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Form 990

Department of the Treasury  
Internal Revenue Service

## 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

► 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 APR 1, 2008 and ending MAR 31, 2009

|   |   |  |
|---|---|--|
| B Check if applicable<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br><b>NATIONAL CONFECTIONERS ASSOCIATION<br/>OF THE UNITED STATES, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address)<br><b>1101 30TH STREET NW</b> Room/suite<br>200<br>City or town, state or country, and ZIP + 4<br><b>WASHINGTON, DC 20007</b> | D Employer identification number<br><b>36-1521980</b>  |
|   |   | E Telephone number<br><b>202-534-1440</b>  |
|   |   | F Gross receipts \$ <b>14,102,522.</b>   |
|   |   | G (a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
|   |   | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "No," attach a list. (see instructions)                          |
|   |   | H(c) Group exemption number ►  |
| I Tax-exempt status. <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  | J Website: ► <b>WWW.CANDYUSA.COM</b>  | K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► |
|   |   | L Year of formation: <b>1884</b> M State of legal domicile: <b>VA</b>  |

## Part I Summary

|   |  |
|---|--|
| Activities & Governance   | 1 Briefly describe the organization's mission or most significant activities. <b>TO FOSTER GROWTH OF THE CONFECTIONERY AND CHOCOLATE INDUSTRY.</b> |
|   | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.            |
| 3 Number of voting members of the governing body (Part VI, line 1a)             | 3 <b>23</b>  |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 <b>22</b>  |
| 5 Total number of employees (Part V, line 2a)                                   | 5 <b>28</b>  |
| 6 Total number of volunteers (estimate if necessary)                            | 6 <b>0</b>   |
| 7a Total gross unrelated business revenue from Part VIII, line 12, column (C)   | 7a <b>56,806.</b>  |
| b Net unrelated business taxable income from Form 990-T, line 34                | 7b <b>-13,750.</b>   |

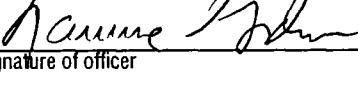
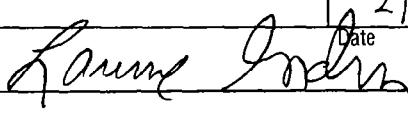
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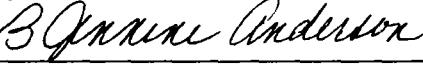
RECEIVED  
MAY 20 2010  
OCEDEN UTNet Assets or  
Fund Balances

|  |   |                    |                    |
|--|---|--------------------|--------------------|
| Revenue  | Prior Year  | Current Year       |                    |
|  | 8 Contributions and grants (Part VIII, line 1h)                     | <b>9,537,371.</b>  | <b>10,649,748.</b> |
| 9 Program service revenue (Part VIII, line 2g)                                       | <b>343,811.</b>   | <b>-810,186.</b>   |                    |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | <b>600.</b>   | <b>31,025.</b>     |                    |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | <b>9,881,782.</b>   | <b>9,870,587.</b>  |                    |
| 12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <b>84,839.</b>  | <b>709,732.</b>    |                    |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>3,069,823.</b>  | <b>3,545,330.</b>  |
|  | 14 Benefits paid to officers, members (Part IX, column (A), line 4) | <b>6,149,667.</b>  | <b>6,354,533.</b>  |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <b>9,304,329.</b>   | <b>10,609,595.</b> |                    |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    | <b>577,453.</b>   | <b>-739,008.</b>   |                    |
| b Total fundraising expenses (Part IX, column (D), line 25) ►                        |   |                    |                    |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      | <b>Beginning of Year</b>  | <b>End of Year</b> |                    |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | <b>8,500,047.</b>   | <b>8,404,608.</b>  |                    |
| 19 Revenue less expenses Subtract line 18 from line 12                               | <b>6,606,137.</b>   | <b>7,600,691.</b>  |                    |
|  | <b>1,893,910.</b>   | <b>803,917.</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<br><br>► <b>LAWRENCE GRAHAM, PRESIDENT</b><br>Type or print name and title | Date<br><br>► <b>2/8/2010</b> |
|-----------|--|---|

|                          |  |                       |   |   |
|--------------------------|--|-----------------------|---|---|
| Paid Preparer's Use Only | Preparer's signature<br><br>► <b>B. Janice Anderson</b><br>Type or print name and title | Date<br><b>2/3/10</b> | Check if self-employed ► <input type="checkbox"/> | Preparer's identifying number (see instructions)<br>Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>UHY ADVISORS MID-ATLANTIC MD, INC.</b><br>► <b>6851 OAK HALL LANE, STE 300</b><br>► <b>COLUMBIA, MD 21045</b> |
|                          |  | EIN ►                 | Phone no. ► <b>410-720-5220</b>                   |   |

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

 Yes  No

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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7008 1140 0003 1629 3719

P 22

**NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

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

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
**NCA WAS ORGANIZED TO FOSTER THE GROWTH AND ADVANCEMENT OF THE  
 CONFECTIONERY AND CHOCOLATE INDUSTRY BY REPRESENTING THE INDUSTRY AND  
 ITS CONSUMERS IN REGULATORY MATTERS; COMMUNICATING INFORMATION ABOUT  
 CONFECTIONERY AND CHOCOLATE PRODUCTS TO THE PUBLIC AND THE INDUSTRY;**

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 \$ )**  
**GOVERNMENTAL AND PUBLIC RELATIONS - EDUCATES AND INFORMS THE GENERAL  
 PUBLIC AND MEMBERS IN GOVERNMENT ABOUT ISSUES CONCERNING THE  
 CONFECTIONERY INDUSTRY.**

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**4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**  
**CONVENTION AND MEMBER SERVICES - EDUCATES AND INFORMS MEMBERS ABOUT  
 ISSUES CONCERNING THE CONFECTIONERY INDUSTRY THROUGH CONVENTIONS, EXPOS  
 AND GENERAL ASSOCIATION SERVICES.**

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**4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**  
**TECHNICAL SERVICES - WORKSHOPS ARE HELD FOR THE BENEFIT OF MEMBERS IN  
 ORDER TO KEEP THEM UP TO DATE ON NEW DEVELOPMENTS IN THE CONFECTIONERY  
 INDUSTRY.**

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**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))**

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**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*
- 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? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?  
*If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*
- 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? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*
- 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the U.S.?
  - 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.? *If "Yes," complete Schedule F, Part I*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*
- 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*
- 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K.*  
*If "No," go to question 25*
  - 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 **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- 25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*
- 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? *If "Yes," complete Schedule L, Part III*

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

|   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:  |            |           |
| a 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)? If "Yes," complete Schedule L, Part IV |            |           |
| b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV   |            | X         |
| c 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? If "Yes," complete Schedule L, Part IV   |            |           |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |            |           |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |            |           |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |            |           |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |            |           |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |            |           |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  |            |           |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |            |           |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  |            |           |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  |            |           |
|   | 37         | X         |

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

**1a** 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 | 23

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 0

**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | X

**2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a | 28

**b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | X  
*Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)*

**3a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a | X

**b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b | X

**4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | X

**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.

**5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | X

**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | X

**c** If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c |

**6a** Did the organization solicit any contributions that were not tax deductible? 6a | X

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b |

**7** **Organizations that may receive deductible contributions under section 170(c).**

**a** Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a |

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b |

**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c |

**d** If "Yes," indicate the number of Forms 8282 filed during the year 7d |

**e** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e |

**f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f |

**g** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g |

**h** For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h |

**8** **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 |

**9** **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

**a** Did the organization make any taxable distributions under section 4966? 9a |

**b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b |

**10** **Section 501(c)(7) organizations.** Enter: **N/A**

**a** Initiation fees and capital contributions included on Part VIII, line 12 10a |

**b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b |

**11** **Section 501(c)(12) organizations.** Enter: **N/A**

**a** Gross income from members or shareholders 11a |

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b |

**12a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 12a |

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A | 12b |

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**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 |
|----|-----|----|
| 1a | 23  |    |
| 1b | 22  |    |
| 2  |     | X  |
| 3  |     | X  |
| 4  |     | X  |
| 5  |     | X  |
| 6  | X   |    |
| 7a | X   |    |
| 7b |     | X  |
| 8a | X   |    |
| 8b | X   |    |
| 9a |     | X  |
| 9b |     |    |
| 10 | X   |    |
| 11 |     | X  |

1a Enter the number of voting members of the governing body  
 1b Enter the number of voting members that are independent  
 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  
 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?  
 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  
 5 Did the organization become aware during the year of a material diversion of the organization's assets?  
 6 Does the organization have members or stockholders?  
 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
 a The governing body?  
 b Each committee with authority to act on behalf of the governing body?  
 9a Does the organization have local chapters, branches, or affiliates?  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  
 10 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  
 11 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

**Section B. Policies**

|     | Yes | No |
|-----|-----|----|
| 12a | X   |    |
| 12b |     | X  |
| 12c |     | X  |
| 13  | X   |    |
| 14  | X   |    |
| 15a | X   |    |
| 15b | X   |    |
| 16a |     | X  |
| 16b |     |    |

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
 13 Does the organization have a written whistleblower policy?  
 14 Does the organization have a written document retention and destruction policy?  
 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?  
 b Other officers or key employees of the organization?  
 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?  
 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 ► **VA**  
 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: ► **LINDA JAMIE - 202-534-1440**  
**1101 30TH STREET NW, NO. 200, WASHINGTON, DC 20007**

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**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)<br>Name and Title                 | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|---------------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|---|---|--|
|                                       |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated<br>employee |   |   |  |
| LAWRENCE T. GRAHAM<br>PRESIDENT       | 40.00                                  | X   |                       | X       |              |                                 | 624,403.  | 0.  | 134,111.   |
| MICHAEL GILMORE<br>EXEC BD & CHAIRMAN | 6.00                                   | X   |                       | X       |              |                                 | 0.  | 0.  | 0.   |
| MICHAEL ROSENBERG<br>BOARD MEMBER     | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| ROSS J. BORN<br>EXEC BD & PAST CHAIR  | 2.00                                   | X   |                       | X       |              |                                 | 0.  | 0.  | 0.   |
| ROSS BAINBRIDGE<br>BOARD MEMBER       | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| CEES J. BOON<br>BOARD MEMBER          | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DAVE HAWK<br>BOARD MEMBER             | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DANIEL Trott<br>BOARD MEMBER          | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| SALVATORE FERRARA<br>BOARD MEMBER     | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| JOHN E. BROOKS, JR<br>BOARD MEMBER    | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| MARY BETH GERACI<br>BOARD MEMBER      | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| LANCE N. GIMBAL<br>BOARD MEMBER       | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| RALF HILPUESCH<br>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)<br>Name and title                | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                                 | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|---------------------------------|---|---|--|
|                                      |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated<br>employee |   |   |  |
| CHRISTIAN JEGEN<br>BOARD MEMBER      | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| THOMAS J. JOYCE<br>EXEC BOARD MEMBER | 2.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| BRENDAN PAUL KELLY<br>BOARD MEMBER   | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| RONALD KORENHOF<br>BOARD MEMBER      | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| EDMOND OPLER<br>BOARD MEMBER         | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| ANDREAS PFLUGER<br>BOARD MEMBER      | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| MICHAEL RAINES<br>BOARD MEMBER       | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| RICHARD ROSS<br>BOARD MEMBER         | 2.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| MARK SCHLOTT<br>BOARD MEMBER         | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| DEAN SPANGLER<br>BOARD MEMBER        | 1.00                                   | X   |                       |         |              |                                 | 0.  | 0.  | 0.   |
| <b>1b Total</b>                      |  |   |                       |         |              |                                 | <b>1,494,977.</b>   | <b>0.</b>   | <b>438,922.</b>  |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 7

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  
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  
5 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

| Yes | No |
|-----|----|
| 3   | X  |
| 4   | X  |
| 5   | 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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| FLEISHMAN HILLARD<br>135 S. LASALLE ST, CHICAGO, IL 60674                       | PUBLIC RELATIONS               | 450,851.            |
| VERITE<br>44 BELCHERTOWN ROAD, AMHERST, MA 01002                                | LABOR RIGHTS<br>CONSULTANT     | 185,877.            |
| OLSSON FRANK & WEEDA, PC, 1400 16TH STREET<br>NW, STE 400, WASHINGTON, DC 20036 | LEGAL                          | 165,312.            |
| PODESTA GROUP, 1001 G STREET NW, STE 900,<br>WASHINGTON, DC 20001               | LOBBYIST                       | 113,099.            |
| BRYANT CHRISTIE, INC.L<br>500 UNION AVE, STE 701, SEATTLE, WA 98101             | INT'L MARKET ACCESS            | 106,810.            |

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

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| <b>Part VIII Statement of Revenue</b>   |   | <b>(A)<br/>Total revenue</b> | <b>(B)<br/>Related or<br/>exempt function<br/>revenue</b> | <b>(C)<br/>Unrelated<br/>business<br/>revenue</b> | <b>(D)<br/>Revenue<br/>excluded from<br/>tax under<br/>sections 512,<br/>513, or 514</b> |           |
|---|---|------------------------------|---|---|--|-----------|
| <b>Contributions, gifts,<br/>and other similar amounts</b>  | 1 a Federated campaigns   | 1a                           |   |   |  |           |
|   | 1 b Membership dues   | 1b                           |   |   |  |           |
|   | 1 c Fundraising events  | 1c                           |   |   |  |           |
|   | 1 d Related organizations   | 1d                           |   |   |  |           |
|   | 1 e Government grants (contributions)   | 1e                           |   |   |  |           |
|   | 1 f All other contributions, gifts, grants, and<br>similar amounts not included above | 1f                           |   |   |  |           |
|   | 1 g Noncash contributions included in lines 1a-1f: \$                                 |                              |   |   |  |           |
|   | 1 h Total. Add lines 1a-1f  | ►                            |   |   |  |           |
| <b>Program Service<br/>Revenue</b>  | 2 a BOOTH RENTAL FEES   | Business Code                |   |   |  |           |
|   | 2 b MEMBERSHIP FEES   | 900099                       | 3,986,982.  |   | 3986982.   |           |
|   | 2 c OTHER EVENT FEES  | 900099                       | 3,651,571.  | 3,651,571.  |  |           |
|   | 2 d MARKET ACCESS PROG  | 900099                       | 1,056,078.  |   | 1056078.   |           |
|   | 2 e REGISTRATION FEES   | 900099                       | 1,000,594.  | 1,000,594.  |  |           |
|   | 2 f All other program service revenue   | 541800                       | 897,717.  |   | 897,717.   |           |
|   | 2 g Total. Add lines 2a-2f  | ►                            | 10649748.   |   | 56,806.  |           |
|   | 3 Investment income (including dividends, interest, and<br>other similar amounts)     | ►                            | 98,879.   |   |  | 98,879.   |
| 4 Income from investment of tax-exempt bond proceeds  | ►   |                              |   |   |  |           |
| 5 Royalties   | ►   |                              |   |   |  |           |
| <b>Other Revenue</b>  | 6 a Gross Rents   | (i) Real                     | (ii) Personal   |   |  |           |
|   | 6 b Less: rental expenses   |                              |   |   |  |           |
|   | 6 c Rental income or (loss)   |                              |   |   |  |           |
|   | 6 d Net rental income or (loss)   | ►                            |   |   |  |           |
|   | 7 a Gross amount from sales of<br>assets other than inventory                         | (i) Securities               | (ii) Other  |   |  |           |
|   | 7 b Less: cost or other basis<br>and sales expenses                                   | 3322870.                     |   |   |  |           |
|   | 7 c Gain or (loss)  | 4231935.                     |   |   |  |           |
|   | 7 d Net gain or (loss)  | ►                            | -909,065.   |   |  | -909,065. |
| 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | a   |                              |   |   |  |           |
| 8 b Less: direct expenses   | b   |                              |   |   |  |           |
| 8 c Net income or (loss) from fundraising events  | ►   |                              |   |   |  |           |
| 9 a Gross income from gaming activities. See<br>Part IV, line 19  | a   |                              |   |   |  |           |
| 9 b Less: direct expenses   | b   |                              |   |   |  |           |
| 9 c Net income or (loss) from gaming activities   | ►   |                              |   |   |  |           |
| 10 a Gross sales of inventory, less returns<br>and allowances   | a   |                              |   |   |  |           |
| 10 b Less: cost of goods sold   | b   |                              |   |   |  |           |
| 10 c Net income or (loss) from sales of inventory   | ►   |                              |   |   |  |           |
| Miscellaneous Revenue   |   | Business Code                |   |   |  |           |
| 11 a OTHER MISC REVENUE   | 900099  | 31,025.                      | 31,025.   |   |  |           |
| 11 b _____  |   |                              |   |   |  |           |
| 11 c _____  |   |                              |   |   |  |           |
| 11 d All other revenue  | ►   | 31,025.                      |   |   |  |           |
| 11 e Total. Add lines 11a-11d   | ►   | 9,870,587.                   | 4,683,190.  | 56,806.   | 5130591.   |           |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e   | ►   | 9,870,587.                   | 4,683,190.  | 56,806.   | 5130591.   |           |

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**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,<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|---|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 709,732.              |                                    |   |                                |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |                                    |   |                                |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                    |   |                                |
| 4 Benefits paid to or for members   |                       |                                    |   |                                |
| 5 Compensation of current officers, directors, trustees, and key employees  | 1,490,154.            |                                    |   |                                |
| 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  | 1,368,180.            |                                    |   |                                |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 206,619.              |                                    |   |                                |
| 9 Other employee benefits   | 306,007.              |                                    |   |                                |
| 10 Payroll taxes  | 174,370.              |                                    |   |                                |
| 11 Fees for services (non-employees):   |                       |                                    |   |                                |
| a Management  |                       |                                    |   |                                |
| b Legal   | 18,534.               |                                    |   |                                |
| c Accounting  | 28,325.               |                                    |   |                                |
| d Lobbying  | 238,316.              |                                    |   |                                |
| e Professional fundraising services. See Part IV, line 17   |                       |                                    |   |                                |
| f Investment management fees  | 63,664.               |                                    |   |                                |
| g Other   | 1,524,418.            |                                    |   |                                |
| 12 Advertising and promotion  | 324,402.              |                                    |   |                                |
| 13 Office expenses  | 371,416.              |                                    |   |                                |
| 14 Information technology   | 76,627.               |                                    |   |                                |
| 15 Royalties  |                       |                                    |   |                                |
| 16 Occupancy  | 340,295.              |                                    |   |                                |
| 17 Travel   | 902,583.              |                                    |   |                                |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                    |   |                                |
| 19 Conferences, conventions, and meetings   | 1,455,925.            |                                    |   |                                |
| 20 Interest   |                       |                                    |   |                                |
| 21 Payments to affiliates   |                       |                                    |   |                                |
| 22 Depreciation, depletion, and amortization  | 50,146.               |                                    |   |                                |
| 23 Insurance  |                       |                                    |   |                                |
| 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 MARKET RESEARCH PROGRAM   | 271,349.              |                                    |   |                                |
| b MISCELLANEOUS EXPENSES  | 250,985.              |                                    |   |                                |
| c PRINTING & PUBLICATIONS   | 235,291.              |                                    |   |                                |
| d DUES & CONTRIBUTIONS  | 202,257.              |                                    |   |                                |
| e   |                       |                                    |   |                                |
| f All other expenses  |                       |                                    |   |                                |
| 25 Total functional expenses. Add lines 1 through 24f   | 10,609,595.           |                                    |   |                                |
| 26 Joint Costs. 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 |                       |                                    |   |                                |

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**Part X Balance Sheet**

|                             |   | (A)<br>Beginning of year |          | (B)<br>End of year |
|-----------------------------|---|--------------------------|----------|--------------------|
| Assets                      | 1 Cash - non-interest-bearing   | 1                        |          | 3.                 |
|                             | 2 Savings and temporary cash investments  | 2,191,208.               | 2        | 1,959,575.         |
|                             | 3 Pledges and grants receivable, net  | 432,994.                 | 3        | 906,786.           |
|                             | 4 Accounts receivable, net  | 153,401.                 | 4        | 230,090.           |
|                             | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L                            | 9,202.                   | 5        | 1,392.             |
|                             | 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   | 20,732.                  | 8        |                    |
|                             | 9 Prepaid expenses and deferred charges   | 539,811.                 | 9        | 950,720.           |
|                             | 10a Land, buildings, and equipment: cost basis  | 972,942.                 |          |                    |
|                             | b Less. accumulated depreciation. Complete Part VI of Schedule D  | 10b 704,210.             | 117,770. | 10c 268,732.       |
|                             | 11 Investments - publicly traded securities   | 4,704,537.               | 11       | 3,632,061.         |
|                             | 12 Investments - other securities See Part IV, line 11  | 314,877.                 | 12       | 401,233.           |
|                             | 13 Investments - program-related. See Part IV, line 11  |                          | 13       |                    |
|                             | 14 Intangible assets  |                          | 14       |                    |
|                             | 15 Other assets. See Part IV, line 11   | 15,515.                  | 15       | 54,016.            |
|                             | <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 8,500,047.               | 16       | 8,404,608.         |
| Liabilities                 | 17 Accounts payable and accrued expenses  | 2,485,784.               | 17       | 2,776,305.         |
|                             | 18 Grants payable   |                          | 18       |                    |
|                             | 19 Deferred revenue   | 4,120,353.               | 19       | 4,824,386.         |
|                             | 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   |                          | 25       |                    |
|                             | <b>26 Total liabilities.</b> Add lines 17 through 25  | 6,606,137.               | 26       | 7,600,691.         |
| 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  | 1,893,910.               | 27       | 803,917.           |
|                             | 28 Temporarily restricted net assets  |                          | 28       |                    |
|                             | 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 Total net assets or fund balances  | 1,893,910.               | 33       | 803,917.           |
|                             | 34 Total liabilities and net assets/fund balances   | 8,500,047.               | 34       | 8,404,608.         |

**Part XI 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?  
b Were the organization's financial statements audited by an independent accountant?  
c 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?

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?

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

# 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

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 CONFECTIONERS ASSOCIATION<br/>OF THE UNITED STATES, INC.</b> | Employer identification number |
|                      |  | 36-1521980                     |

**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 **► \$ 1,000.**
- 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  
**\_\_\_\_\_** Yes **\_\_\_\_\_** No
- 4a Was a correction made?  
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 **► \$ 1,000.**
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **► \$ \_\_\_\_\_**
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b **► \$ 1,000.**
- 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

**SEE PART IV FOR CONTINUATION**

| (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- |
|--------------------------------|--------------------------------------|------------|---|---|
| NCA POLITICAL ACTION COMMITTEE | WASHINGTON, DC<br>20007              |            | 0.  | 3,400.  |
| FRIENDS OF MICHAEL J. MADIGAN  | 30 N LASALLE ST<br>CHICAGO, IL 60602 | 36-3418024 | 1,000.  | 0.  |
|                                |                                      |            |   |   |
|                                |                                      |            |   |   |
|                                |                                      |            |   |   |
|                                |                                      |            |   |   |
|                                |                                      |            |   |   |

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

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008

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OF THE UNITED STATES, INC.**

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Schedule C (Form 990 or 990-EZ) 2008

**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<br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals | (b) Affiliated group totals                              |
|--|---|----------------------------------|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)<br><b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)<br><b>c</b> Total lobbying expenditures (add lines 1a and 1b)<br><b>d</b> Other exempt purpose expenditures<br><b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)<br><b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. |   |                                  |  |
| <b>If the amount on line 1e, column (a) or (b) is:</b><br>Not over \$500,000<br>Over \$500,000 but not over \$1,000,000<br>Over \$1,000,000 but not over \$1,500,000<br>Over \$1,500,000 but not over \$17,000,000<br>Over \$17,000,000  | <b>The lobbying nontaxable amount is:</b><br>20% of the amount on line 1e.<br>\$100,000 plus 15% of the excess over \$500,000.<br>\$175,000 plus 10% of the excess over \$1,000,000.<br>\$225,000 plus 5% of the excess over \$1,500,000.<br>\$1,000,000. |                                  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)<br><b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a<br><b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c<br><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 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year<br>(or fiscal year beginning in)                      | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying non-taxable amount                               |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots non-taxable amount                              |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2008

**NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

Schedule C (Form 990 or 990-EZ) 2008

36-1521980 Page 3

**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 |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| a Volunteers?   |     |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |     |    |        |
| c Media advertisements?   |     |    |        |
| d Mailings to members, legislators, or the public?  |     |    |        |
| e Publications, or published or broadcast statements?   |     |    |        |
| f Grants to other organizations for lobbying purposes?  |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?   |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?   |     |    |        |
| i Other activities? If "Yes," describe in Part IV   |     |    |        |
| j Total lines 1c through 1i   |     |    |        |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     |    |        |
| b If "Yes," enter the amount of any tax incurred under section 4912   |     |    |        |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| d 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 |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members?                     | 1   | X  |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   | X  |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   | 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.

|  |    |            |
|--|----|------------|
| 1 Dues, assessments and similar amounts from members   | 1  | 3,046,921. |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |            |
| a Current year   | 2a | 313,638.   |
| b Carryover from last year   | 2b |            |
| c Total  | 2c | 313,638.   |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  | 261,407.   |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  | 52,231.    |
| 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  | 5  |            |

**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 ORGANIZATION SUPPORTS SELECTED CANDIDATES FOR FEDERAL AND STATE**

**OFFICES WHOSE POSITIONS SUPPORT THE CHOCOLATE AND CONFECTIONERY**

**INDUSTRY**

**PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:**

Schedule C (Form 990 or 990-EZ) 2008

832043 12-18-08

NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.

Schedule C (Form 990 or 990-EZ) 2008

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**Part IV** **Supplemental Information** (continued)

**NCA POLITICAL ACTION COMMITTEE**

1101 30TH STREET NW WASHINGTON, DC 20007

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2008**Open to Public  
InspectionName of the organization **NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.** Employer identification number **36-1521980****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?  Yes  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?  Yes  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).   | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area |
|   | <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure   |
|   | <input type="checkbox"/> 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.   |  |
| a Total number of conservation easements  | <b>Held at the End of the Year</b>   |
| b Total acreage restricted by conservation easements  | 2a   |
| c Number of conservation easements on a certified historic structure included in (a)  | 2b   |
| d Number of conservation easements included in (c) acquired after 8/17/06   | 2c   |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►   | 2d   |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 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 ► \$

**NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

Schedule D (Form 990) 2008

36-1521980 Page 2

**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      d  Loan or exchange programs  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

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 |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 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 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:

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

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.

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

|  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value  |
|--|--------------------------------------|---------------------------------|------------------|-----------------|
| 1a Land  |                                      |                                 |                  |                 |
| b Buildings  |                                      |                                 |                  |                 |
| c Leasehold improvements   |                                      |                                 |                  |                 |
| d Equipment  |                                      | 972,942.                        | 704,210.         | 268,732.        |
| e Other  |                                      |                                 |                  |                 |
| <b>Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)</b> |                                      |                                 | ►                | <b>268,732.</b> |

Schedule D (Form 990) 2008

NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.

**Schedule D (Form 990) 2008**

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

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives and other financial products                        |                |  |
| Closely-held equity interests   |                |  |
| Other _____   |                |  |
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| <b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ► |                |  |

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

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

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)**

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

| (a) Description of liability | (b) Amount |  |
|------------------------------|------------|--|
| Federal income taxes         |            |  |
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**Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)**

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.

832053

12-23-08

**NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

Schedule D (Form 990) 2008

36-1521980 Page 4

**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  | 9,870,587.  |
| 2 Total expenses (Form 990, Part IX, column (A), line 25)                           | 2  | 10,609,595. |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1                     | 3  | -739,008.   |
| 4 Net unrealized gains (losses) on investments                                      | 4  | -350,985.   |
| 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  | -350,985.   |
| 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -1,089,993. |

**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  | 9,523,049. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |    |            |
| a Net unrealized gains on investments  | 2a | -350,938.  |
| b Donated services and use of facilities   | 2b |            |
| c Recoveries of prior year grants  | 2c |            |
| d Other (Describe in Part XIV)   | 2d | 3,400.     |
| e Add lines 2a through 2d  | 2e | -347,538.  |
| 3 Subtract line 2e from line 1   | 3  | 9,870,587. |
| 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 | 0.         |
| 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5  | 9,870,587. |

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

|   |    |             |
|---|----|-------------|
| 1 Total expenses and losses per audited financial statements                        | 1  | 10,617,599. |
| 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 | 8,004.      |
| e Add lines 2a through 2d   | 2e | 8,004.      |
| 3 Subtract line 2e from line 1  | 3  | 10,609,595. |
| 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 | 0.          |
| 5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5  | 10,609,595. |

**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

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**NCA-POLITICAL ACTION COMMITTEE**

**INCLUDED IN COMBINED FINANCIAL**

**STATEMENTS**

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**NCA-POLITICAL ACTION COMMITTEE**

832054  
12-23-08

Schedule D (Form 990) 2008

**Part XIV Supplemental Information (continued)**

INCLUDED IN COMBINED FINANCIAL

## STATEMENTS

**Schedule F**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

**NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

Employer identification number

**36-1521980****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region                      | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---------------------------------|-------------------------------------|---|--|--|----------------------------------|
| CENTRAL AMERICA & THE CARIBBEAN | 0                                   | 0   | PROGRAM SERVICES   | MEMBERSHIP DUES, BOOTH RENTAL FEES   | 0.                               |
| EAST ASIA & THE PACIFIC         | 0                                   | 0   | PROGRAM SERVICES   | MEMBERSHIP DUES, BOOTH RENTAL FEES   | 0.                               |
| EUROPE                          | 0                                   | 5   | PROGRAM SERVICES   | MEMBERSHIP DUES, BOOTH RENTAL FEES, IN-COUNTRY REPRESENTATION                                      | 629,348.                         |
| NORTH AMERICA                   | 0                                   | 0   | PROGRAM SERVICES   | MEMBERSHIP DUES, BOOTH RENTAL FEES   | 0.                               |
| SOUTH AMERICA                   | 0                                   | 0   | PROGRAM SERVICES   | MEMBERSHIP DUES, BOOTH RENTAL FEES   | 0.                               |
| MIDDLE EAST & NORTH AFRICA      | 0                                   | 0   | PROGRAM SERVICES   | BOOTH RENTAL FEES  | 0.                               |
| SOUTH ASIA                      | 0                                   | 0   | PROGRAM SERVICES   | BOOTH RENTAL FEES  | 0.                               |
| SUB-SAHARAN AFRICA              | 0                                   | 2   | PROGRAM SERVICES   | IN-COUNTRY REPRESENTATION  | 16,233.                          |
| <b>Totals</b>                   |                                     | 7   |  |  | <b>645,581.</b>                  |

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Schedule F (Form 990) 2008

NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.

Schedule F (Form 990) 2008 Page 36-1521980

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

See Schedule E-1 (Form 990) if additional space is needed

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a

3 Enter total number of other organizations  
section 501(c)(3) equivalency letter

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**NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

**Schedule F (Form 990) 2008**

OF THE UNITED STATES, INC.

36-1521980 Page 4

**Part IV** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

NCA RECEIVES PROGRAM SERVICE REVENUES FROM MEMBERS IN VARIOUS REGIONS OUTSIDE THE US. NO EXPENDITURES ARE MADE BY NCA TO MOST OF THESE REGIONS. EXPENDITURES ARE MADE BY NCA TO THE EUROPE AND SUB-SAHARAN AFRICA REGIONS AS INDICATED IN PART I.

**SCHEDULE I**  
(Form 990)

OMB No 1545-0047  
2008

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization

NATIONAL CONFETIONERS ASSOCIATION  
OF THE UNITED STATES, INC.  
► Attach to Form 990.

**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?

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" on 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  |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ADAMS & BROOKS, INC<br>1915 S HOOVER STREET<br>LOS ANGELES, CA 90007     | 95-1502040 |                               | 6,843.                   | 0.                                |   |  | PROMOTE US CONFECTIONERY PRODUCTS ABROAD  |
| BEFORE & AFTER CANDY<br>2240 CELESTIUS AVE, BLDG F<br>OXNARD, CA 93030   | 56-2349001 |                               | 10,799.                  | 0.                                |   |  | PROMOTE US CONFECTIONERY PRODUCTS ABROAD  |
| FERRARA PAN CANDY COMPANY<br>7301 W HARRISON ST<br>FOREST PARK, IL 60130 | 36-3331581 |                               | 11,023.                  | 0.                                |   |  | PROMOTE US CONFECTIONERY PRODUCTS ABROAD  |
| WORLD COCOA FOUNDATION<br>1411 K STREET NW<br>WASHINGTON, DC 20005       | 54-1715875 | 501(C)(3)                     | 35,000.                  | 0.                                |   |  | FHI PROJECT - TO PROVIDE EDUCATION AND SUPPLIES FOR COCOA FARMERS REGARDING MALARIA AND HIV |
| BROWN & HALEY<br>PO BOX 1596<br>TACOMA, WA 98401                         | 91-0157130 |                               |                          | 135,989.                          | 0.  |  | PROMOTE US CONFECTIONERY PRODUCTS ABROAD  |
| FRANKFORD CANDY<br>9300 ASHTON ROAD<br>PHILADELPHIA, PA 19114            | 23-1298301 |                               |                          | 6,970.                            | 0.  |  | PROMOTE US CONFECTIONERY PRODUCTS ABROAD  |
| 2 Enter total number of section 501(c)(3) and government organizations   |            |                               |                          |                                   |   |  | ► <input type="checkbox"/> 1.   |
| 3 Enter total number of other organizations                              |            |                               |                          |                                   |   |  | ► <input type="checkbox"/> 13.  |

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

3 Enter total number of other organizations

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS



**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990, Part II),**

| (a) Name and address of organization or government                                  | (b) EIN    | (c)IRC Code section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance          |
|---|------------|--------------------------------------|--------------------------|-----------------------------------|---|--|---|
| GIMBAL'S FINE CANDIES<br>250 HILLSIDE BLVD<br>S SAN FRANCISCO, CA 94080             | 94-2574774 |                                      |                          | 51,721.                           | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |
| MADELAINE CHOCOLATE COMPANY<br>9603 BEACH CHANNEL DRIVE<br>ROCKAWAY BEACH, NY 11693 | 11-1844700 |                                      |                          | 5,526.                            | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |
| PUCKER POWDER<br>1500 GEORGIA ROAD, BLDG A<br>IRONDALE, AL 35210                    | 63-1187568 |                                      |                          | 96,325.                           | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |
| SPANGLER CANDY COMPANY<br>400 N PORTLAND STREET<br>BYRON, OH 43506                  | 34-4360680 |                                      |                          | 5,063.                            | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |
| SUITY CONFECTIONS COMPANY<br>8105 NW 77TH STREET<br>MIAMI, FL 33166                 | 59-2449820 |                                      |                          | 5,338.                            | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |
| TOPPS COMPANY<br>ONE WHITEHALL ST<br>NEW YORK, NY 10004                             | 11-2849283 |                                      |                          | 50,000.                           | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |
| VERVE, INC.<br>305 DUDLEY STREET<br>PROVIDENCE, RI 02907                            | 05-0483898 |                                      |                          | 8,760.                            | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |
| WORLD CONFECTIONS, INC.<br>185 30TH ST<br>BROOKLYN, NY 11232                        | 11-3373298 |                                      |                          | 262,893.                          | 0.  |  | PROMOTE US CONFECTIONERY<br>PRODUCTS ABROAD |

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

**3 Enter total number of other organizations**

Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047  
2008  
Open to Public  
Inspection

Employer identification number  
**36-1521980**

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization **NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.** Employer identification number **36-1521980**

**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 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 checked="" 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 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?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?  
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?

b Any related organization?

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?

b Any related organization?

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

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Schedule J (Form 990) 2008

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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 |                           |                         |                                 |  |
| LAWRENCE T. GRAHAM | (i) 456,403.                                       | 18,000.                             | 150,000.                 | 100,067.                  | 34,044.                 | 758,514.                        | 304,996.   |
|                    | (ii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
| JIM CORCORAN       | (i) 193,975.                                       | 15,990.                             | 0.                       | 75,913.                   | 16,175.                 | 302,053.                        | 0.   |
|                    | (ii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
| LIBBY TAYLOR       | (i) 154,594.                                       | 12,854.                             | 0.                       | 59,064.                   | 8,917.                  | 235,429.                        | 0.   |
|                    | (ii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
| STEVE LODGE        | (i) 116,988.                                       | 2,000.                              | 0.                       | 14,148.                   | 17,485.                 | 150,621.                        | 0.   |
|                    | (ii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
| SUSAN SMITH        | (i) 142,465.                                       | 6,000.                              | 0.                       | 49,234.                   | 8,442.                  | 206,141.                        | 0.   |
|                    | (ii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (iii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (iv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (v) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (vi) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (vii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (viii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (ix) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (x) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xi) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xviii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xx) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxiii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxiv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxvi) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxvii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxviii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxix) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxx) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxi) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxviii) 0.                                       | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxix) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxxi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxii) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxiv) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxv) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvi) 0.   | 0.                                  | 0.                       | 0.                        | 0.                      | 0.                              | 0.   |
|                    | (xxxvii) 0.  | 0.                                  | 0.                       | 0.                        | 0.                      |                                 |  |

NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.

Schedule J (Form 990) 2008

36-1521980

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 4B: THE CEO RECEIVED \$150,000 PAYMENT UNDER A NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE FISCAL YEAR ENDED 3/31/09.**

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

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

Name of the Organization **NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.** Employer Identification number **36-1521980**

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

| (A)<br>Name and Title                | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|---|---|--|
|                                      |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee |   |   |  |
| JEAN THOMPSON<br>BOARD MEMBER        | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| AMY ATKINSON VOLTZ<br>BOARD MEMBER   | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| MIKE WAREHIME<br>BOARD MEMBER        | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| LINDA SAHAGIAN<br>EXEC BOARD MEMBER  | 2.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| PATRICK HUFFMAN<br>EXEC BOARD MEMBER | 2.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| SCOTT ALBANESE<br>BOARD MEMBER       | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| BRUCE ATHERLEY<br>EXEC BOARD MEMBER  | 2.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| ERIC ATKINSON<br>BOARD MEMBER        | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| DAVID BENITEZ<br>BOARD MEMBER        | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| RICK BLOMMER<br>EXEC BOARD MEMBER    | 2.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| JIM CONLAN<br>EXEC BOARD MEMBER      | 2.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| CHRIS GERARDI<br>BOARD MEMBER        | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| ELLEN GORDON<br>BOARD MEMBER         | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| BRAD IRWIN<br>EXEC BOARD MEMBER      | 2.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| RICHARD KAY<br>BOARD MEMBER          | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| LIAM KILLEEN<br>EXEC BOARD MEMBER    | 2.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| SERGIO LIMONTI<br>BOARD MEMBER       | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| ROBERT LUCAS<br>BOARD MEMBER         | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| JOHN MORRISSEY<br>BOARD MEMBER       | 1.00                                   | X   |                       |         |              |                              | 0.  | 0.  | 0.   |
| MARTIN SCHLATTER<br>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

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

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**Name of the Organization**

NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.

Employer Identification number  
36-1521980

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

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

Schedule J-2 (Form 990) 2008



## 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**

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|                          |  |  |
|--------------------------|--|--|
| Name of the organization | NATIONAL CONFECTIONERS ASSOCIATION<br>OF THE UNITED STATES, INC. | Employer identification number<br>36-1521980 |
|--------------------------|--|--|

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
PROVIDING LEADERSHIP AND EDUCATION ON OPERATIONS, TECHNICAL INFORMATION  
AND STANDARDS OF PRODUCT QUALITY; AND DISTRIBUTING MARKET DATA,  
INDUSTRY AND CONSUMER INFORMATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
WEB COMMUNICATIONS - OPERATES PUBLIC AND INDUSTRY WEBSITES FOR  
INFORMATION ABOUT CONFECTIONERY AT WWW.CANDYUSA.COM.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS MEMBERS.  
  
FORM 990, PART VI, SECTION A, LINE 7A: A NOMINATING COMMITTEE IS CONVENED  
AND INCLUDES MEMBERS OF THE BOARD OF TRUSTEES, APPOINTED MEMBERS AND  
ELECTED MEMBERS. THE NOMINATING COMMITTEE THEN DEVELOPS A SLATE FOR THE  
UPCOMING BOARD VACANCIES. THE ENTIRE SLATE IS VOTED UP OR DOWN BY THE  
ENTIRE MEMBERSHIP.

THE SAME NOMINATING COMMITTEE ALSO DEVELOPS A SLATE FOR THE UPCOMING  
VACANCIES ON THE EXECUTIVE BOARD, AND THE BOARD OF TRUSTEES VOTES THAT  
SLATE UP OR DOWN.

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION EMAILS A COPY OF  
THE FORM 990 TO THE CHAIRMAN OF THE BOARD, THE VICE-CHAIRMAN AND THE FORMER  
CHAIRMAN PRIOR TO FILING

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION PERFORMS A  
PROFESSIONAL AND INDEPENDENT SALARY REVIEW FOR EXECUTIVES, OFFICERS AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

**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 CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

Employer identification number  
**36-1521980**

**KEY EMPLOYEES**

FORM 990, PART VI, SECTION C, LINE 19: CURRENTLY, THE ORGANIZATION'S  
CORPORATE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC. THE ORGANIZATION IS  
DEVELOPING A NEW WEB SITE IN WHICH IT PLANS TO INCLUDE CORPORATE DOCUMENTS  
IN A "MEMBERS" SECTION.

FORM 990, PART IV, 12 AND PART XI, 2B

DID THE ORGANIZATION RECEIVE AN AUDITED FINANCIAL STATEMENT  
THE ORGANIZATION WAS INCLUDED IN A COMBINED AUDITED FINANCIAL STATEMENT  
WITH IT'S AFFILIATED POLITICAL ACTION COMMITTEE (PAC) FOR THE FISCAL  
YEARS ENDED MARCH 31, 2008 AND 2009.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: LAWRENCE T GRAHAM

(A) PURPOSE OF LOAN: TRAVEL ADVANCES

SCHEDULE J, PART II

CEO COMPENSATION - LAWRENCE GRAHAM

IN CALENDAR YEAR 2008, THE CEO'S COMPENSATION INCLUDED THE FOLLOWING:

SALARY, BONUS, CONTRIBUTIONS TO RETIREMENT PLANS AND THE DEFERRED  
COMPENSATION PLANS, VARIOUS INSURANCE PLANS THAT THE COMPANY SPONSORS  
FOR ALL EMPLOYEES, CAR REIMBURSEMENT AND MEMBERSHIPS IN PROFESSIONAL  
AND CLUB ORGANIZATIONS. CALENDAR YEAR 2008 IS THE ONLY YEAR THAT THE  
ORGANIZATION WAS REQUIRED TO CONTRIBUTE TO THE DEFERRED COMPENSATION

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832211  
12-18-08

Schedule O (Form 990) 2008

Name of the organization

NATIONAL CONFECTIONERS ASSOCIATION  
OF THE UNITED STATES, INC.

**Employer identification number**  
**36-1521980**

PLAN AND TO MAKE THE FIRST OF FIVE PAYOUTS TO THE CEO OUT OF THIS PLAN

IN ONE YEAR. THEREFORE THE AMOUNT SHOWN FOR 2008 IS HIGHER THAN WHAT

THE CEO ACTUALLY RECEIVED.

## Related Organizations and Unrelated Partnerships

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
► **See separate instructions.**

Name of the organization **NATIONAL CONFETIONERS ASSOCIATION  
OF THE UNITED STATES, INC.**

## Part I Identification of Disregarded Entities

## Part II Identification of Related Tax-Exempt Organizations

| (A)<br>Name, address, and EIN<br>of related organization                     | (B)<br>Primary activity | (C)<br>Legal domicile (state or<br>foreign country) | (D)<br>Exempt Code<br>section | (E)<br>Public charity<br>status (if section<br>501(c)(3)) | (F)<br>Direct controlling<br>entity |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|
| NATIONAL CONFECTIONERS ASSOCIATION OF THE<br>U.S. POLITICAL ACTION COMMITTEE | POLITICAL ACTIVITIES    | VIRGINIA  | 527                           | N/A   | N/A                                 |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |
|  |                         |   |                               |   |                                     |

### **Part III** Identification of Related Organizations Taxable as a Partnership

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

**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)<br>Name of other organization(s) | (B)<br>Transaction type (a-r) | (C)<br>Amount involved |
|--------------------------------------|-------------------------------|------------------------|
| (1)                                  |                               |                        |
| (2)                                  |                               |                        |
| (3)                                  |                               |                        |
| (4)                                  |                               |                        |
| (5)                                  |                               |                        |
| (6)                                  |                               |                        |

## Part VI Unrelated Organizations Taxable as a Partnership

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

# 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  ►
- 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.

|   |   |   |
|---|---|---|
| Type or print   | Name of Exempt Organization<br><b>NATIONAL CONFECTIONERS ASSOCIATION<br/>OF THE UNITED STATES, INC.</b>                 | Employer identification number<br><b>36-1521980</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.<br><b>1101 30TH STREET NW, NO. 200</b>           |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WASHINGTON, DC 20007</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 ► **1101 30TH STREET NW, NO. 200 - WASHINGTON, DC 20007**  
Telephone No ► **202-534-1440** 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 **NOVEMBER 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year  or  
►  tax year beginning **APR 1, 2008**, and ending **MAR 31, 2009**.

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

|  |    |               |
|--|----|---------------|
| 3a 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.  | 3a | \$            |
| 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.   | 3b | \$            |
| c Balance Due. 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. | 3c | \$ <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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

UHY ADVISORS MID-ATLANTIC MD, INC.  
6851 OAK HALL LANE, SUITE 300, COLUMBIA, MD 21045

823831  
05-26-09

12280807 139113 45970-177

2008.04010 NATIONAL CONFECTIONERS ASSO 45970-11

7008 1140 0000 8094 2110

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  .
- 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<br>print<br><br>File by the<br>extended<br>due date for<br>filing the<br>return. See<br>instructions    | Name of Exempt Organization<br><br><b>NATIONAL CONFECTIONERS ASSOCIATION<br/>OF THE UNITED STATES, INC.</b>                 |  | Employer identification number<br><br><b>36-1521980</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions<br><br><b>1101 30TH STREET NW, NO. 200</b>            |  | For IRS use only  |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><br><b>WASHINGTON, DC 20007</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.**

## THE ASSOCIATION

ADDITIONAL INFORMATION IS NEEDED TO COMPLETE AN 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.  | <b>8a</b> | \$ |     |
| <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 | <b>b</b>  | \$ |     |
| <b>c</b> <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.      | <b>8c</b> | \$ | 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]*

Signature ►  Title ►

CPA

Date

11/10/09

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Form 8868 (Rev. 4-2009)

UHY ADVISORS  
MID-ATLANTIC MD, INC.  
6851 OAK HALL LANE  
SUITE 300  
COLUMBIA, MD 21045

823832  
05-26-09