FEES</b>	900099	420,488.	420,488.			
c		<b>MEETINGS</b>	900099	284,673.	284,673.			
d		<b>SPONSORSHIPS</b>	900099	225,000.			225,000.	
e		<b>MEMBER PROGRAMS</b>	900099	193,015.	193,015.			
f		All other program service revenue	511120	29,017.	29,017.			
g		<b>Total.</b> Add lines 2a-2f		28800859.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		223,393.			223,393.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<b>MISCELLANEOUS</b>	900099	40,589.			40,589.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		40,589.					
12	<b>Total revenue.</b> See instructions.		34931240.	28575859.	0.	488,982.		

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

**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).*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	100,000.			
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 .....	4,227,912.			
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 .....	11,803,795.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	523,378.			
9 Other employee benefits .....	1,257,007.			
10 Payroll taxes .....	939,894.			
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	847,232.			
c Accounting .....	57,901.			
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	1,610,417.			
12 Advertising and promotion .....	3,818,735.			
13 Office expenses .....	1,189,274.			
14 Information technology .....	171,731.			
15 Royalties .....				
16 Occupancy .....	2,506,699.			
17 Travel .....	752,894.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	743,024.			
20 Interest .....				
21 Payments to affiliates .....	181,138.			
22 Depreciation, depletion, and amortization .....	244,244.			
23 Insurance .....	180,613.			
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.) .....				
a <b>ADDITIONAL PENSION EXPE</b> .....	1,745,317.			
b <b>FAS 158 ADJ TO ACC PENS</b> .....	783,004.			
c <b>SUBSCRIPTIONS</b> .....	214,147.			
d <b>MEMBERSHIP DUES</b> .....	133,247.			
e <b>TRAINING</b> .....	26,058.			
f All other expenses .....	43,251.			
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	34,100,912.			
26 <b>Joint costs.</b> Check here <input type="checkbox"/> 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 .....				

NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Form 990 (2010)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	833,344.	<b>1</b>	8,065,854.	
	<b>2</b> Savings and temporary cash investments .....	5,807,530.	<b>2</b>	1,001,807.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	2,030,826.	<b>4</b>	1,474,483.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	163,196.	<b>9</b>	192,362.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,649,189.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,232,680.	582,834.	<b>10c</b> 416,509.	
	<b>11</b> Investments - publicly traded securities .....	12,950,280.	<b>11</b>	15,337,923.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,135,212.	<b>15</b>	1,589,706.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	23,503,222.	<b>16</b>	28,078,644.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,125,961.	<b>17</b>	1,067,407.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	13,420,410.	<b>19</b>	14,557,672.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	12,855,309.	<b>25</b>	12,630,025.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	27,401,680.	<b>26</b>	28,255,104.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	-6,659,860.	<b>27</b>	-3,153,413.	
	<b>28</b> Temporarily restricted net assets .....	2,761,402.	<b>28</b>	2,976,953.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	-3,898,458.	<b>33</b>	-176,460.	
<b>34</b> Total liabilities and net assets/fund balances .....	23,503,222.	<b>34</b>	28,078,644.		

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

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	34,931,240.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,100,912.
3	Revenue less expenses. Subtract line 2 from line 1	3	830,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,898,458.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,891,670.
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	-176,460.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Employer identification number

13-1084330

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



<b>Name of organization</b> <b>NATIONAL ASSOCIATION OF MANUFACTURERS  OF THE UNITED STATES OF AMERICA</b>	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 10,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 295,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 6,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 2,260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> <b>NATIONAL ASSOCIATION OF MANUFACTURERS  OF THE UNITED STATES OF AMERICA</b>	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> <b>NATIONAL ASSOCIATION OF MANUFACTURERS  OF THE UNITED STATES OF AMERICA</b>	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 6,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 7,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> <b>NATIONAL ASSOCIATION OF MANUFACTURERS  OF THE UNITED STATES OF AMERICA</b>	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



<b>Name of organization</b> NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **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 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 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).**

- 1 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 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 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.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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 \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
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 \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? If "Yes," describe in Part IV .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	X	

**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."

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	32,959,254.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	8,679,929.
<b>b</b> Carryover from last year .....	<b>2b</b>	1,581,024.
<b>c</b> Total .....	<b>2c</b>	10,260,953.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	10,546,961.
<b>4</b> 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? .....	<b>4</b>	-286,008.
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

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**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, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,284,426.	1,161,018.	123,408.
d Equipment		5,364,763.	5,071,662.	293,101.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>416,509.</b>

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INVESTMENT IN MSI	15,000.
(2) DEFERRED COMP ASSETS	1,574,706.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,589,706.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED RETIREMENT	2,153,141.
(3) ACCRUED POST-RETIREMENT BENEFIT	498,387.
(4) ACCRUED COMPENSATION	2,262,548.
(5) ACCRUED PENSION LIABILITY	7,715,949.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	12,630,025.

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
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 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts 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
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**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, line 2; 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.

**PART X, LINE 2: MANAGEMENT HAS CONCLUDED THAT THE ASSOCIATION HAS PROPERLY MAINTAINED ITS EXEMPT STATUS AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2010.**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA** Employer identification number  
**13-1084330**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed  ▶

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE MANUFACTURING INSTITUTE 1331 PENNSYLVANIA AVE NW, STE 600 WASHINGTON, DC 20004	52-1073576	501(C)(3)	100,000.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations ..... **1.**

**3** Enter total number of other organizations .....

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

Schedule I (Form 990) (2010)

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

**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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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.

SCHEDULE I, PART I, LINE 2: GRANTS ARE MADE TO THE MANUFACTURING INSTITUTE,  
WHICH IS CLOSELY RELATED TO NAM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>X</b>									
<p><b>2</b> 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? .....</p>	<b>X</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>		<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>X</b>									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>									
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>									
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>									
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>									
<p><b>7</b> 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 .....</p>	<b>7</b>									
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>									
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2010

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Schedule J (Form 990) 2010

13-1084330

Page 2

**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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN ENGLER	(i)	847,859.	300,000.	0.	289,348.	0.	1,437,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JAY TIMMONS	(i)	455,073.	59,623.	0.	14,210.	9,783.	538,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LEANNE WILSON	(i)	297,601.	39,749.	0.	14,399.	13,587.	365,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RICHARD KLEIN	(i)	272,453.	34,580.	0.	14,210.	1,165.	322,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DANA COLE	(i)	188,228.	22,629.	0.	12,502.	6,868.	230,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JEFFREY PIERCE	(i)	137,361.	139,983.	0.	15,443.	13,110.	305,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ARIC NEWHOUSE	(i)	239,867.	20,300.	0.	19,600.	0.	279,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ANN HEINS	(i)	162,159.	82,085.	0.	17,028.	6,868.	268,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MAUREEN DAVENPORT	(i)	232,555.	19,688.	0.	19,600.	13,587.	285,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 RYAN MODLIN	(i)	193,694.	16,188.	0.	16,688.	0.	226,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 FRANKLIN VARGO	(i)	197,681.	17,403.	0.	13,692.	0.	228,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 EMILY DEROCCO	(i)	207,616.	0.	0.	16,574.	7,445.	231,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DOROTHY COLEMAN	(i)	186,779.	16,283.	0.	14,572.	11,536.	229,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 GEORGE TANGEN	(i)	94,770.	118,731.	0.	12,574.	13,587.	239,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Schedule J (Form 990) 2010

13-1084330

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.

PART I, LINE 1A: CEO IS PERMITTED TO TRAVEL FIRST CLASS.

ALL VICE PRESIDENTS AND ABOVE ARE PERMITTED TRAVEL FOR SPOUSE TO ONE BOARD

MEETING PER YEAR.

ALL BENEFITS ARE TAXABLE TO THOSE RECEIVING THEM.

PART I, LINE 4B: JOHN ENGLER, 457 PLAN, \$275,000

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization	NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1084330
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONDUCTIVE TO US ECONOMIC GROWTH AND TO INCREASE UNDERSTANDING AMONG  
POLICYMAKERS, THE MEDIA AND THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF  
MANUFACTURING TO AMERICA'S ECONOMIC FUTURE AND LIVING STANDARDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITY, TECHNOLOGICAL PROGRESS AND ECONOMIC SECURITY. TO BE  
RESPECTED, FOCUSED, AND NONPARTISAN IN ACHIEVING AN ECONOMIC  
ENVIRONMENT THAT ENCOURAGES THE EXPANSION OF MANUFACTURING IN THE  
UNITED STATES AND STRENGTHENS OUR GLOBAL LEADERSHIP.

FORM 990, PART VI, SECTION A, LINE 2: SINCE THE NAM'S BOARD IS OVER 200  
AND ITS MEMBERS REPRESENT ALL TYPES OF MANUFACTURING FROM SMALL TO LARGE,  
WE ASSUME THAT DIRECTORS MAY HAVE FAMILY AND/OR BUSINESS RELATIONSHIPS WITH  
OTHER DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6: THE DUES-PAYING MEMBERSHIP OF NAM  
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: THE DUES-PAYING MEMBERSHIP OF NAM  
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: BOARD DECISIONS ARE SUBJECT TO  
APPROVAL OF THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE 2010 NAM IRS FORM 990 WAS

Name of the organization	NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	Employer identification number	13-1084330
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PREPARED BY THE NAM CONTROLLER AND IN CONSULTATION WITH OUR ACCOUNTING FIRM. DRAFTS WERE REVIEWED AND APPROVED BY THE NAM CHIEF FINANCIAL OFFICER. THE ISSUE OF APPROPRIATE BOARD REVIEW WAS ADDRESSED BY THE CHAIRMAN AND VICE CHAIRMAN OF THE NAM BOARD. THEIR REVIEW TOOK INTO CONSIDERATION THE GOAL OF DISCLOSURE AND OVERSIGHT BY THE GOVERNING BODY CONSISTENT WITH THE INTENT AND SPIRIT IMPLIED IN QUESTION 11. IT WAS DECIDED THAT BECAUSE THE NAM BOARD CONSISTS OF OVER 200 MEMBERS, AND THAT THE FINANCE COMMITTEE PURSUANT TO THE NAM CONSTITUTION IS CHARGED WITH EXERCISING GENERAL SUPERVISION OVER THE FINANCIAL AFFAIRS OF THE ASSOCIATION, THAT THE FINANCE COMMITTEE SHOULD AND WOULD REVIEW THE 990. ACCORDINGLY, THE NAM FINANCE COMMITTEE DID RECEIVE AND REVIEW COPIES OF THE 2010 FORM 990 AND ACCOMPANYING SCHEDULES BEFORE IT WAS FILED AND THEN REPORTED THAT IT HAD DONE SO TO THE FULL BOARD. HOWEVER, PURSUANT TO THE SPECIFIC INSTRUCTIONS FOR THIS QUESTION, THE NAM HAS ANSWERED "NO".

FORM 990, PART VI, SECTION B, LINE 15: THE NAM'S COMPENSATION COMMITTEE, MADE UP OF BOARD MEMBERS, ANNUALLY DETERMINES THE CEO'S COMPENSATION. THE PROCESS INCLUDES REVIEWING DATA FROM OTHER LIKE ASSOCIATIONS, THIRD PARTY CONSULTANTS AND OTHER INDUSTRY DATA. THE COMMITTEE SETS THE ANNUAL SALARY AND ANY BONUS COMPENSATION AND PROVIDES DOCUMENTATION OF THEIR DECISIONS. IN ADDITION TO THE ANNUAL PERFORMANCE APPRAISAL SYSTEM, OFFICERS' ANNUAL COMPENSATION IS APPROVED BY THE NAM COMPENSATION COMMITTEE. THE COMMITTEE REVIEWS DATA FROM VARIOUS SOURCES, INCLUDING OTHER LIKE ASSOCIATIONS, THIRD PARTY CONSULTANTS, AND OTHER INDUSTRY DATA. THIS DATA HELPS TO DETERMINE THE COMPENSATION AND THE COMMITTEE PROVIDES DOCUMENTATION OF THEIR DECISIONS. ALL OTHER KEY EMPLOYEES RECEIVE ANNUAL EVALUATIONS AND COMPENSATION ADJUSTMENTS ARE MADE ACCORDINGLY.

Name of the organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	Employer identification number 13-1084330
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FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	1,408,128.
457(F) FORFEITURE	1,483,542.
TOTAL TO FORM 990, PART XI, LINE 5	2,891,670.

FORM 990, PART VII

HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

JOHN ENGLER	1.0 HRS PER WEEK	THE MANUFACTURING INSTITUTE
EMILY DEROCCO	35.0 HRS PER WEEK	THE MANUFACTURING INSTITUTE



**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.

Name of the organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, 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) Section 512(b)(13) controlled entity?	
						Yes	No
THE MANUFACTURING INSTITUTE - 52-1073576 1331 PENNSYLVANIA AVENUE, NW STE 600 WASHINGTON, DC 20004	EDUCATIONAL FOUNDATION	DISTRICT OF COLUMBIA	501(C)(3)	7	NAM		X



**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	X	
<b>n</b> Sharing of paid employees .....	X	
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1) MANUFACTURERS SERVICES, INC.</b>		0.	
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			





Form **990**

**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

**2009**

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning and ending**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C Name of organization</b>  <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>1331 PENNSYLVANIA AVENUE, NW 600</b></p> <p>City or town, state or country, and ZIP + 4  <b>WASHINGTON, DC 20004-1790</b></p> <p><b>F Name and address of principal officer: JOHN ENGLER</b>  <b>SAME AS C ABOVE</b></p>	<p><b>D Employer identification number</b>  <b>13-1084330</b></p> <p><b>E Telephone number</b>  <b>202-637-3000</b></p> <p><b>G Gross receipts \$</b> <b>34,577,079.</b></p> <p><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No              If "No," attach a list. (see instructions)</p> <p><b>H(c) Group exemption number</b> ▶</p>
<p><b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>J Website:</b> ▶ <b>WWW.NAM.ORG</b></p>	
<p><b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L Year of formation:</b> <b>1905</b> <b>M State of legal domicile:</b> <b>NY</b></p>	

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE THE COMPETITIVENESS OF MANUFACTURERS BY SHAPING A LEGISLATIVE AND REGULATORY ENVIRONMENT</b>	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>219</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>218</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>174</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>0</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>27,934,548.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-4,053,554.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>22,783.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>25,980,521.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>18,245,722.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>21,456,875.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>39,702,597.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-13,722,076.</b>
	<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)
<b>21</b>		Total liabilities (Part X, line 26)	<b>30,538,926.</b>
<b>22</b>		Net assets or fund balances. Subtract line 21 from line 20	<b>-10,585,627.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **RICHARD KLEIN, CHIEF FINANCIAL OFFICER**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: *10/17/2009* Check if self-employed:  Preparer's identifying number (see instructions): **001059941**

Firm's name (or yours if self-employed), address, and ZIP + 4: **JOHNSON LAMBERT & CO. LLP**  
**700 SPRING FOREST ROAD, STE 115**  
**RALEIGH, NC 27609**

EIN: \_\_\_\_\_ Phone no.: **919-719-6400**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning \_\_\_\_\_, 2009 and ending \_\_\_\_\_, 20\_\_

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2009

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance due). Includes checkboxes and numerical values like 34577079.

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Signature Here [Signature] | 10-14-10 | CHIEF FINANCIAL OFFICER

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form section for ERO's Use Only, including fields for signature, date (10/14/2010), firm name (JOHNSON LAMBERT & CO. LLP), address (700 SPRING FOREST ROAD, STE 115, RALEIGH, NC 27609), EIN (52-1446779), and phone number (919-719-6400).

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form section for Paid Preparer's Use Only, including fields for signature, date, firm name, address, EIN, and phone number.

# Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 PENNSYLVANIA AVENUE, NW, NO. 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20004-1790</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**THE ASSOCIATION - 1331 PENNSYLVANIA AVENUE NW STE 600 -**

- The books are in the care of ▶ **WASHINGTON, DC 20004**  
Telephone No. ▶ **202-637-3000** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2009** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 PENNSYLVANIA AVENUE, NW, NO. 600</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20004-1790</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**TIMOTHY ROGERS - 1331 PENNSYLVANIA AVENUE NW STE 600 -**

- The books are in the care of **WASHINGTON, DC 20004**  
Telephone No. **202-637-3000** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**
- 5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	<b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Jean Lee** Title **CPT** Date **8/2/2010**

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**THE MISSION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS ("NAM") IS TO**  
**BE THE VOICE FOR ALL MANUFACTURING IN THE UNITED STATES. TO INFORM**  
**LEGISLATORS, THE ADMINISTRATION, THE MEDIA, POLICY INFLUENCERS AND THE**  
**PUBLIC ABOUT MANUFACTURING'S VITAL LEADERSHIP IN INNOVATION, JOB**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**POLICY & EXTERNAL AFFAIRS DIVISION: REPRESENTS AND COORDINATES**  
**ASSOCIATION COMMITTEES, SUBCOMMITTEES, AND TASK FORCES ON REGULATORY**  
**AND LEGISLATIVE ISSUES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**MARKETING & MEMBERSHIP DIVISION: RECRUITS AND RETAINS MEMBERS,**  
**COORDINATES MEMBER RELATIONS AT LOCAL AND NATIONAL LEVEL. HOLDS**  
**NUMEROUS MEETINGS, SELLS PUBLICATIONS TO MEMBERS AND NONMEMBERS.**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**COMMUNICATION DIVISION: A CLEARINGHOUSE OF INFORMATION FOR MEMBERS,**  
**PUBLISHES NEWSLETTERS TO MEMBERS, AND MANAGES WEBSITE.**

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total 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)? <i>If "Yes," complete Schedule A</i>		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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 "Yes," complete Schedule F, Part I</i>		X
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? <i>If "Yes," complete Schedule F, Part II</i>		X
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? <i>If "Yes," complete Schedule F, Part III</i>		X
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 "Yes," complete Schedule G, Part I</i>		X
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 "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	54		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	174		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
<b>4a</b>	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)?		X
4a			
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
<b>6a</b>	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?	X	
6a			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
6b			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
9a			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			219
b	Enter the number of voting members that are independent		
1b			218
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10a			
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			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11			
11A	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	X	
12a			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
12c			
13	Does the organization have a written whistleblower policy?	X	
13			
14	Does the organization have a written document retention and destruction policy?	X	
14			
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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			
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			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 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
- 19 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TIMOTHY ROGERS - 202-637-3000**  
**1331 PENNSYLVANIA AVENUE NW STE 600, WASHINGTON, DC 20004**

**Part VII 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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ENGLER PRESIDENT	35.00	X		X			1,057,279.	0.	289,210.	
MICHAEL E. CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
MARY ANDRINGA BOARD MEMBER	1.00	X					0.	0.	0.	
KARLA F. AARON BOARD MEMBER	1.00	X					0.	0.	0.	
GERARD M. ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
LORI ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
STAN A. ASKREN BOARD MEMBER	1.00	X					0.	0.	0.	
ALEX M. AZAR BOARD MEMBER	1.00	X					0.	0.	0.	
GREG BABE BOARD MEMBER	1.00	X					0.	0.	0.	
BRENT BAGLIEN BOARD MEMBER	1.00	X					0.	0.	0.	
TIMOTHY E. BAILEY BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLENE T. BEGLEY BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM H. BELDEN BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL L. BENNET BOARD MEMBER	1.00	X					0.	0.	0.	
JACQUES BESNAINOU BOARD MEMBER	1.00	X					0.	0.	0.	
ROLF BIEKERT BOARD MEMBER	1.00	X					0.	0.	0.	
ROLAND W. BOLES BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM BOTTS BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY H. BOYCE BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH BREUNIG BOARD MEMBER	1.00	X						0.	0.	0.
ANGELO BRISIMITAKIS BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT E. BRUNNER BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM A. BUCKNER BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL J. BULLINGER BOARD MEMBER	1.00	X						0.	0.	0.
RONALD D. BULLOCK BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES E. BUNCH BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS A. BURKE BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Total</b>								<b>4,387,583.</b>	<b>0.</b>	<b>574,859.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **52**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TARGET ENTERPRISES 1601 VENTURA BLVD, #515, ENCINO, CA 91436	ADVERTISING SERVICES & MEDIA BUYS	4,400,000.
DIGITARIA INTERACTIVE, INC., 533 F STREET, 3RD FLOOR, SAN DIEGO, CA 92101	WEBSITE DESIGN	102,367.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION



**Part VIII Statement of 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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,314,362.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		6,314,362.			
Program Service Revenue	2 a MEMBER DUES	Business Code 900099	26772039.	26772039.		
	b AFFILIATION FEES	900099	420,288.	420,288.		
	c SPONSORSHIPS	900099	314,677.	314,677.		
	d MEETINGS	900099	263,193.	263,193.		
	e MEMBER PROGRAMS	900099	169,261.	169,261.		
	f All other program service revenue	511120	37,017.	37,017.		
	g Total. Add lines 2a-2f		27976475.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		258,940.		258,940.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	27,302.		27,302.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		27,302.				
12 Total revenue. See instructions.		34577079.	27976475.	0.	286,242.	

**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	100,000.			
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	3,832,770.			
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	11,643,318.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	684,026.			
9 Other employee benefits	949,529.			
10 Payroll taxes	898,560.			
11 Fees for services (non-employees):				
a Management				
b Legal	44,191.			
c Accounting	57,768.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,470,001.			
12 Advertising and promotion	4,488,270.			
13 Office expenses	1,292,720.			
14 Information technology	147,957.			
15 Royalties				
16 Occupancy	2,766,879.			
17 Travel	697,187.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	920,723.			
20 Interest				
21 Payments to affiliates	165,175.			
22 Depreciation, depletion, and amortization	300,054.			
23 Insurance	161,634.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>ADDITIONAL PENSION EXPE</b>	2,321,219.			
b <b>MEMBERSHIP DUES</b>	275,711.			
c <b>SUBSCRIPTIONS</b>	171,397.			
d <b>TAXES</b>	26,723.			
e <b>FAS 158 ADJ TO ACC PENS</b>	-3,847,515.			
f All other expenses	35,004.			
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>29,603,301.</b>			
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Form 990 (2009)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	743,246.	<b>1</b>	833,344.	
	<b>2</b> Savings and temporary cash investments .....	3,850,413.	<b>2</b>	5,807,530.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	2,334,503.	<b>4</b>	2,030,826.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	373,605.	<b>9</b>	163,196.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,571,270.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,988,436.	797,599.	<b>10c</b> 582,834.	
	<b>11</b> Investments - publicly traded securities .....	11,147,265.	<b>11</b>	12,950,280.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	706,668.	<b>15</b>	1,135,212.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	19,953,299.	<b>16</b>	23,503,222.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	657,798.	<b>17</b>	1,125,961.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	13,159,337.	<b>19</b>	13,420,410.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	16,721,791.	<b>25</b>	12,855,309.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	30,538,926.	<b>26</b>	27,401,680.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	-12,375,437.	<b>27</b>	-6,659,860.	
	<b>28</b> Temporarily restricted net assets .....	1,789,810.	<b>28</b>	2,761,402.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> <b>Total net assets or fund balances</b> .....	-10,585,627.	<b>33</b>	-3,898,458.		
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	19,953,299.	<b>34</b>	23,503,222.		

Form 990 (2009)

**Part XI** Financial Statements and Reporting

**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? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate 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? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form 990 (2009)

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number

**13-1084330**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

<b>Name of organization</b> NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 5,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 265,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 4,792,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization  
**NATIONAL ASSOCIATION OF MANUFACTURERS  
 OF THE UNITED STATES OF AMERICA**

Employer identification number

13-1084330

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 22,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA	<b>Employer identification number</b> 13-1084330
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS                  OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 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).**

- 1 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 ..... ▶ \$ \_\_\_\_\_
  - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
  - 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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.

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

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.  
 B 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.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	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.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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 \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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 \$17,000,000	\$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 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? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
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)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? If "Yes," describe in Part IV .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	X	

**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."

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	33,673,679.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	9,247,013.
<b>b</b> Carryover from last year .....	<b>2b</b>	1,089,168.
<b>c</b> Total .....	<b>2c</b>	10,336,181.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	8,755,157.
<b>4</b> 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? .....	<b>4</b>	1,581,024.
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

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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, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA Employer identification number 13-1084330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring requirements. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c 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 Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,284,426.	1,057,701.	226,725.
d Equipment		5,286,844.	4,930,735.	356,109.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>582,834.</b>



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
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 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts 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
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**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, line 2; 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.

**PART X, LINE 2:**

**MANAGEMENT HAS CONCLUDED THAT THE ASSOCIATION HAS PROPERLY MAINTAINED ITS EXEMPT STATUS AND THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2009.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2009**

Open to Public  
inspection

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

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

Name of the organization  
**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MANUFACTURING INSTITUTE 1331 PENNSYLVANIA AVE NW, STE 600 WASHINGTON, DC 20004	52-1073576	501(C)(3)	100,000.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations **1**

**3** Enter total number of other organizations **1**

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

**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 Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount 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.

**SCHEDULE I, PART I, LINE 2: GRANTS ARE MADE TO THE MANUFACTURING INSTITUTE,  
WHICH IS CLOSELY RELATED TO NAM.**

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input checked="" type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </p> <p> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>X</b>	
<p><b>2</b> 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? .....</p>	<b>X</b>	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </p> <p> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>		<b>X</b>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>X</b>	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? .....</p>		
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? .....</p>		
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> 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 .....</p>		
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued 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 .....</p>		
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009



**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Schedule J (Form 990) 2009

13-1084330

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN ENGLER	(i) 770,000.	(ii) 285,250.	(iii) 2,029.	289,210.	0.	1,346,489.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JAY TIMMONS	(i) 436,800.	(ii) 61,152.	(iii) -6,090.	14,210.	4,962.	511,034.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
LEANNE WILSON	(i) 291,200.	(ii) 44,845.	(iii) -13,620.	14,210.	17,094.	353,729.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RICHARD KLEIN	(i) 253,334.	(ii) 39,013.	(iii) 55.	14,210.	190.	306,802.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DANA COLE	(i) 184,748.	(ii) 10,250.	(iii) -1,632.	11,333.	4,928.	209,627.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
JEFFREY PIERCE	(i) 142,000.	(ii) 141,800.	(iii) -10,040.	15,380.	17,003.	306,143.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ARIC NEWHOUSE	(i) 232,000.	(ii) 23,200.	(iii) -1,423.	19,600.	0.	273,377.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
ANN HEINS	(i) 158,137.	(ii) 90,309.	(iii) -2,300.	17,192.	4,962.	268,300.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MAUREEN DAVENPORT	(i) 225,000.	(ii) 7,500.	(iii) -5,765.	13,500.	17,037.	257,272.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
RYAN MODLIN	(i) 183,685.	(ii) 34,206.	(iii) 1,286.	17,432.	0.	236,609.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
FRANK VARGO	(i) 193,183.	(ii) 19,318.	(iii) -1,373.	13,264.	0.	224,392.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
EMILY DEROCCO	(i) 210,887.	(ii) 0.	(iii) 106.	16,872.	5,275.	233,140.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
DOROTHY COLEMAN	(i) 186,088.	(ii) 18,609.	(iii) -6,917.	13,734.	9,284.	220,798.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
KEITH MCCOY	(i) 180,814.	(ii) 18,018.	(iii) -8,079.	6,940.	17,037.	214,730.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

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.

PART I, LINE 1A: CEO IS PERMITTED TO TRAVEL FIRST CLASS.

ALL VICE PRESIDENTS AND ABOVE ARE PERMITTED TRAVEL FOR SPOUSES TO ONE BOARD MEETING PER YEAR.

ALL BENEFITS ARE TAXABLE TO THOSE RECEIVING THEM.

PART I, LINE 4B: JOHN ENGLER, 457 PLAN, \$275,000

SCHEDULE J, PART II:

NEGATIVE FIGURES FOR "OTHER REPORTABLE COMPENSATION" REPRESENT EMPLOYEE FSA CONTRIBUTIONS AND OTHER SIMILAR AMOUNTS.

**SCHEDULE J-2**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
W. CLINT BURRUS BOARD MEMBER	1.00	X					0.	0.	0.	
BARRY CALDWELL BOARD MEMBER	1.00	X					0.	0.	0.	
LEONARD J. CALI BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN CAPPS MORRIS BOARD MEMBER	1.00	X					0.	0.	0.	
CARLOS M. CARDOSO BOARD MEMBER	1.00	X					0.	0.	0.	
RED CAVANEY BOARD MEMBER	1.00	X					0.	0.	0.	
GILES COLAS BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTOPHER M. CONNOR BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN W. CONWAY BOARD MEMBER	1.00	X					0.	0.	0.	
LEN COOPER BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID M. CORDANI BOARD MEMBER	1.00	X					0.	0.	0.	
MARK A. CORDOVA BOARD MEMBER	1.00	X					0.	0.	0.	
STEPHEN A. COSSE <sup>1</sup> BOARD MEMBER	1.00	X					0.	0.	0.	
MARY FRANCES COX BOARD MEMBER	1.00	X					0.	0.	0.	
PAUL CUNNINGHAM BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM G. CURRIE BOARD MEMBER	1.00	X					0.	0.	0.	
WALTER P. CZARNECKI BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD E. DAÜCH BOARD MEMBER	1.00	X					0.	0.	0.	
PETER DAVIDSON BOARD MEMBER	1.00	X					0.	0.	0.	

**SCHEDULE J-2**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DARL DAVIDSON BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT D. DIXON BOARD MEMBER	1.00	X						0.	0.	0.
MARK T. DOBBINS BOARD MEMBER	1.00	X						0.	0.	0.
H. JEFFREY DOBBS BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. DOWNEY BOARD MEMBER	1.00	X						0.	0.	0.
BRETT S. DUGAN BOARD MEMBER	1.00	X						0.	0.	0.
ARTHUR J. DYER BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS V. EASTERDAY BOARD MEMBER	1.00	X						0.	0.	0.
JOHN J. ENGEL BOARD MEMBER	1.00	X						0.	0.	0.
SHELDON R. ERIKSON BOARD MEMBER	1.00	X						0.	0.	0.
JOHN A. FEES BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS J. FELMER BOARD MEMBER	1.00	X						0.	0.	0.
JOHN J. FERRIOLA BOARD MEMBER	1.00	X						0.	0.	0.
FRED FESTA BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY D. FLACK BOARD MEMBER	1.00	X						0.	0.	0.
JAMES FOSTER BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD FREELAND BOARD MEMBER	1.00	X						0.	0.	0.
JIM FUCHS BOARD MEMBER	1.00	X						0.	0.	0.
WALTER J. GALVIN BOARD MEMBER	1.00	X						0.	0.	0.

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL R. GAMBRELL BOARD MEMBER	1.00	X						0.	0.	0.
DAVID L. GARIN BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM E. GASKIN BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE A. GATES BOARD MEMBER	1.00	X						0.	0.	0.
JEAN-MARC GERMAIN BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD GIMMEL BOARD MEMBER	1.00	X						0.	0.	0.
SHERMAN J. GLASS BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL GLIER BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL GOLDEN BOARD MEMBER	1.00	X						0.	0.	0.
CLARENVE GOODEN BOARD MEMBER	1.00	X						0.	0.	0.
DREW GREENBLATT BOARD MEMBER	1.00	X						0.	0.	0.
EDWARD GREISSING BOARD MEMBER	1.00	X						0.	0.	0.
GENE GSELL BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM D. GULLICKSON BOARD MEMBER	1.00	X						0.	0.	0.
KIRK S. HACHIGIAN BOARD MEMBER	1.00	X						0.	0.	0.
DOUGLAS M. HAGERMAN BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL S. HANLEY BOARD MEMBER	1.00	X						0.	0.	0.
TIM HANLEY BOARD MEMBER	1.00	X						0.	0.	0.
ROGER A. HANNAY BOARD MEMBER	1.00	X						0.	0.	0.
STEPHANIE HARKNESS BOARD MEMBER	1.00	X						0.	0.	0.

**SCHEDULE J-2**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R. KEITH HARRISON BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD J. HARSHMAN BOARD MEMBER	1.00	X					0.	0.	0.	
CURT HERBERT BOARD MEMBER	1.00	X					0.	0.	0.	
HERBERT L. HENKEL BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT K. HENRY BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM V. HICKEY BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN P. HILER BOARD MEMBER	1.00	X					0.	0.	0.	
WILL HINKSTON BOARD MEMBER	1.00	X					0.	0.	0.	
RANDALL G. HOFFMAN BOARD MEMBER	1.00	X					0.	0.	0.	
ALAN M. HOLADAY BOARD MEMBER	1.00	X					0.	0.	0.	
R. DAVID HOOVER BOARD MEMBER	1.00	X					0.	0.	0.	
JERRY HOWARD BOARD MEMBER	1.00	X					0.	0.	0.	
HANNES HUNSCHOFSKY BOARD MEMBER	1.00	X					0.	0.	0.	
KEVIN J. HUNT BOARD MEMBER	1.00	X					0.	0.	0.	
GARY D. HUSS BOARD MEMBER	1.00	X					0.	0.	0.	
COLLIE L. HUTTER BOARD MEMBER	1.00	X					0.	0.	0.	
AL JENNINGS BOARD MEMBER	1.00	X					0.	0.	0.	
KELLIE JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
J. BRADLEY JOHNSTON BOARD MEMBER	1.00	X					0.	0.	0.	
PAUL W. JONES BOARD MEMBER	1.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JILL JONES BOARD MEMBER	1.00	X					0.	0.	0.	
DANIEL JUNEAU BOARD MEMBER	1.00	X					0.	0.	0.	
HANNAH KAIN BOARD MEMBER	1.00	X					0.	0.	0.	
PAMELA KAN BOARD MEMBER	1.00	X					0.	0.	0.	
D.T. (DEE) KAPUR BOARD MEMBER	1.00	X					0.	0.	0.	
TIMOTHY J. KEATING BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL KELLY BOARD MEMBER	1.00	X					0.	0.	0.	
GAGE A. KENT BOARD MEMBER	1.00	X					0.	0.	0.	
PATRICK J. KIELY BOARD MEMBER	1.00	X					0.	0.	0.	
PETER D. KINNEAR BOARD MEMBER	1.00	X					0.	0.	0.	
LUTHER C. KISSAM BOARD MEMBER	1.00	X					0.	0.	0.	
LINDA I. KNOLL BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN J. KORALESKI BOARD MEMBER	1.00	X					0.	0.	0.	
AELRED J. KURTENBACH BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS R. LALLA BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN C. LANDGRAF BOARD MEMBER	1.00	X					0.	0.	0.	
ALAN F. LAPOINT BOARD MEMBER	1.00	X					0.	0.	0.	
THERESA K. LEE BOARD MEMBER	1.00	X					0.	0.	0.	
STEPHEN F. LEER BOARD MEMBER	1.00	X					0.	0.	0.	
GARALD LETENDRE BOARD MEMBER	1.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
W. KIRK LIDDELL BOARD MEMBER	1.00	X						0.	0.	0.
TERRENCE G. LINNERT BOARD MEMBER	1.00	X						0.	0.	0.
GAIL A. LIONE BOARD MEMBER	1.00	X						0.	0.	0.
PAUL LOFTUS BOARD MEMBER	1.00	X						0.	0.	0.
DAVID H. LONG BOARD MEMBER	1.00	X						0.	0.	0.
LESLIE LONGORIA BOARD MEMBER	1.00	X						0.	0.	0.
AL T. LUBRANO BOARD MEMBER	1.00	X						0.	0.	0.
JOHN A. LUKE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN F. LUNDGREN BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM MANSFIELD BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES A. MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
DONALD A. MCCABE BOARD MEMBER	1.00	X						0.	0.	0.
STEWART G. MCMILLAN BOARD MEMBER	1.00	X						0.	0.	0.
CHRIS E. MCNEIL BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT MEANEY BOARD MEMBER	1.00	X						0.	0.	0.
MARK A. MEDLEY BOARD MEMBER	1.00	X						0.	0.	0.
DYKE F. MESSINGER BOARD MEMBER	1.00	X						0.	0.	0.
JAMES S. METCALF BOARD MEMBER	1.00	X						0.	0.	0.
ALBERT R. MILLER BOARD MEMBER	1.00	X						0.	0.	0.
SAMUEL J. MITCHELL BOARD MEMBER	1.00	X						0.	0.	0.



**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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OMB No. 1545-0047

**2009**

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Name of the Organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
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(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACK MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
PATRICK J. MOORE BOARD MEMBER	1.00	X					0.	0.	0.	
RONALD M. MOQUIST BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL G. MORRIS BOARD MEMBER	1.00	X					0.	0.	0.	
RANDY MULLETT BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS MURPHY BOARD MEMBER	1.00	X					0.	0.	0.	
KENNETH MURTHA BOARD MEMBER	1.00	X					0.	0.	0.	
GARALD C. MUSARRA BOARD MEMBER	1.00	X					0.	0.	0.	
BRUCE MYERS BOARD MEMBER	1.00	X					0.	0.	0.	
ALBERT H. MYRES BOARD MEMBER	1.00	X					0.	0.	0.	
MUNISH NANDA BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD C. NEUFFER BOARD MEMBER	1.00	X					0.	0.	0.	
LARRY NICHLOLS BOARD MEMBER	1.00	X					0.	0.	0.	
C. SCOTT O'HARA BOARD MEMBER	1.00	X					0.	0.	0.	
DOUGLAS R. OBERHELMAN BOARD MEMBER	1.00	X					0.	0.	0.	
ZIAD S. OJAKLI BOARD MEMBER	1.00	X					0.	0.	0.	
JEROME D. OKARMA BOARD MEMBER	1.00	X					0.	0.	0.	
ROY V. PAULSON BOARD MEMBER	1.00	X					0.	0.	0.	
PETER M. PEREZ BOARD MEMBER	1.00	X					0.	0.	0.	
NICHLAS T. PINCHUK BOARD MEMBER	1.00	X					0.	0.	0.	

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the instructions for Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer Identification number **13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICE POWELL BOARD MEMBER	1.00	X					0.	0.	0.	
BRUCE W. PULKKINEN BOARD MEMBER	1.00	X					0.	0.	0.	
A. F. RAIMONDO BOARD MEMBER	1.00	X					0.	0.	0.	
ALFRED M. RANKIN BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN RATHBERGER BOARD MEMBER	1.00	X					0.	0.	0.	
FRANK J. READY BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD K. REECE BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT K. REEVES BOARD MEMBER	1.00	X					0.	0.	0.	
NATALE RICCIARDI BOARD MEMBER	1.00	X					0.	0.	0.	
TIMOTHY RING BOARD MEMBER	1.00	X					0.	0.	0.	
THOMAS J. RIORDAN BOARD MEMBER	1.00	X					0.	0.	0.	
JEANNINE M. RIVET BOARD MEMBER	1.00	X					0.	0.	0.	
MARK A. ROCHE BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM J. SANDBROOK BOARD MEMBER	1.00	X					0.	0.	0.	
RON SAXTON BOARD MEMBER	1.00	X					0.	0.	0.	
RICK SCHOSTEK BOARD MEMBER	1.00	X					0.	0.	0.	
DONALD W. SEALE BOARD MEMBER	1.00	X					0.	0.	0.	
GREGG M. SHERRILL BOARD MEMBER	1.00	X					0.	0.	0.	
DEAN C. SIMONE BOARD MEMBER	1.00	X					0.	0.	0.	
WALLACE E. SMITH BOARD MEMBER	1.00	X					0.	0.	0.	

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

OMB No. 1545-0047

**2009**  
**Open to Public**  
**Inspection**

Name of the Organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE ST. ANGELO BOARD MEMBER	1.00	X						0.	0.	0.
W. FLETCHER STEELE BOARD MEMBER	1.00	X						0.	0.	0.
AL STIMAC BOARD MEMBER	1.00	X						0.	0.	0.
JOHN M. STROPKI BOARD MEMBER	1.00	X						0.	0.	0.
LEE J. STYSLINGER BOARD MEMBER	1.00	X						0.	0.	0.
MARK A. SUWYN BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY T. SWIENTON BOARD MEMBER	1.00	X						0.	0.	0.
GLEN E. TELLOCK BOARD MEMBER	1.00	X						0.	0.	0.
WARD J. TIMKEN BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH TISONE BOARD MEMBER	1.00	X						0.	0.	0.
LEON TRAMMELL BOARD MEMBER	1.00	X						0.	0.	0.
DENNIS H. TREACY BOARD MEMBER	1.00	X						0.	0.	0.
R. CHARLES VERMERRIS BOARD MEMBER	1.00	X						0.	0.	0.
PAUL VIKNER BOARD MEMBER	1.00	X						0.	0.	0.
FRANK W. WAGNER BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY R. WALLACE BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT WEIDNER BOARD MEMBER	1.00	X						0.	0.	0.
DONALD WELCH BOARD MEMBER	1.00	X						0.	0.	0.
SANDRA WESTLUND-DEENIHAN BOARD MEMBER	1.00	X						0.	0.	0.
CHUCK WETHERINGTON BOARD MEMBER	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No. 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization

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OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD M. WHITESIDE BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES R. WHITLOCK BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD L. WILKEY BOARD MEMBER	1.00	X					0.	0.	0.	
MIKE WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
DELLA H. WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTOPHER C. WOMACK BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN K. WOODWORTH BOARD MEMBER	1.00	X					0.	0.	0.	
KAREN BUCHWALD WRIGHT BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM D. ZOLLARS BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES G. MCCLURE BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL W. MCLANAHAN BOARD MEMBER	1.00	X					0.	0.	0.	
STEVE SCHULTE BOARD MEMBER	1.00	X					0.	0.	0.	
JAY TIMMONS EXEC. VP	35.00			X			491,862.	0.	19,172.	
LEANNE WILSON CHIEF OPERATING OFFICER	35.00			X			322,425.	0.	31,304.	
RICHARD KLEIN CHIEF FINANCIAL OFFICER	35.00			X			292,402.	0.	14,400.	
DANA COLE SECRETARY/SVP CORP AFFAI	35.00			X			193,366.	0.	16,261.	
JEFFREY PIERCE VP - FIELD SALES	35.00				X		273,760.	0.	32,383.	
ARIC NEWHOUSE SVP - POLICY	35.00				X		253,777.	0.	19,600.	
ANN HEINS VP - FIELD MEMBERSHIP	35.00				X		246,146.	0.	22,154.	
MAUREEN DAVENPORT SVP - COMMUNICATIONS	35.00				X		226,735.	0.	30,537.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J-2 (Form 990) 2009



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
inspection

Name of the organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONDUCTIVE TO US ECONOMIC GROWTH AND TO INCREASE UNDERSTANDING AMONG  
POLICYMAKERS, THE MEDIA AND THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF  
MANUFACTURING TO AMERICA'S ECONOMIC FUTURE AND LIVING STANDARDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITY, TECHNOLOGICAL PROGRESS AND ECONOMIC SECURITY. TO BE  
RESPECTED, FOCUSED, AND NONPARTISAN IN ACHIEVING AN ECONOMIC  
ENVIRONMENT THAT ENCOURAGES THE EXPANSION OF MANUFACTURING IN THE  
UNITED STATES AND STRENGTHENS OUR GLOBAL LEADERSHIP.

FORM 990, PART VI, SECTION A, LINE 2: SINCE THE NAM'S BOARD IS OVER 200  
AND ITS MEMBERS REPRESENT ALL TYPES OF MANUFACTURING FROM SMALL TO LARGE,  
WE ASSUME THAT DIRECTORS MAY HAVE FAMILY AND/OR BUSINESS RELATIONSHIPS WITH  
OTHER DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6: THE DUES-PAYING MEMBERSHIP OF NAM  
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: THE DUES-PAYING MEMBERSHIP OF NAM  
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: BOARD DECISIONS ARE SUBJECT TO  
APPROVAL OF THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE 2009 NAM IRS FORM 990 WAS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

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Inspection

Name of the organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

PREPARED BY THE NAM CONTROLLER AND IN CONSULTATION WITH OUR ACCOUNTING  
FIRM. DRAFTS WERE REVIEWED AND APPROVED BY THE NAM CHIEF FINANCIAL OFFICER.  
THE ISSUE OF APPROPRIATE BOARD REVIEW WAS ADDRESSED BY THE CHAIRMAN AND  
VICE CHAIRMAN OF THE NAM BOARD. THEIR REVIEW TOOK INTO CONSIDERATION THE  
GOAL OF DISCLOSURE AND OVERSIGHT BY THE GOVERNING BODY CONSISTENT WITH THE  
INTENT AND SPIRIT IMPLIED IN QUESTION 11. IT WAS DECIDED THAT BECAUSE THE  
NAM BOARD CONSISTS OF OVER 200 MEMBERS, AND THAT THE FINANCE COMMITTEE  
PURSUANT TO THE NAM CONSTITUTION IS CHARGED WITH EXERCISING GENERAL  
SUPERVISION OVER THE FINANCIAL AFFAIRS OF THE ASSOCIATION, THAT THE FINANCE  
COMMITTEE SHOULD AND WOULD REVIEW THE 990. ACCORDINGLY, THE NAM FINANCE  
COMMITTEE DID RECEIVE AND REVIEW COPIES OF THE 2009 FORM 990 AND  
ACCOMPANYING SCHEDULES BEFORE IT WAS FILED AND THEN REPORTED THAT IT HAD  
DONE SO TO THE FULL BOARD. HOWEVER, PURSUANT TO THE SPECIFIC INSTRUCTIONS  
FOR THIS QUESTION, THE NAM HAS ANSWERED "NO".

FORM 990, PART VI, SECTION B, LINE 15: THE NAM'S COMPENSATION COMMITTEE,  
MADE UP OF BOARD MEMBERS, ANNUALLY DETERMINES THE CEO'S COMPENSATION. THE  
PROCESS INCLUDES REVIEWING DATA FROM OTHER LIKE ASSOCIATIONS, THIRD PARTY  
CONSULTANTS AND OTHER INDUSTRY DATA. THE COMMITTEE SETS THE ANNUAL SALARY  
AND ANY BONUS COMPENSATION AND PROVIDES DOCUMENTATION OF THEIR DECISIONS.  
IN ADDITION TO THE ANNUAL PERFORMANCE APPRAISAL SYSTEM, OFFICERS' ANNUAL  
COMPENSATION IS APPROVED BY THE NAM COMPENSATION COMMITTEE. THE COMMITTEE  
REVIEWS DATA FROM VARIOUS SOURCES, INCLUDING OTHER LIKE ASSOCIATIONS, THIRD  
PARTY CONSULTANTS, AND OTHER INDUSTRY DATA. THIS DATA HELPS TO DETERMINE  
THE COMPENSATION AND THE COMMITTEE PROVIDES DOCUMENTATION OF THEIR  
DECISIONS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2009**

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Employer identification number  
**13-1084330**

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VII, COL A

EMILY DEROCCO IS THE PRESIDENT OF THE MANUFACTURING INSTITUTE, THE  
EDUCATIONAL FOUNDATION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS  
(NAM). ALTHOUGH SHE IS AN EMPLOYEE OF THE NAM, SHE WORKS EXCLUSIVELY  
FOR THE MANUFACTURING INSTITUTE AND HER COMPENSATION AND BENEFITS ARE  
REIMBURSED TO THE NAM BY THE MANUFACTURING INSTITUTE.







**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		
<b>r</b> Other transfer of cash or property from other organization(s)		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	MANUFACTURING SERVICES, INC.		0.
(2)			
(3)			
(4)			
(5)			
(6)			



Form **990**

**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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA Doing Business As		<b>D Employer identification number</b> 13-1084330
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1331 PENNSYLVANIA AVENUE, NW 600		<b>E Telephone number</b> 202-637-3000
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20004-1790		<b>G Gross receipts \$</b> 41,299,035.
		<b>F Name and address of principal officer:</b> JOHN ENGLER 1331 PENNSYLVANIA AVENUE NW, SUITE 600, WASH		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.NAM.ORG				
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L Year of formation:</b> 1905 <b>M State of legal domicile:</b> NY				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENHANCE THE COMPETITIVENESS OF MANUFACTURERS BY SHAPING A LEGISLATIVE AND REGULATORY ENVIRONMENT</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 213
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 212
	<b>5</b> Total number of employees (Part V, line 2a) ..... <b>5</b> 188
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 0
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) ..... <b>7a</b> 0. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 30,050,851. <b>Current Year</b> 28,673,391.
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... 1,633,800. 1,337,901.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 1,953,810. -4,053,554.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 10,790. 22,783.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 33,649,251. 25,980,521.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 304,000.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 18,176,833. 18,245,722.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... 15,999,512. 21,456,875.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 34,480,345. 39,702,597.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... -831,094. -13,722,076.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Year</b> 28,093,745. <b>End of Year</b> 19,953,299.
	<b>21</b> Total liabilities (Part X, line 26) ..... 23,994,481. 30,538,926.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... 4,099,264. -10,585,627.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: RICHARD KLEIN, CFO Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 10/30/08 Check if self-employed  Preparer's identifying number (see instructions): 700345066

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHNSON LAMBERT & CO LLP  
700 SPRING FOREST ROAD, STE 115  
RALEIGH, NC 27609

EIN: \_\_\_\_\_ Phone no.: 919-719-6400

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 PENNSYLVANIA AVENUE, NW, NO. 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20004-1790</b>	

**Check type of return to be filed**(file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**THE ASSOCIATION**

- The books are in the care of ▶ **1331 PENNSYLVANIA AVENUE NW #600 - WASHINGTON, DC 20004**  
Telephone No. ▶ **202-637-3000** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 17, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2008** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 PENNSYLVANIA AVENUE, NW, NO. 600</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20004-1790</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE ASSOCIATION**  
Telephone No. **202-637-3000** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 16, 2009**.

5 For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **01/2/09**

**Part III Statement of Program Service Accomplishments** (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO ENHANCE THE COMPETITIVENESS OF MANUFACTURING BY SHAPING A LEGISLATIVE AND REGULATORY ENVIRONMENT CONDUCTIVE TO U.S. ECONOMIC GROWTH AND TO INCREASE UNDERSTANDING AMONG POLICYMAKERS, MEDIA AND THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF MANUFACTURING TO AMERICA'S
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
POLICY & EXTERNAL AFFAIRS DIVISION: REPRESENTS AND COORDINATES ASSOCIATION COMMITTEES, SUBCOMMITTEE, AND TASK FORCES ON REGULATORY AND LEGISLATIVE ISSUES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MARKETING & MEMBERSHIP DIVISION: RECRUITS AND RETAINS MEMBERS, COORDINATES MEMBER RELATIONS AT LOCAL AND NATIONAL LEVEL. HOLDS NUMEROUS MEETINGS, PUBLISHES AND SELLS NEWSLETTERS AND PUBLICATIONS TO MEMBERS AND NONMEMBERS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
COMMUNICATION DIVISION: A CLEARINGHOUSE OF INFORMATION FOR MEMBERS AND PUBLISHES NEWSLETTERS TO MEMBERS.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ (Must equal Part IX, Line 25, column (B).)



**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)? <i>If "Yes," complete Schedule A</i> .....		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	X	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
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> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....		X
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? <i>If "Yes," complete Schedule F, Part II</i> .....		X
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? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	X	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
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? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		
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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 50		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 188		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	X	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		213
<b>1b</b> Enter the number of voting members that are independent		212
<b>2</b> 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?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
<b>11</b> Is there any officer, director or 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		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 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
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ASSOCIATION - 202-637-3000**  
**1331 PENNSYLVANIA AVENUE NW STE 600, WASHINGTON, DC 20004**

**Part VII 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. Use Schedule J-2 if additional space is needed.

- 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 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES BUNCH BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN LUKE BOARD MEMBER	1.00	X					0.	0.	0.	
KARLA F. AARON BOARD MEMBER	1.00	X					0.	0.	0.	
GERARD M. ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
MARY ANDRINGA BOARD MEMBER	1.00	X					0.	0.	0.	
JACQUES ASCHENBRIECH BOARD MEMBER	1.00	X					0.	0.	0.	
STAN A. ASKREN BOARD MEMBER	1.00	X					0.	0.	0.	
ALEX M. AZAR BOARD MEMBER	1.00	X					0.	0.	0.	
BRENT BAGLIEN BOARD MEMBER	1.00	X					0.	0.	0.	
TIM BAILEY BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM H. BELDEN BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD BELL BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL L. BENNETT BOARD MEMBER	1.00	X					0.	0.	0.	
ROLF BIEKERT BOARD MEMBER	1.00	X					0.	0.	0.	
RONALD W. BOLES BOARD MEMBER	1.00	X					0.	0.	0.	
GREGORY H. BOYCE BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELO BRISIMITZAKIS BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL J. BULLINGER BOARD MEMBER	1.00	X					0.	0.	0.	
RONALD D. BULLOCK BOARD MEMBER	1.00	X					0.	0.	0.	
URSULA BURNS BOARD MEMBER	1.00	X					0.	0.	0.	
BARRY CALDWELL BOARD MEMBER	1.00	X					0.	0.	0.	
LEONARD J. CALI BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN CAPPS MORRIS BOARD MEMBER	1.00	X					0.	0.	0.	
A. BRUCE CLARKE BOARD MEMBER	1.00	X					0.	0.	0.	
KEN W. COLE BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTOPHER M. CONNOR BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Total</b>							<b>4,121,306.</b>	<b>0.</b>	<b>576,699.</b>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 51

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
DCI GROUP LLC, 2401 W. BERHREND DRIVE, STE 7, PHOENIX, AZ 85027	CONSULTING & MEDIA FEES	2,543,079.
WILEY REIN LLP 1776 K STREET NW, WASHINGTON, DC 20006	LEGAL WORK	618,188.
FLEISHMAN-HILLARD INC. 4706 PAYSHERE CIRCLE, CHICAGO, IL 60674	CONSULTING	402,500.
NATIONAL ECONOMIC RESEARCH ASSOCIATES, INC. PO BOX 29677, NEW YORK, NY 10087-9677	CONSULTING	375,110.
HUNTON & WILLIAMS PO BOX 18936, WASHINGTON, DC 20036	CONSULTING	183,585.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 5

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of 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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	26596647.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2076744.				
	g Noncash contributions included in lines 1a-1f. \$						
	h Total. Add lines 1a-1f			28673391.			
Program Service Revenue	2 a MEMBER PROGRAMS	Business Code	515,134.	515,134.			
	b AFFILIATION FEES		443,180.	443,180.			
	c MEETINGS		338,680.	338,680.			
	d PUBLICATIONS		40,907.	40,907.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,337,901.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		426,749.			426,749.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			-4480303.	-4480303.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS			22,783.			22,783.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			22,783.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			25980521.	-3142402.	0.	449,532.	

**Part I 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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
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 .....	2,818,427.			
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 .....	13,846,280.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	565,355.			
9 Other employee benefits .....	1,017,471.			
10 Payroll taxes .....	-1,811.			
11 Fees for services (non-employees):				
a Management .....	672,820.			
b Legal .....	57,395.			
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	4,538,433.			
12 Advertising and promotion .....	24,364.			
13 Office expenses .....	1,388,080.			
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	2,788,887.			
17 Travel .....	1,106,446.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	3,569.			
19 Conferences, conventions, and meetings .....	692,815.			
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	317,305.			
23 Insurance .....	172,960.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>FAS 158 ADJUSTMENTS TO</b>	7,831,565.			
b <b>ADDITIONAL PENSION EXPE</b>	1,030,136.			
c <b>MEMBERSHIP DUES</b>	283,395.			
d <b>CONTRIBUTIONS</b>	244,300.			
e <b>SUBSCRIPTIONS</b>	235,288.			
f All other expenses .....	69,117.			
25 <b>Total functional expenses.</b> Add lines 1 through 24f	39,702,597.			
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				



**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	452,899.	1	743,246.
	2	Savings and temporary cash investments	7,516,454.	2	3,850,413.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,018,735.	4	2,334,503.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		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	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	188,167.	9	373,605.
	10a	Land, buildings, and equipment: cost basis	10a 7,539,035.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 6,741,436.		
			942,221.	10c	797,599.
	11	Investments - publicly traded securities	16,930,769.	11	11,838,933.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	44,500.	15	15,000.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	28,093,745.	16	19,953,299.	
Liabilities	17	Accounts payable and accrued expenses	1,837,461.	17	657,798.
	18	Grants payable		18	
	19	Deferred revenue	12,727,367.	19	13,159,337.
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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 persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	9,429,653.	25	16,721,791.
	26	<b>Total liabilities.</b> Add lines 17 through 25	23,994,481.	26	30,538,926.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	188,280.	27	-12,375,437.
	28	Temporarily restricted net assets	3,910,984.	28	1,789,810.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	4,099,264.	33	-10,585,627.
	34	<b>Total liabilities and net assets/fund balances</b>	28,093,745.	34	19,953,299.

**Part X Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No
- 2b Were the organization's financial statements audited by an independent accountant?  Yes  No
- 2c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No
- 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?  Yes  No
- 3b If "Yes," did the organization undergo the required audit or audits?  Yes  No

	Yes	No
2a		X
2b		X
2c		X
3a		X
3b		X

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Employer identification number

13-1084330

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 6 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number

13-1084330

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,162,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Employer identification number

13-1084330

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 26,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
**NATIONAL ASSOCIATION OF MANUFACTURERS  
 OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

**Part I** **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS                  OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
**NATIONAL ASSOCIATION OF MANUFACTURERS  
 OF THE UNITED STATES OF AMERICA**

Employer identification number

13-1084330

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS                  OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 110,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA</b>	Employer identification number <b>13-1084330</b>
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ 3,569.
- 3 Volunteer hours ..... 0.

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 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 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ 3,569.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ 0.
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ 3,569.
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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.

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

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check  if the filing organization belongs to an affiliated group.  
 B 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.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
1b Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
1c Total lobbying expenditures (add lines 1a and 1b) .....															
1d Other exempt purpose expenditures .....															
1e Total exempt purpose expenditures (add lines 1c and 1d) .....															
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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 \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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 \$17,000,000	\$1,000,000.														
1g Grassroots nontaxable amount (enter 25% of line 1f) .....															
1h Subtract line 1g from line 1a. Enter -0- if line g is more than line a .....															
1i Subtract line 1f from line 1c. Enter -0- if line f is more than line c .....															
1j 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? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c 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 To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

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

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	29,091,570.
<b>2</b> 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).		
<b>a</b> Current year	<b>2a</b>	7,455,664.
<b>b</b> Carryover from last year	<b>2b</b>	-548,182.
<b>c</b> Total	<b>2c</b>	6,907,482.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	5,818,314.
<b>4</b> 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?	<b>4</b>	1,089,168.
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**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.

**PART I-A, LINE 1:**

THE NATIONAL ASSOCIATION OF MANUFACTURERS HOSTED EVENTS FOR TWO U.S. SENATE CANDIDATES IN THE FORM OF MEETINGS OF NAM MEMBER REPRESENTATIVES AND THE CANDIDATES TO DISCUSS THEIR ISSUES AND CAMPAIGNS.

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of certified historic structure  
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements .....   | 2a                          |
| b Total acreage restricted by conservation easements .....                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                          |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             |        |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years 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 year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
  - (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,284,426.	943,216.	341,210.
d Equipment		6,254,609.	5,798,220.	456,389.
e Other				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>797,599.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
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
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10

**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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts 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
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5

**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.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

Open to Public Inspection

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury  
Internal Revenue Service

Name of the organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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?

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** 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:

- a** 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:

- a** 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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008





**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Schedule J (Form 990) 2008

13-1084330

**Part I** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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 W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN ENGLER	(i)	778,750.	257,000.	5,600.	288,440.	0.	1,329,790.
	(ii)	0.	0.	0.	0.	0.	0.
JAY TIMMONS	(i)	436,800.	10,000.	-1,755.	13,869.	6,421.	465,335.
	(ii)	0.	0.	0.	0.	0.	0.
LEANNE WILSON	(i)	291,200.	10,000.	-9,401.	13,973.	18,857.	324,629.
	(ii)	0.	0.	0.	0.	0.	0.
RICHARD KLEIN	(i)	253,334.	10,000.	-1,256.	13,362.	7,148.	282,588.
	(ii)	0.	0.	0.	0.	0.	0.
DANA COLE	(i)	184,748.	2,500.	-1,864.	11,339.	6,302.	203,025.
	(ii)	0.	0.	0.	0.	0.	0.
JEFFREY PIERCE	(i)	142,000.	169,666.	-8,924.	16,583.	18,536.	337,861.
	(ii)	0.	0.	0.	0.	0.	0.
ANN HEINS	(i)	158,137.	122,213.	-1,388.	18,371.	6,421.	303,754.
	(ii)	0.	0.	0.	0.	0.	0.
ARIC NEWHOUSE	(i)	220,210.	0.	-1,316.	17,616.	0.	236,510.
	(ii)	0.	0.	0.	0.	0.	0.
JAN AMUNDSON	(i)	254,176.	7,250.	-4,951.	16,193.	6,421.	279,089.
	(ii)	0.	0.	0.	0.	0.	0.
JERRY HODGE	(i)	92,658.	148,964.	-4,020.	21,524.	18,857.	277,983.
	(ii)	0.	0.	0.	0.	0.	0.
EMILY DEROCCO	(i)	213,173.	10,000.	210.	7,500.	6,230.	237,113.
	(ii)	0.	0.	0.	0.	0.	0.
FRANK VARGO	(i)	193,183.	0.	-66.	11,815.	0.	204,932.
	(ii)	0.	0.	0.	0.	0.	0.
DOROTHY COLEMAN	(i)	186,088.	3,500.	-5,113.	12,385.	18,536.	215,396.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN W. CONWAY BOARD MEMBER	1.00	X						0.	0.	0.
LEN COOPER BOARD MEMBER	1.00	X						0.	0.	0.
DAVID M. CORDANI BOARD MEMBER	1.00	X						0.	0.	0.
SIGMUND L. CORNELIUS BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN A. COSSE BOARD MEMBER	1.00	X						0.	0.	0.
PAUL CUNNINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM G. CURRIE BOARD MEMBER	1.00	X						0.	0.	0.
WALTER P. CZARNECKI BOARD MEMBER	1.00	X						0.	0.	0.
DARL DAVIDSON BOARD MEMBER	1.00	X						0.	0.	0.
PETER DAVIDSON BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN J. DEMETRIOU BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT D. DIXON BOARD MEMBER	1.00	X						0.	0.	0.
MARK T. DOBBINS BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. DOWNEY BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD M. DOYLE BOARD MEMBER	1.00	X						0.	0.	0.
BRETT S. DUGAN BOARD MEMBER	1.00	X						0.	0.	0.
ARTHUR J. DYER BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS V. EASTERDAY BOARD MEMBER	1.00	X						0.	0.	0.
DOUGLAS ENGEL BOARD MEMBER	1.00	X						0.	0.	0.

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN J. ENGEL BOARD MEMBER	1.00	X					0.	0.	0.	
SHELDON R. ERIKSON BOARD MEMBER	1.00	X					0.	0.	0.	
ERIC C. FAST BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN A. FEES BOARD MEMBER	1.00	X					0.	0.	0.	
FRED FESTA BOARD MEMBER	1.00	X					0.	0.	0.	
RUSSELL M. FLAUM BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM C. FOOTE BOARD MEMBER	1.00	X					0.	0.	0.	
JIM FUCHS BOARD MEMBER	1.00	X					0.	0.	0.	
WALTER J. GALVIN BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL GAMBRELL BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID L. GARIN BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM E. GASKIN BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD GIMMEL BOARD MEMBER	1.00	X					0.	0.	0.	
CLARENCE GOODEN BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES E. GREEN BOARD MEMBER	1.00	X					0.	0.	0.	
DREW GREENBLATT BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES W. GRIFFITH BOARD MEMBER	1.00	X					0.	0.	0.	
KIRK S. HACHIGAIN BOARD MEMBER	1.00	X					0.	0.	0.	
TIM HANLEY BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL S. HANLEY BOARD MEMBER	1.00	X					0.	0.	0.	

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer Identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER A. HANNAY BOARD MEMBER	1.00	X						0.	0.	0.
STEPHANIE HARKNESS BOARD MEMBER	1.00	X						0.	0.	0.
R. KEITH HARRISON BOARD MEMBER	1.00	X						0.	0.	0.
CARL HAUSMANN BOARD MEMBER	1.00	X						0.	0.	0.
CURT HEBERT BOARD MEMBER	1.00	X						0.	0.	0.
HERBERT L. HENKEL BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT K. HENRY BOARD MEMBER	1.00	X						0.	0.	0.
TED M. HENRY BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM V. HICKEY BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA C. HIGGINS BOARD MEMBER	1.00	X						0.	0.	0.
JOHN P. HILER BOARD MEMBER	1.00	X						0.	0.	0.
RANDY HOFFMAN BOARD MEMBER	1.00	X						0.	0.	0.
JOHN HOFMEISTER BOARD MEMBER	1.00	X						0.	0.	0.
ALAN M. HOLADAY BOARD MEMBER	1.00	X						0.	0.	0.
G. EDISON HOLLAND, JR. BOARD MEMBER	1.00	X						0.	0.	0.
R. DAVID HOOVER BOARD MEMBER	1.00	X						0.	0.	0.
JERRY HOWARD BOARD MEMBER	1.00	X						0.	0.	0.
MARY L. HOWELL BOARD MEMBER	1.00	X						0.	0.	0.
TOD R. HULLIN BOARD MEMBER	1.00	X						0.	0.	0.
HANNES HUNSCHOFSKY BOARD MEMBER	1.00	X						0.	0.	0.

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer identification number **13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN J. HUNT BOARD MEMBER	1.00	X					0.	0.	0.	
GARY D. HUSS BOARD MEMBER	1.00	X					0.	0.	0.	
COLLIE L. HUTTER BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM B. INGLEE BOARD MEMBER	1.00	X					0.	0.	0.	
AL JENNINGS BOARD MEMBER	1.00	X					0.	0.	0.	
KELLIE JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
J. BRADLEY JOHNSTON BOARD MEMBER	1.00	X					0.	0.	0.	
JILL JONES BOARD MEMBER	1.00	X					0.	0.	0.	
DANIEL JUNEAU BOARD MEMBER	1.00	X					0.	0.	0.	
HANNAH KAIN BOARD MEMBER	1.00	X					0.	0.	0.	
PAMELA KAN BOARD MEMBER	1.00	X					0.	0.	0.	
D.T. (DEE) KAPUR BOARD MEMBER	1.00	X					0.	0.	0.	
CHRISTOPHER J. KEARNEY BOARD MEMBER	1.00	X					0.	0.	0.	
GAGE A. KENT BOARD MEMBER	1.00	X					0.	0.	0.	
PATRICK J. KIELY BOARD MEMBER	1.00	X					0.	0.	0.	
PETER D. KINNEAR BOARD MEMBER	1.00	X					0.	0.	0.	
LUTHER C. KISSAM BOARD MEMBER	1.00	X					0.	0.	0.	
DOUGLAS A. KITTENBRINK BOARD MEMBER	1.00	X					0.	0.	0.	
WARD KLEIN BOARD MEMBER	1.00	X					0.	0.	0.	
LEWIS KLING BOARD MEMBER	1.00	X					0.	0.	0.	

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer Identification number **13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KENDIG K. KNEEN BOARD MEMBER	1.00	X						0.	0.	0.
LINDA KNOLL BOARD MEMBER	1.00	X						0.	0.	0.
JOHN J. KORALESKI BOARD MEMBER	1.00	X						0.	0.	0.
THEODORE L. KOSLOFF BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS R. LALLA BOARD MEMBER	1.00	X						0.	0.	0.
JOHN C. LANDGRAF BOARD MEMBER	1.00	X						0.	0.	0.
EDWIN LANGE BOARD MEMBER	1.00	X						0.	0.	0.
ALAN F. LAPOINT BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN F. LEER BOARD MEMBER	1.00	X						0.	0.	0.
W. KIRK LIDDELL BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL LINN BOARD MEMBER	1.00	X						0.	0.	0.
TERRENCE G. LINNERT BOARD MEMBER	1.00	X						0.	0.	0.
GAIL A. LIONE BOARD MEMBER	1.00	X						0.	0.	0.
PAUL LOFTUS BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT A. LONERGAN BOARD MEMBER	1.00	X						0.	0.	0.
DAVID H. LONG BOARD MEMBER	1.00	X						0.	0.	0.
LESLIE LONGORIA BOARD MEMBER	1.00	X						0.	0.	0.
F. JOSEPH LOUGHREY BOARD MEMBER	1.00	X						0.	0.	0.
AL T. LUBRANO BOARD MEMBER	1.00	X						0.	0.	0.
JOHN F. LUNDGREN BOARD MEMBER	1.00	X						0.	0.	0.



**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer Identification number **13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM MANSFIELD BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES A. MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
DARCY D. MASSEY BOARD MEMBER	1.00	X						0.	0.	0.
DONALD A. MCCABE BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES G. MCCLURE BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL W. MCLANAHAN BOARD MEMBER	1.00	X						0.	0.	0.
STEWART G. MCMILLAN BOARD MEMBER	1.00	X						0.	0.	0.
CHRIS E. MCNEIL BOARD MEMBER	1.00	X						0.	0.	0.
MARK A. MEDLEY BOARD MEMBER	1.00	X						0.	0.	0.
DYKE F. MESSINGER BOARD MEMBER	1.00	X						0.	0.	0.
ALBERT R. MILLER BOARD MEMBER	1.00	X						0.	0.	0.
SAMUEL J. MITCHELL BOARD MEMBER	1.00	X						0.	0.	0.
STACEY MOBLEY BOARD MEMBER	1.00	X						0.	0.	0.
ATTILA MOLNAR BOARD MEMBER	1.00	X						0.	0.	0.
RONALD M. MOQUIST BOARD MEMBER	1.00	X						0.	0.	0.
DAVID C. MORAN BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL G. MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
A. NEWTH MORRIS BOARD MEMBER	1.00	X						0.	0.	0.
RANDY MULLETT BOARD MEMBER	1.00	X						0.	0.	0.
PHILIP S. MULLIN BOARD MEMBER	1.00	X						0.	0.	0.

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS MURPHY BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH MURTHA BOARD MEMBER	1.00	X						0.	0.	0.
ALBERT MYRES BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD NEUFFER BOARD MEMBER	1.00	X						0.	0.	0.
LARRY NICHOLS BOARD MEMBER	1.00	X						0.	0.	0.
DOUGLAS R. OBERHELMAN BOARD MEMBER	1.00	X						0.	0.	0.
ZIAD S. OJAKLI BOARD MEMBER	1.00	X						0.	0.	0.
JEROME D. OKARMA BOARD MEMBER	1.00	X						0.	0.	0.
PETER M. PEREZ BOARD MEMBER	1.00	X						0.	0.	0.
NICHOLAS T. PINCHUK BOARD MEMBER	1.00	X						0.	0.	0.
K. SCOTT PORTNOY BOARD MEMBER	1.00	X						0.	0.	0.
RICE POWELL BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN PRYOR BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE W. PULKKINEN BOARD MEMBER	1.00	X						0.	0.	0.
A. F. RAIMONDO BOARD MEMBER	1.00	X						0.	0.	0.
GARY L. RAINWATER BOARD MEMBER	1.00	X						0.	0.	0.
ALFRED M. RANKIN BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD K. REECE BOARD MEMBER	1.00	X						0.	0.	0.
NATALE RICCIARDI BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS RIORDAN BOARD MEMBER	1.00	X						0.	0.	0.

**SCHEDULE J-2**  
(Form 990)

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization  
**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEANNINE M. RIVET BOARD MEMBER	1.00	X						0.	0.	0.
MARK A. ROCHE BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS J. SABATINO BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM R. SAUEY BOARD MEMBER	1.00	X						0.	0.	0.
RON SAXTON BOARD MEMBER	1.00	X						0.	0.	0.
MATT SCHLAPP BOARD MEMBER	1.00	X						0.	0.	0.
LOUIS L. SCHORSCH BOARD MEMBER	1.00	X						0.	0.	0.
RICK SCHOSTEK BOARD MEMBER	1.00	X						0.	0.	0.
MARY E. SCHROEDER BOARD MEMBER	1.00	X						0.	0.	0.
DONALD W. SEALE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN SEEGER BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN J. SENKOWSKI BOARD MEMBER	1.00	X						0.	0.	0.
DEAN C. SIMONE BOARD MEMBER	1.00	X						0.	0.	0.
WALLACE E. SMITH BOARD MEMBER	1.00	X						0.	0.	0.
NORRIS P. SNEED BOARD MEMBER	1.00	X						0.	0.	0.
W. FLETCHER STEELE BOARD MEMBER	1.00	X						0.	0.	0.
JACK M. STEWART BOARD MEMBER	1.00	X						0.	0.	0.
AL STIMAC BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS R. STONE BOARD MEMBER	1.00	X						0.	0.	0.
LEE J. STYSLINGER BOARD MEMBER	1.00	X						0.	0.	0.

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization  
**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SURFACE BOARD MEMBER	1.00	X						0.	0.	0.
JOHN P. SURMA BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY T. SWIENTON BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH TAORMINA BOARD MEMBER	1.00	X						0.	0.	0.
WARD TIMKEN BOARD MEMBER	1.00	X						0.	0.	0.
DENNIS H. TREACY BOARD MEMBER	1.00	X						0.	0.	0.
PHILLIP M. TREDWAY BOARD MEMBER	1.00	X						0.	0.	0.
KEITH TRENT BOARD MEMBER	1.00	X						0.	0.	0.
GARY VEURINK BOARD MEMBER	1.00	X						0.	0.	0.
PAUL VIKNER BOARD MEMBER	1.00	X						0.	0.	0.
FRANK W. WAGNER BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY R. WALLACE BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM G. WALTER BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS M. WELSH BOARD MEMBER	1.00	X						0.	0.	0.
SANDRA WESTLUND-DEENIHAN BOARD MEMBER	1.00	X						0.	0.	0.
CHUCK WETHERINGTON BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD L. WILKEY BOARD MEMBER	1.00	X						0.	0.	0.
MIKE WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
DELLA H. WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
JOHN WILLIAMSON BOARD MEMBER	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA** Employer Identification number **13-1084330**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES M. WISEMAN BOARD MEMBER	1.00	X						0.	0.	0.
JOHN K. WOODWORTH BOARD MEMBER	1.00	X						0.	0.	0.
KAREN BUCHWALD WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM D. ZOLLARS BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT K. REEVES BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ENGLER PRESIDENT	35.00			X				1,041,350.	0.	288,440.
JAY TIMMONS EXEC. VP	35.00			X				445,045.	0.	20,290.
LEANNE WILSON CHIEF OPERATING OFFICER	35.00			X				291,799.	0.	32,830.
RICHARD KLEIN CHIEF FINANCIAL OFFICER	35.00			X				262,078.	0.	20,510.
DANA COLE SECRETARY	35.00			X				185,384.	0.	17,641.
JEFFREY PIERCE VP - FIELD SALES	35.00				X			302,742.	0.	35,119.
ANN HEINS VP - FIELD MEMBERSHIP	35.00				X			278,962.	0.	24,792.
ARIC NEWHOUSE SVP - POLICY	35.00				X			218,894.	0.	17,616.
JAN AMUNDSON GENERAL COUNSEL	35.00					X		256,475.	0.	22,614.
JERRY HODGE REGIONAL MANAGER	35.00					X		237,602.	0.	40,381.
EMILY DEROCO PRESIDENT - MI	35.00					X		223,383.	0.	13,730.
FRANK VARGO VP - IEA	35.00					X		193,117.	0.	11,815.
DOROTHY COLEMAN VP - TAX	35.00					X		184,475.	0.	30,921.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONDUCTIVE TO US ECONOMIC GROWTH AND TO INCREASE UNDERSTANDING AMONG  
POLICYMAKERS, THE MEDIA AND THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF  
MANUFACTURING TO AMERICA'S ECONOMIC FUTURE AND LIVING STANDARDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC FUTURE AND LIVING STANDARDS.

FORM 990, PART VI, SECTION A, LINE 2: SINCE THE NAM'S BOARD IS OVER 200  
AND ITS MEMBERS REPRESENT ALL TYPES OF MANUFACTURING FROM SMALL TO LARGE,  
WE ASSUME THAT DIRECTORS MAY HAVE FAMILY AND/OR BUSINESS RELATIONSHIPS WITH  
OTHER DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6: THE DUES-PAYING MEMBERSHIP OF NAM  
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: THE DUES-PAYING MEMBERSHIP OF NAM  
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: BOARD DECISIONS ARE SUBJECT TO  
APPROVAL OF THE MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 10: THE 2008 NAM IRS FORM 990 WAS  
PREPARED BY THE NAM CONTROLLER AND IN CONSULTATION WITH OUR ACCOUNTING  
FIRM. DRAFTS WERE REVIEWED AND APPROVED BY THE NAM CHIEF FINANCIAL  
OFFICER. THE ISSUE OF APPROPRIATE BOARD REVIEW WAS ADDRESSED BY THE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2008**

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Name of the organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

CHAIRMAN AND VICE CHAIRMAN OF THE NAM BOARD. THEIR REVIEW TOOK INTO CONSIDERATION THE GOAL OF DISCLOSURE AND OVERSIGHT BY THE GOVERNING BODY CONSISTENT WITH THE INTENT AND SPIRIT IMPLIED IN QUESTION 10. IT WAS DECIDED THAT BECAUSE THE NAM BOARD CONSISTS OF OVER 200 MEMBER, AND THAT THE FINANCE COMMITTEE PURSUANT TO THE NAM CONSTITUTION IS CHARGED WITH EXERCISING GENERAL SUPERVISION OVER THE FINANCIAL AFFAIRS OF THE ASSOCIATION, THAT THE FINANCE COMMITTEE SHOULD AND WOULD REVIEW THE 990. ACCORDINGLY, THE NAM FINANCE COMMITTEE DID RECEIVE AND REVIEW COPIES OF THE 2008 FORM 990 AND ACCOMPANYING SCHEDULES BEFORE IT WAS FILED AND THEN REPORTED THAT IT HAD DONE SO TO THE FULL BOARD. HOWEVER, PURSUANT TO THE SPECIFIC INSTRUCTIONS FOR THIS QUESTION, THE NAM HAS ANSWERED "NO".

FORM 990, PART VI, SECTION B, LINE 15: THE NAM'S COMPENSATION COMMITTEE, MADE UP OF BOARD MEMBERS, ANNUALLY DETERMINE THE CEO'S COMPENSATION. THE PROCESS INCLUDES REVIEWING DATA FROM OTHER LIKE ASSOCIATIONS, THIRD PARTY CONSULTANTS AND OTHER INDUSTRY DATA. THE COMMITTEE SETS THE ANNUAL SALARY AND ANY BONUS COMPENSATION AND PROVIDES DOCUMENTATION OF THEIR DECISIONS. IN ADDITION TO THE ANNUAL PERFORMANCE APPRAISAL SYSTEM, OFFICERS' ANNUAL COMPENSATION IS APPROVED BY THE NAM COMPENSATION COMMITTEE. THE COMMITTEE REVIEWS DATA FROM VARIOUS SOURCES, INCLUDING OTHER LIKE ASSOCIATIONS, THIRD PARTY CONSULTANTS, AND OTHER INDUSTRY DATA. THIS DATA HELPS TO DETERMINE THE COMPENSATION AND THE COMMITTEE PROVIDES DOCUMENTATION OF THEIR DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2008**

Open to Public  
Inspection

Name of the organization

**NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA**

Employer identification number  
**13-1084330**

FORM 990, PART IV, LINE 12

AUDITED FINANCIAL STATEMENTS

THE NATIONAL ASSOCIATION OF MANUFACTURERS (NAM) DOES RECEIVE AN ANNUAL AUDIT OF ITS FINANCIAL STATEMENTS, HOWEVER THESE FINANCIALS ARE CONSOLIDATED WITH MANUFACTURERS SERVICES, INC. - A FOR-PROFIT ENTITY OF WHICH NAM IS A 100% OWNER.

FORM 990, PART VII, COL A

EMILY DEROCCO COMPENSATION

EMILY DEROCCO IS THE PRESIDENT OF THE MANUFACTURING INSTITUTE, THE EDUCATIONAL FOUNDATION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS (NAM). ALTHOUGH SHE IS AN EMPLOYEE OF THE NAM, SHE WORKS EXCLUSIVELY FOR THE MANUFACTURING INSTITUTE AND HER COMPENSATION AND BENEFITS ARE REIMBURSED TO THE NAM BY THE MANUFACTURING INSTITUTE.

FORM 990, PART XI, LINE 2B

AUDITED FINANCIAL STATEMENTS & OVERSIGHT

THE NATIONAL ASSOCIATION OF MANUFACTURERS (NAM) DOES RECEIVE AN ANNUAL AUDIT OF ITS FINANCIAL STATEMENTS, HOWEVER THESE FINANCIALS ARE CONSOLIDATED WITH MANUFACTURERS SERVICES, INC. - A FOR-PROFIT ENTITY OF WHICH NAM IS A 100% OWNER. THE NAM AUDIT COMMITTEE ASSUMES RESPONSIBILTIY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, SCHEDULE J, COLUMN B(III)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008









NATIONAL ASSOCIATION OF MANUFACTURERS  
OF THE UNITED STATES OF AMERICA

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to other organization(s)
  - c Gift, grant, or capital contribution from other organization(s)
  - d Loans or loan guarantees to or for other organization(s)
  - e Loans or loan guarantees by other organization(s)
  - f Sale of assets to other organization(s)
  - g Purchase of assets from other organization(s)
  - h Exchange of assets
  - i Lease of facilities, equipment, or other assets to other organization(s)
  - j Lease of facilities, equipment, or other assets from other organization(s)
  - k Performance of services or membership or fundraising solicitations for other organization(s)
  - l Performance of services or membership or fundraising solicitations by other organization(s)
  - m Sharing of facilities, equipment, mailing lists, or other assets
  - n Sharing of paid employees
  - o Reimbursement paid to other organization for expenses
  - p Reimbursement paid by other organization for expenses
  - q Other transfer of cash or property to other organization(s)
  - r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	Yes	No
(1) THE MANUFACTURING INSTITUTE	K	30,000.		X
(2) THE MANUFACTURING INSTITUTE	N	983,731.		X
(3) THE MANUFACTURING INSTITUTE	P	60,358.		X
(4) THE MANUFACTURING INSTITUTE	B	100,000.		X
(5) THE MANUFACTURING INSTITUTE	M	70,000.		X
(6)				

