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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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2009
Open to Public Inspection

A I	For the	е 2009 са	lendar year, or tax year beginning	and endin	g				
В	Check if	Please	C Name of organization		ĺ	D Employer is	dentifica	ition number	
a	applicab	use IRS	NATIONAL ELECTRICAL CONTRACTORS						
	Addre	ess labelor print or	ASSOCIATION OF IOWA	_					
	Name chang	type	Doing Business As			4	2-06	63119	
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street ad	Idress) Room/	/suite	E Telephone r	number		
	Termi	n- Specific	2900 WESTOWN PARKWAY	140				78-2341	
	Amen	ded tions	City or town, state or country, and ZIP + 4			G Gross receipts			,646.
	Applic		WEST DES MOINES, IA 50266-1315		-	H(a) Is this a g			
	pendi		ne and address of principal officer ANGELA BOWERSO	X		for affiliate			X No
			0 WESTOWN PARKWAY, SUITE 140, WI		MO				□ No
1 1	Гах-ех		us X 501(c) ( 6  ) ◀ (insert no )	527				st (see instruct	
			W.IOWANECA.ORG			H(c) Group exe			10113)
			on: X Corporation Trust Association Other	<u> </u>				State of legal don	nicile: T A
	art I	Summ		1 14	rcai oi	1101111ation: <u>+</u>	= /  IVI C	Just of legal don	HOHO, III
	<del></del>		scribe the organization's mission or most significant activities.	יעד.דים	TTON	J OF ELF	ירייים דו		
Activities & Governance	1	-	ACTORS	AFF ILIA.	1101	OF EDE	CIKI	CAL	
nar			s box In the organization discontinued its operations of			h 050/ -f			
Ver				or disposed of	more i	man 25% of its	1 1	яѕ	12
Ĝ			f voting members of the governing body (Part VI, line 1a)	<b>1</b>			3		13 13
•გ			f independent voting members of the governing body (Part VI, Ii	ine ib)			4		
<u>ë</u>	1		ber of employees (Part V, line 2a)				5		<u>5</u> 0
Ĭ			ber of volunteers (estimate if necessary)				6		
Ac	ľ	-	s unrelated business revenue from Part VIII, column (C), line 12				7a	<del></del>	0.
	b	Net unrela	ated business taxable income from Form 990-T, line 34		1		7b		0.
	_					Prior Year		Current Ye	ar
<u>e</u>	8		ons and grants (Part VIII, line 1h)						4.05
ĘĘ.	9	_	service revenue (Part VIII, line 2g)	•		42,6			107.
9Révenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	4,7			<u>,067.</u>
<b>5</b> 5	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		ļ	115,1	51.		
<u> </u>			nue - add lines 8 through 11 (must equal Part VIII, column (A), lir	ne 12)		162,5	23.	430,	040.
JUL	13	Grants an	d sımılar amogenis pad (Pay IX,Column A), lines 1-3)		<u> </u>				
≾	14	Benefits p	aid to or for <del>mombers (Part IX, colu</del> nts A), line 4)						
GS	15	Salaries, c	other compensation, employee benefits (Part IX, column (A), line	s 5-10)	ļ	50,7	84.	226,	<u>.144.</u>
SCANNIEU Expenses	16a	Profession	nal fun traising (Part X, 20 lunn A) (ine 11e)						
₽ĕ			raising expenses (Part IX, column (D, mine 25)	<del></del>					
ŹШ	17	Other exp	enses Part IX column (A) lines in a 11d, 11f-24f) enses Add lines 13 17 (must equal Part IX, column (A), line 25)			80,2		243,	<u>983.</u>
2	18	Total expe	enses Add lines 13 17 (must equal Part 1X, column (A), line 25)			130,9	93.		127.
		Revenue I	ess expenses Subtract line 18 from line 12			31,5	30.	-40,	087.
Net Assets or Fund Balances					Begi	nning of Current		End of Ye	ar
sets	20	Total asse	ts (Part X, line 16)			1,056,8	85.	1,186,	625.
<b>₽</b>	21	Total liabil	ities (Part X, line 26)			9,7	69.	23,	354.
캺	22	Net assets	s or fund balances Subtract line 21 from line 20			1,047,1	16.	1,163,	271.
Pa	irt II	Signat	ture Block						
		Under penal and complet	ties of perjury, I ded are that I have examined this return, including accompanying sch	nedules and statem	nents, and	d to the best of my l	knowledge a	and belief, it is true,	correct,
		and complet	le Declaration of preparectother than officer) is based on all information of which prep	Date has any know	leage	ار	· m h	^	
Sigr	1		XIV VIVO VIVO VIVO VIVO VIVO VIVO VIVO V			131	1811	0	
Her		Sign	ature of officer			Date			
		AN	GELA BOWERSOX, EXECUTIVE DIRECTO	OR					
		Туре	or print name and title						
		Preparer's	Day 0 11 2 00A	Date 5/13/2010	Chec	k ıf		identifying number	
Paid -	_	signature	James J. Huytan, CPA	5/13/2010	self-   empl	oyed ►	(see instru	suons)	
•	arer's	Firm's name (or DENMAN & COMPANY T.T.D							
Use	Only	yours if self-employe							
		address, and ZIP + 4	WEST DES MOINES, IA 50266-14	153		Phone no	<b>►</b> (5°	15)225 <u>-</u> 8	400
May	the IF	1	a this return with the preparer shown above? (see instructions)				\ J =	X Yes	No

Briefly describe the organization's mission AFFILIATION OF ELECTRICAL CONTRACTORS  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O		Part III   Statement of Program Service Accomplishments	42-066.	3119 Page Z
the proor Form 990 or 990EZ?  If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O 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.  45 (Code ) (Expenses \$ 194,154 including grants of \$ )(Revenue \$ TO ARRANGE AND PROMOTE MEETINGS, LABOR RELATIONS, TRAINING, AND INSTRUCTIONAL PROGRAMS, AND TO CONDUCT NEGOTIATIONS FOR ELECTRICAL, CONTRACTORS.  46 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  47 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  48 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  49 (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )		Briefly describe the organization's mission		
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/= T = Y	4d	·	) (Revenue \$	
4e Total program service expenses ▶\$ 194,154.	4e			

932002 02-04-10 Form 990 (2009) ASSOCIATION OF IOWA
Part IV | Checklist of Required Schedules

,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	İ		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		_X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10_		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X		i	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	:		
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
D	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		- 21
13	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<del></del>
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 c	

Form 990 (2009) ASSOCIATION OF IOWA 42-0663119 Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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? 240 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disgualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х Schedule L. Part III. 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes." complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Form **990** (2009)

X

37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

ASSOCIATION OF IOWA 42-0663119 Form 990 (2009) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S Information Returns Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 5 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? <u>3a</u> b If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b 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)? X 4a 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 c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 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? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations. Enter-10 a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter

Form **990** (2009)

12a

a Gross income from members or shareholders

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b if "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

11a

11b

42-0663119

Page 6

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

Sec	tion A. Governing Body and Management			-	
		1 1	1 a	Yes	No
_	Enter the number of voting members of the governing body	1a	13		
ь	Enter the number of voting members that are independent	1b		l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?	p with any other		.	
•	Did the organization delegate control over management duties customarily performed by or under the		2	-	<u> </u>
3	of officers, directors or trustees, or key employees to a management company or other person?	e direct supervision	i	.	x
,	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 000 was filed?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior PC Did the organization become aware during the year of a material diversion of the organization's asset		5		X
5	Does the organization have members or stockholders?	15 '	6		<b>├</b> ^
6 7a	Does the organization have members of stockholders, or other persons who may elect one or more me	ombars of the	<u>                                   </u>	^ _	+-
, a	governing body?	inders of the	7	a X	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	reone?	71		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken		<u> </u>		
Ü	by the following	during the year			1
2	The governing body?		8:	a X	
b	Each committee with authority to act on behalf of the governing body?		81		<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the	- 0.		†
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	oned at the	9	.	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code )		<u> </u>	
	The first of the content of requestion and a court points of the required by the internal re-			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10		1
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			1 -
	and branches to ensure their operations are consistent with those of the organization?		10	ьХ	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	1		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12	a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give rise			
	to conflicts?		12	b	]
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			
	ın Schedule O how this is done		12	c	<u> </u>
13	Does the organization have a written whistleblower policy?		13	3	X
14	Does the organization have a written document retention and destruction policy?		14	1	X
15	Did the process for determining compensation of the following persons include a review and approva	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	
а	The organization's CEO, Executive Director, or top management official .		. 15		<u> </u>
b	Other officers or key employees of the organization		15	b X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		ŀ	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			-
	taxable entity during the year?	•	16	a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	•	ın 📗		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organical statements are safeguard to safeguard the organical statements.	anızatıon's			
	exempt status with respect to such arrangements?		16	b	
Sec	tion C. Disclosure		<del></del>		
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) av	allable for		
	public inspection Indicate how you make these available Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest po	ilcy, and fi	nancial	
	statements available to the public.	, , , , , , , , , , , , , , , , , , , ,	ā		
20	State the name, physical address, and telephone number of the person who possesses the books are	na records of the or	ganization.	_	
	ANGELA BOWERSOX - 515-278-2341	TA 50266	1215		
	2900 WESTOWN PARKWAY, SUITE 140, WEST DES MOINES,	IA 50266-		rm <b>990</b>	(2000)
			101	三日 プラリ	(2003)

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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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours	(c)		<b>(C</b> Posi all t	tion		nlv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated complete complete complete complete complete compensated c		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
TOM MASS	5 00									•
PRESIDENT	5.00	X					-	0.	0.	0.
SKIP PERLEY	3.00	3,7							0	0
GOVERNOR DAVE GILL	3.00	X					-	0.	0.	0.
VICE-PRESIDENT	2.00	X						0.	0.	0.
DON STOCKTON	2.00	Δ		$\vdash$		<b> </b>		U .	0.	0.
TREASURER	2.00	x						0.	0.	0.
DAN DOLTER	2.00	Δ				<u> </u>		0.	0.	<u> </u>
MEMBER AT LARGE	0.50	x						0.	0.	0.
BARNEY POTTEBAUM	0.30							<u>.</u>		<u> </u>
DIRECTOR	0.50	x						0.	0.	0.
GREG BEMRICH	7,00	==-								<u></u>
DIRECTOR	0.50	X						0.	0.	0.
TED GRENIS										
DIRECTOR	0.50	Х						0.	0.	0.
THOMAS GROGAN										
DIRECTOR	0.50	X						0.	0.	0.
RON THIELEN										
DIRECTOR	0.50	X						0.	0.	0.
RON OLSON										
DIRECTOR	0.50	X					<u> </u>	0.	0.	0.
THOMAS KECK									_	
DIRECTOR	0.50	X					<u> </u>	0.	0.	0.
BILL SCHMIDT								_	_	-
DIRECTOR	0.50	X			_		<u> </u>	0.	0.	0.
ANGELA BOWERSOX	40.00							101 015		_
SECRETARY/MANAGER	40.00				X			101,847.	0.	0.
					$\dashv$					
00007 00 04 10		L	لـــا		Ш			<u> </u>		Form <b>990</b> (2009)

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ra	Tt VII   Section A. Officers, Directors, Tru		mple	oyee			High	est			<del></del>			
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average hours	6		Pos		n app	۱۷۱	Reportable compensation	Reportable compensatio	_	_	timate iount	
		per week	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other	ition e ion ed
											$\dashv$			
							_				$\dashv$			
1b 2	Total  Total number of individuals (including but n	not limited to th	ose	liste	d at	oove	e) wh	o re	101,847. eceived more than \$100	,000 in reportable	<b>0.</b> ∍			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual							•			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual			4		х
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				rom	any	unr	elate	ed organization for servi	ces rendered to		5		х
1	ction B. Independent Contractors  Complete this table for your five highest contractors  NONE	empensated inc	depe	nde	nt c	ontr	acto	rs th	nat received more than	\$100,000 of com	pensa	ition fr	om	
	(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompen		า
		<u>.</u>							· earn					
								_						
					•••			-						
					<del></del>			+						
2	Total number of independent contractors (i \$100,000 in compensation from the organization from the organizatio	_	ot lir	nited	d to		se lis	ted	above) who received m	ore than				
	The state of the s						<del>-</del>		<del></del>		F	orm 9	90 (2	2009

18,417. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 411,623. 18,417. 430,040. 0. Total revenue. See instructions. Form 990 (2009) 12150512 758194 16-4715 2009.03051 NATIONAL ELECTRICAL CONTRAC 16-47151

Part IX | Statement of Functional Expenses

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

Do	All other organizations must compl not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>		<del></del> -
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		· · · · ·		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	101,847.			
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	96,043.			,
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	4,046.			
9	Other employee benefits	9,813.			
0	Payroll taxes	14,395.	······································		
1	Fees for services (non-employees)				
' a					
	Legal	3,718.	<del> </del>		
	Accounting	6,270.	<del>-</del>		
٦	Lobbying	15,000.	· · · · · · · · · · · · · · · · · · ·	-	···
u	Professional fundraising services. See Part IV, line 17	13,000.	<del></del>		
4		5,088.	<del></del>	· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees	3,000.			
_	Other	7,487.			
2	Advertising and promotion	7,407.			
3	Office expenses				
4	Information technology				
5	Royalties	75 110			
6	Occupancy	75,110. 9,511.			
7	Travel	9,311.			
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	62 007			
9	Conferences, conventions, and meetings	62,997.			<del></del>
0:	Interest				
1	Payments to affiliates	30 030			
2	Depreciation, depletion, and amortization	39,032.			
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total			1	
	expenses shown on line 25 below.)				
а	DUES	9,718.	<del></del>		
b	LEGISLATIVE	5,250.			
С	LABOR RELATIONS	4,802.			
d					
е					
f	All other expenses				
5_	Total functional expenses Add lines 1 through 24f	470,127.			
6	Joint costs. Check here   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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Form **990** (2009)

Form 990 (2009)
Part X | Balance Sheet

Part X	Balance Sheet			
,		(A) Beginning of year		<b>(B)</b> End of year
1	Cash · non-interest-bearing	312,922.	1	251,891
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	·	3_	
4	Accounts receivable, net	69,185.	4	61,201
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L .		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
္ 7	Notes and loans receivable, net		7	
Assets 8 8	Inventones for sale or use	8,346.	8	863
ž   9	Prepaid expenses and deferred charges	6,631.	9	1,000
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D Less accumulated depreciation  10a 343,693.  10b 236,490.			_
t	Less accumulated depreciation 10b 236, 490.	143,802.	10c	107,203 764,467
11	Investments - publicly traded securities	515,999.	11	764,467
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,056,885.	16	1,186,625 23,354
17	Accounts payable and accrued expenses	9,769.	17	23,354
18	Grants payable .		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
စ္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22 22 22 22 22 22 22 22 22 22 22 22 2	highest compensated employees, and disqualified persons. Complete Part II	**	_	
ا د	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	9,769.	26	23,354
	Organizations that follow SFAS 117, check here   X and complete			
8	lines 27 through 29, and lines 33 and 34.			
ဋ္ဌ 27	Unrestricted net assets	1,047,116.	27	1,163,271
28	Temporarily restricted net assets		28	<del> </del>
29	Permanently restricted net assets		29	
Ē	Organizations that do not follow SFAS 117, check here   and			
5	complete lines 30 through 34.			-
2 30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 20 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
z   33	Total net assets or fund balances	1,047,116.	33	1,163,271
ı		1,056,885.	34	1,186,625

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

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

Form 990 (2009) ASSOCIATION OF IOWA 42-0663119 Page 12 Part XI | Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? Х 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Form **990** (2009)

За

X

Act and OMB Circular A-133?

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

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	50 I(c)(4), (5), or (6) organiza				
Name of orga		L ELECTRICAL CON	NTRACTORS	Em	ployer identification number
D-41 A		TION OF IOWA	-1	\	42-0663119
Part I-A	<del></del>	ganization is exempt un		·	organization.
	•	zation's direct and indirect politi	cal campaign activities		
2 Political	l expenditures			•	\$
3 Volunte	er hours				
Part I-B	Complete if the ore	ganization is exempt und	der section 501(c	)(3).	<del></del>
		incurred by the organization un			\$
2 Enter th	e amount of any excise tax	incurred by organization manag	gers under section 495		\$
3 If the or	ganization incurred a section	on 4955 tax, did it file Form 4720	) for this year?		Yes No
4a Was a c	correction made?		·		Yes No
b If "Yes,"	describe in Part IV				
Part I-C	Complete if the org	janization is exempt une	der section 501(c	), except section 501	(c)(3).
1 Enter th	e amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
2 Enter th	e amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	
exempt	function activities			•	\$
3 Total ex	empt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POI		
lıne 17b				•	\$
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
		nployer identification number (E	·	<u> </u>	
	<del>-</del>	the amount paid from the filing of	-	•	
	•	vered to a separate political org	janization, such as a se	eparate segregated fund or	a political action committee
(PAC) I	· · · · · · · · · · · · · · · · · · ·	d, provide information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Tundo ir riono, critor o	delivered to a separate
					political organization
	<del></del>				If none, enter -0
	· · · · · · · · · · · · · · · · · · ·		<del></del>		
<del></del> -					

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	ASSOCI	ATION	OF IOWA		42-0	0663119 Page 2
Part II-A Complete if the org	•	•	pt under sectio	n 501(c)(3) and fi	ed Form 5768	
(election under sec		<del></del>				
A Check ► if the filing organiza			• .			
B Check Lule of the filing organiza	tion checked l	oox A and	"limited control" pro	ovisions apply	r <del>-</del>	T
Limi (The term "expend	ts on Lobbyin ditures" mean			)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public o	pinion (gra	ass roots lobbying)			
b Total lobbying expenditures to influ	uence a legisla	tive body	(direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b	)				
d Other exempt purpose expenditure	es					
<ul> <li>Total exempt purpose expenditure</li> </ul>	s (add lines 1d	and 1d)			····	
f Lobbying nontaxable amount Ente	er the amount	from the fo	ollowing table in bot	h columns		
If the amount on line 1e, column (a) o	r (b) is:	The lobby	ing nontaxable am	ount is:		
Not over \$500,000		20% of the	e amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,000 p	olus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		\$175,000 p	olus 10% of the exc	ess over \$1,000,000	•	
Over \$1,500,000 but not over \$17,				ss over \$1,500,000.		
Over \$17,000,000		\$1,000,000	)			
g Grassroots nontaxable amount (en		•	-			
h Subtract line 1g from line 1a If zero						
i Subtract line 1f from line 1c If zero	•				<del></del>	<u> </u>
j If there is an amount other than zer		e 1h or line	e 11, did the organiz	ation file Form 4/20	1	<b>п.,</b> п.,
reporting section 4911 tax for this				0 11 501(1)		Yes No
•	ations that m	ade a sec		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbyin	g Expendi	tures During 4-Yea	ar Averaging Period		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2006	3	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount			-	'		
(150% of line 2d, column (e))						<u></u>
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 ASSOCIATION OF IOWA 42-0663119 Page 3

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

		(a	)	(t	p)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				150 1004
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			-
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)(	5), or se	ction	
				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
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."			nswered	
1	Dues, assessments and similar amounts from members		1	414	1,423.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	<u> </u>	<u>,000.</u>
b	Carryover from last year		2b		
C	Total	•	2c	15	,000.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical	~		
	expenditure next year?		4		0.
5_	Taxable amount of lobbying and political expenditures (see instructions)		5	15	<u>,000.</u>
Par	t IV Supplemental Information			· · · · · · · · · · · · · · · · · · ·	
	olete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a	nd Part II-B, I	ine 1ı Also	, complete	this part
or ar	y additional information				
		-			

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

► Attach to Form 990. ► See separate instructions.

Inspection

OMB No. 1545-0047

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

NATIONAL ELECTRICAL CONTRACTORS Name of the organization Employer identification number ASSOCIATION OF IOWA 42-0663119 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ No Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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 Assets included in Form 990, Part X

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Schedule D (Form 990) 2009

		TION OF IC						42-06			
Ра	rt III   Organizations Maintaining (										
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a s	significant	use of its	collectio	n item	าร
	(check all that apply)										
а	Public exhibition		: <u> </u>	Loan or exc	change prog	rams					
b	Scholarly research	•	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ın how t	hey further t	the organizat	ion's exe	mpt purp	ose in Pai	t XIV		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	ner sımıla	r assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orga	anization's c	ollection?				Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if or	ganization a	nswered "Ye	s" to For	m 990, Pa	ırt IV, lıne	9, or		
	reported an amount on Form 990, Pa			_							
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for	contribution	ns or other a	ssets not	included				
	on Form 990, Part X?							Γ.	Yes	Γ	No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	allowing	table:	•				03		_ 110
b	Tes, explain the analigement in rate XIV	and complete the it	Jiiowing	table.					Amoun	+	
_	Beginning balance						10		AHOUH	<u> </u>	
c					•		1c				
u	Additions during the year			•	•		1d				
e	Distributions during the year						1e				
f	Ending balance	. 000 D V. I	040				1f	<del></del>	7		٦
	Did the organization include an amount on F		21?					ـــا	Yes	_	<b>∐</b> No
	If "Yes," explain the arrangement in Part XIV		<del></del>								
Pal	t V Endowment Funds. Complete	i							т		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions								ļ		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships				l				,		
е	Other expenditures for facilities		ł								
	and programs				٠						
f	Administrative expenses										
g	End of year balance						•				
2	Provide the estimated percentage of the year	r end balance held a	as.								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
_		<u></u> %									
	Are there endowment funds not in the posse	· -	ation th	at are held a	administr	ered for t	he organiz	ation			
ou	by:	oodon or the organiz	anon in	at are ricid a	ina daminist	0,00 101 1	no organiz	anon	ſ	Yes	No
	(i) unrelated organizations								22(i)	163	140
	(ii) related organizations	•	-		•	•			3a(i)	-	
L		s listed as required a	n Caba	dulo D2					3a(ii)	-	
	If "Yes" to 3a(ii), are the related organizations	·							3b		
Dai	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Dort V Ive :	10					
L al	<del>-</del>	<del></del>			<del>`</del>			<u>. r-</u>		<del></del>	
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumulate preciation	d	(d) Bool	k value	e 
1a	Land										
b	Buildings										
С	Leasehold improvements			9	3,113.		27,5	57.	6	5,5	46.
d	Equipment				5,573.		172,4	27.		3,1	
	Other				5,007.		36,49		2	8,5	$\overline{11.}$
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur							7,2	
_									_		

Schedule D (Form 990) 2009

1	(a) Description of liability	(b) Amount
Federal income ta	xes	
Total. (Column (b)	must equal Form 990, Part X, col (B) line 25.)	<b>&gt;</b>

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

932053 02-01-10

Schedule D (Form 990) 2009

Sche	edule D (Form 990) 2009 ASSOCIATION OF IOWA						42-	<u> 066</u>	3119	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	o Auc	dite	ed Fir	nancia	I Stat	emen	its		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				430	,040.
2	Total expenses (Form 990, Part IX, column (A), line 25)			•	2					,127.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3					,087.
4	Net unrealized gains (losses) on investments		•	•	4				156	,242.
5	Donated services and use of facilities				5	_				, 4 + 4 •
6	Investment expenses				6					
_	Prior period adjustments				7					
7	Other (Describe in Part XIV.)		-			-				
8	·				8_				156	242
9	Total adjustments (net) Add lines 4 through 8			•	9				116	<u>,242.</u> ,155.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 air XII Reconciliation of Revenue per Audited Financial Statements.		\A/i	th Do	10		) otur		110	,100.
L		CIICS	**1	11111	Venue	peri	Teturi	<del>"</del>	FOC	202
1	Total revenue, gains, and other support per audited financial statements						1	├─	286	,282.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 -	1		156	0.40		ŀ		
а	Net unrealized gains on investments	. 2a	$\neg$		<u>156,</u>	242	닉			
b	Donated services and use of facilities	2t	_				4			
С	Recoveries of prior year grants	20	$\neg$				4	1		
ď	Other (Describe in Part XIV)	20	<u> </u>				╛			
е	Add lines 2a through 2d						2e	<u> </u>		<u>,242.</u>
3	Subtract line 2e from line 1						3	<u> </u>	<u>430</u>	<u>,040.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3							
b	Other (Describe in Part XIV)	46	<u>.</u>							
С	Add lines 4a and 4b						4c			0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5		430	,040.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	nents	W	ith E	xpense	es pei	Retu	ırn		
1	Total expenses and losses per audited financial statements						1		470	,127.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25									
а	Donated services and use of facilities	2a	a_ _							
b	Prior year adjustments	2b				_				
С	Other losses	20	;							
d	Other (Describe in Part XIV)	20	ı		•		]			
е	Add lines 2a through 2d	<u> </u>					2e			0.
3	Subtract line 2e from line 1						3		470	,127.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	,							
	Other (Describe in Part XIV)	4b	$\neg$				1 1			
	Add lines 4a and 4b						4c	1		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)						5		470	
Pai	t XIV Supplemental Information									
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III lines	s 1a	and 4	l· Part IV	lines 1	h and	2h P:	art V line	4 Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com				•	•			· ·	7, 1 UIC
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## SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ELECTRICAL CONTRACTORS
ASSOCIATION OF IOWA

Employer identification number 42-0663119

ASSOCIATION OF IOWA	42-0663119
FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS	MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THE ASSOCIATION'S	MEMBERS HAVE THE
RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS MADE	AVAILABLE TO THE
BOARD OF DIRECTORS FOR REVIEW BEFORE FILING WITH THE IRS.	
<del></del>	
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIREC	TORS DETERMINES
EXECUTIVE DIRECTOR COMPENSATION. COMPARABLE SALARY INFOR	MATION OF
EXECUTIVE DIRECTORS IN SIMILAR POSITIONS IS UTILIZED.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MA	KES ITS GOVERNING
DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC UPON
REQUEST.	
PART XI, LINE 2C	
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIG	HT OF THE
AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE IN	DEPENDENT
ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR	YEAR.
FORM 990, PART VI, SECTION B	
THE ORGANIZATION IS IN THE PROCESS OF REVIEWING AND APPRO	VING POLICIES
CONCERNING CONFLICT OF INTEREST, WRITTEN DOCUMENT AND RET	ENTION POLICY
AND A WHISTLEBLOWER POLICY.	

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Schedule O (Form 990) 2009

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047
2000
2009
Open to Public
Inspection

Department of the Treasury Internal Revenue Service	► Attach to Form 990.	Open to Public Inspection				
Name of the organization	NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION OF IOWA	Employer identification number 42-0663119				
		,,				