

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	or the	2009 calendar year, or tax year beginning and ending	
В	Check if applicable	Please C Name of organization	D Employer identification number
ā		USS HS NATIONAL JOINT APPRENTICES HIP & TRAINING	G
	Addre chang	ss   label or   COMMITTEE FOR THE ELECTRICAL INDUSTRY	
〒	Name	type	53-0212938
⊨	lchang lnitial return		
늗	return Termir	Secretary Transfer and Street (S. Free Box II mail to not converted to street address)	
누	ated	Instruc-	301-715-2300
느	return	City or town, state or country, and ZIP + 4	G Gross receipts \$ 21,358,993.
	Application pendir	OPPER MARLBORO, MD 201/4	H(a) Is this a group return
	pendii	F Name and address of principal officer:MICHAEL I. CALLANAN	for affiliates? Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates included? Yes No
1 -	Гах-ех	empt status: X 501(c) ( 3	If "No," attach a list. (see instructions)
		te: ► WWW.NJATC.ORG	H(c) Group exemption number ▶
			ear of formation: 1941 M State of legal domicile: MD
	art I	Summary	sai of formation. I J 4 I   M State of legal dofficile. MD
<u></u>	<del>, '</del>		I OH DI DOMPTOTANO
9	1	Briefly describe the organization's mission or most significant activities <b>EDUCATIO</b>	N OF ELECTRICIANS
Governance			
eru	2	Check this box  if the organization discontinued its operations or dieposed of the	ore than 25% of its net assets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3 4
g	4	Number of independent voting members of the governing body (Part VI, line 1b)	
S	1	Total number of ampleyage (Bart V. leas 2a)	5 38
ij	6	Total number of volunteers (estimate if necessary)  MAY 12 2011	5 38 6 0
Activities &		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 21,199.
ď			
	Ь	Net unrelated business taxable income from Form 990-T, line 3	
	_		Prior Year Current Year
Ë		Contributions and grants (Part VIII, line 1h)	494,280. 534,517.
ē	9	Program service revenue (Part VIII, line 2g)	<u>24,351,701.</u> <u>18,935,127.</u>
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,623. 86,223.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,113. 146,484.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,137,717. 19,702,351.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,000.
		Benefits paid to or for members (Part IX, column (A), line 4)	20,000:
	1	· · · · · · · · · · · · · · · · · · ·	A A77 105 A 201 000
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,477,195. 4,391,980.
ë		Professional fundraising fees (Part IX, column (A), line 11e)	
S.	b	Total fundraising expenses (Part IX, column (D), line 25)	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19,144,118. 15,604,205.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,621,313. 20,016,185.
	19	Revenue less expenses Subtract line 18 from line 12	1,516,404. <313,834.>
or			Beginning of Current Year End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	17,878,203. 19,784,929.
Ass	21	Total liabilities (Part X, line 26)	3,379,091. 5,760,501.
Vet	22	· · · · · · · · · · · · · · · · · · ·	14,499,112. 14,024,428.
<u></u>	art II	Net assets or fund balances Subtract line 21 from line 20  Signature Block	14,499,112. 14,024,420.
	<u> </u>		As and to the bank of an investment of the bank of the bank of
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	its, and to the best of my knowledge and belief, it is true, correct, dge
		-0 > 0 > 0 -	
Sig	n	Muhas O. Call	5-7-2010
Her	·e	Signature of officer	Date
		MICHAEL I. CALLANAN, EXECUTIVE DIRECTOR	
		Type or print name and title	
		Preparer's Date	Check If Preparer's identifying number
Paid	1	signature Cranz a Stevens 5-7-10	self-
Pre	parer's		employed
Use	Only	yours if CABIBRE CPA GROUP PLLC	EIN ►
		self-employed), address, and 1850 K STREET, N.W.	
		ZIP+4 WASHINGTON, DC 20006	Phone no. $\triangleright$ (202)331-9880
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
0000	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	nstructions. Form 990 (2009)

4d Other program services (Describe in Schedule O)

xpenses \$ \_\_\_\_\_ including grants of \$

) (Revenue \$

4e Total program service expenses ▶\$ 16,024,094.

Form 990 (2009)

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	<u> </u>
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	<u> </u>
	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
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
	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	5_		├─
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_	v	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	X	<del>                                     </del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
	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
	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		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	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	1		
	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 departed or consolidated limited statements for the tax year include a footble that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
	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?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	l		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	<u> </u>
	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	15		X
	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
	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	47		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<del></del>	^
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	'6	<u> </u>	
	complete Schedule G, Part III	19		х
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
				2009)

COMMITTEE FOR THE ELECTRICAL INDUSTRY 53-0212938 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
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		}	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		•	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ <u></u>	X
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	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
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	35		X
36	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	ļ <u></u>	X
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
38	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.	38	Х	<u> </u>
		Form	990 (	2009)

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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 79 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, 38 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 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? X 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 Tax Shelter Transaction? 5c 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). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X provided to the payor? 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 Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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. 9 X a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: 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

Form **990** (2009)

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

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

amounts due or received from them )

11b

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Form 990 (2009)

53-0212938 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				
				Yes	No
1a	Enter the number of voting members of the governing body . 1a	4			
b	Enter the number of voting members that are independent	4		ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	ny other			
	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	supervision		1	
	of officers, directors or trustees, or key employees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990	was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?		_5		<u>X</u>
6	Does the organization have members or stockholders?		6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of	of the	) ì		
	governing body?		7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		_ <u>X</u> _
8	Did the organization contemporaneously document the meetings held or written actions undertaken during t	he year			
	by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	the		1	37
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		<u>_X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)		. 1	
40-	Done the average have local shorters have shown as officers?		40-	Yes	No_X
	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such chapter	o offiliatoo	10a		
b		s, anniates,	405		
44	and branches to ensure their operations are consistent with those of the organization?  Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	form?	10b 11	X	
11	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ioiii?	-'	<u> </u>	
12a			12a	Х	
		rico	120	- 22	
D	to conflicts?	1130	12b	х	
С		escribe	12.0		
·	in Schedule O how this is done	3007.50	12c	Х	
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by inc	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement will	h a			
	taxable entity during the year?		16a		<u>X</u> _
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	participation	1		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organizatio	n's			
	exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of interest policy, a	nd fina	ncial	
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of the organiza	tion 🕨	_	
	MARK J. CERULLA, CPA - 301-715-2367			-	
	301 PRINCE GEORGE'S BLVD, UPPER MARLBORO, MD 20774			000	2009)
			CULLU	3301	ZUUSI

932006 02-04-10

53-0212938

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

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

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)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours	( ,		Posi	tion hat apply)			Reportable compensation	Reportable compensation	Estimated
	per week	H						from the organization	from related organizations (W-2/1099-MISC)	amount of other compensation from the
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(	organization and related organizations
EDWIN D. HILL										
TRUSTEE	1.00	X						0.	0.	0
JOHN M. GRAU								_	_	_
TRUSTEE	1.00	X		$\sqcup$		$\sqcup$		0.	0.	0
JERRY WESTERHOLM								_	_	_
TRUSTEE	1.00	X	_					0.	0.	0
GEARY HIGGINS	1 00									
TRUSTEE	1.00	X						0.	0.	0
MICHAEL I. CALLANAN	40.00							206 200	0	64 016
EXECUTIVE DIRECTOR	40.00	_		$\vdash\vdash$	X			206,209.	0.	64,216
RICK HECKLINGER	40.00				х			150 204	0.	AC 777
DIRECTOR KENNETH HADEN	40.00		<b></b>					150,204.		46,777
DIRECTOR	40.00					$ _{\mathbf{x}} $		133,820.	0.	43,191
JIM BOYD	40.00					^		133,020.		45,191
DIRECTOR	40.00	1		1		x		142,625.	0.	47,119
PALMER HICKMAN	40.00					21		142,025		=1,11
DIRECTOR	40.00					$ \mathbf{x} $		134,956.	0.	36,995
TODD STAFFORD		ļ				-		202/3000		00,000
DIRECTOR	40.00					x		141,395.	0.	50,931
BILL BALL										
DIRECTOR	40.00					Х		133,260.	0.	49,203
									3	
		ļ 								
			-							
00007.00.04.40										Form <b>990</b> (200

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)				
(A) (B) (C)								(D) (E)			(F)		
Name and title	Average	Position					Reportable	Reportable	ŀ	Esti	mate	d	
	hours	(cl	heck	all t	hat	app	ly)	compensation	compensation	.		unt c	of
	per week	ector						from the	from related organizations		comp	ther	tion
	, week	Individual trustee or director	9			ated		organization	(W-2/1099-MIS		•	m the	
		ustee	institutional trustee		<b>a</b>	npens		(W·2/1099·MISC)	·	<i>^</i>	orgai	nızatı	on
		duat	rtiona		Key employee	st con	<u> </u>			1		relate	
		Indiv	Instit	Officer	Key e	Highest compensated employee	Former				organ	ızatıc	ns
			-			-		<del></del>	<u> </u>	$\dashv$			—
						-				$\overline{}$			
						<u> </u>						_	
		_	<u> </u>			_	_	<del> </del>					
					ŀ	1							
	<del>-</del>	-	<u> </u>	$\vdash$		├	-	<del> </del>	<u> </u>	$\rightarrow$			
		1	├	├─		├-	-			$\dashv$			
	ļ	i			ĺ					- [			
		╁	İ							$\dashv$			
					İ					ŀ			
				1									
		<u> </u>	L										
1b Total						▶		1,042,469.	L	0.	338	, 4	<u>32.</u>
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 in reportable				11
compensation from the organization	<u>-</u> -										— т	/es	11 No
3 Did the organization list any former officer,	director or tra	ictor	, ka	v om	ndo	V00	or h	highest componented of	mplovoo on	Г	-+	-5	
line 1a? If "Yes," complete Schedule J for s			, NO	y <del>C</del> II	ipio	yee,	0, ,	nighest compensated el	ripidyee ori		3	Į	x
4 For any individual listed on line 1a, is the si			amo	ensa	ation	n and	d ot	ther compensation from	the organization	}			
and related organizations greater than \$15									and organization		4	x	
5 Did any person listed on line 1a receive or									ices rendered to				
the organization? If "Yes," complete Sched	lule J for such	pers	on					··			5		<u>X</u>
Section B. Independent Contractors	<del></del>												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of comp	oensa	ition fro	om	
the organization							- 1	· · · · · · · · · · · · · · · · · · ·					
(A) Name and business	address						1	(B) Description of s	Services	C	(C) ompen:		n
CENGAGE LEARNING								Description of	Services		Jinpeni	Sation	<u></u>
5 MAXWELL DRIVE, CLIFTON	PARK 1	NV	1 1	206	55			PRINTER	į	2	,716	<u></u>	82
MOSAIC	1211(1)			<u> </u>	<del>, ,</del>			LICINIBA	-		, , 10	, 0	<u> </u>
4801 VIEWPOINT PLACE, CHEVERLY, MD 20781 PRINTER 1,899,503.													
AMERICAN TECHNICAL PUBLISHERS, 10100													
ORLAND PARKWAY, SUITE 200, ORLAND PARK, IL PRINTER 1,829,221.													
UPS											•		
55 GLENLAKE PARKWAY, NE,								SHIPPING			710	, 2	83.
UNIVERSITY OF TENNESSEE-				DI	ΞP.	AR'	- 1	ł					
P.O. BOX 2648, KNOXVILLE			_					CONFERENCE P			707	, 2!	<u>58.</u>
2 Total number of independent contractors (	-	not li	mıte	d to	tho		stec	d above) who received r	nore than				
\$100,000 in compensation from the organi	zation 🖿					$\neg$			I				

	990 (	2009) COMM	ITTEE FOR	THE ELE	CTRICAL IN	DUSTRY	53-0212	938 Page <b>9</b>
	rt VII		nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu All other contributions, gifts, grai						
ontribut nd other	g	similar amounts not included about Noncash contributions included in line	534,517. 411,787.	<u></u>				
	<u>h</u> 2 a	Total. Add lines 1a-1f  TRAINING MATER	TALS	Business Code 90004		17664534.		
Program Service Revenue	_ b	CLASSES & SEMI			1.249.394.	1,249,394.		
Sal	c	TRAINING TOOLS		900099	21,199.		21,199.	
E S	d			300033			<u> </u>	
ğ,c				-				
F	•	All other program service rev	ionuo.					
	q		ende		18935127.			
$\neg$	3	Investment income (including	n dividende inter	est and	100001270		·	
ļ	•	other similar amounts)	g annaenas, mien	est, and	136,855.			_136,855.
	4	Income from investment of ta	av.avamnt hand r	araccado -	130,033.			_130,033.
			Droceeus -		-			
	5	Royalties	(A.D. et	(3.8				
	_		(ı) Real	(ii) Personal	-	1		
	6 a	Gross Rents						
	b	Less. rental expenses		ļ				
	С	, ,		<u> </u>				
	d	Net rental income or (loss)		<b>&gt;</b> _				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1606010.					
	b	Less cost or other basis						
		and sales expenses	1656642.					
		Gain or (loss)	<50,632.	<u> </u>				
ŀ	d	Net gain or (loss)		<u>,</u>	<50,632.	> <50,632.	<b>&gt;</b>	
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line	of					
필		Part IV, line 18	а		]			
ξ	b	Less direct expenses	b					
٦	С	Net income or (loss) from fun	draising events					
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gar	ming activities					
	10 a	Gross sales of inventory, less	s returns					
		and allowances	а					
	b	Less: cost of goods sold	b	L				
	С	Net income or (loss) from sale	es of inventory	<b>•</b>				
Ī		Miscellaneous Reveni		Business Code				
ſ	11 a	ROYALTIES		900004	99,786.			99,786.
				900004	46,698.			46,698.
	c		<u> </u>					
1	4	All other revenue						
1	٥	Total, Add lines 11a-11d		<u> </u>	146,484.			
	12	Total revenue. See instructions.			19702351.	18863296.	21 199	283,339.
93200 02-04			<del></del>		,		<u> </u>	Form <b>990</b> (2009)
02-04								(2003)

### Part IX Statement of Functional Expenses

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

	Section 501(c)(3) All other organizations must comp	and 501(c)(4) organizat			4 (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPONICO	general expenses	- CAPCHIOCO
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	20,000.	20 000		
•	the U.S See Part IV, line 22	20,000.	20,000.		
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			-	<del></del> :
5	Compensation of current officers, directors,	467,406.	59,094.	408,312.	
6	trustees, and key employees Compensation not included above, to disqualified	407,400.	33,034.	400,312.	
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		2,574,569.	1,619,152.	955,417.	<u></u>
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	4,J14,JUJ.	1,013,134.	JJJ,41/•	
J	and section 403(b) employer contributions)	583,907.	396,248.	187,659.	
9	Other employee benefits	557,339.	273,860.	283,479.	
10	Payroll taxes	208,759.	113,645.	95,114.	
11	Fees for services (non-employees)	200,133.	113,043.	77,1140	
	Management				
	Legal	107,421.	107,421.		
	Accounting	37,500.	107, 4214	37,500.	
	Lobbying	37,300.		37,300.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g		47.		47.	
12	Advertising and promotion	29,339.		29,339.	
13	Office expenses	283,920.		283,920.	
14	Information technology	280,525.		280,525.	
15	Royalties	58,363.	58,363.	200/3231	
16	Occupancy	534,479.	30,3031	534,479.	·
17	Travel	118,483.		118,483.	
18	Payments of travel or entertainment expenses	120,1001		110,1001	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,767.		11,767.	<del>-</del>
20	Interest	223,891.		223,891.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	155,554.		155,554.	
23	Insurance	163,911.	. ,	163,911.	<del></del>
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.) <b>UBIT</b>	374.		374.	
a b	CLASSES AND SEMINARS	13,275,974.	13,275,974.	3/4.	
_	SPECIAL RESEARCH	92,496.	92,496.		
ų C	REPAIRS/MAINTENACE	78,342.	J4,430 ·	78,342.	
u e	CONTINUING EDUCATION	44,246.		44,246.	
•	All other expenses	107,573.	7,841.	99,732.	
25	Total functional expenses Add lines 1 through 24f	20,016,185.	16,024,094.	3,992,091.	0.
<u>25</u>	Joint costs Check here I If following	20,010,103.	U,U44,U34.	3,334,031.	
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		İ		
	concatorial campaign and fundralsing solicitation				5 000 (0000)

. 41	t X	Balance Sheet	THE EDECIRICAL I	NDUSTRI		0212930 Fage 11
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,633,418.	1	832,741.
- 1	2	Savings and temporary cash investments		1,053,026.	2	84,496.
l	3	Pledges and grants receivable, net		193,039.	3	147,039.
- 1	4	Accounts receivable, net	1,884,484.	4	1,129,889.	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es 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 495			* ** *	
		Part II of Schedule L		6		
ς.	7	Notes and loans receivable, net	304,979.	7	304,591.	
Assets	8	Inventories for sale or use		9,453,548.	8	8,903,814.
¥	9	Prepaid expenses and deferred charges		149,997.	9	203,913.
1		Land, buildings, and equipment, cost or other	1 1			
		basis Complete Part VI of Schedule D	10a $9,224,912.$			
Ì	b	Less accumulated depreciation	10b 2,715,729.	1,799,384.	10c	6,509,183.
	11	Investments - publicly traded securities		1,387,374.	11	1,650,509.
Ì	12	Investments - other securities. See Part IV, line	11		12	
ŀ	13	Investments - program-related. See Part IV, line		13	<del></del>	
Ì	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		18,954.	15	18,754.
1	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	17,878,203.	16	19,784,929.
	17	Accounts payable and accrued expenses		2,983,867.	17	1,635,501.
Ì	18	Grants payable		18		
- 1	19	Deferred revenue		19		
Ì	20	Tax-exempt bond liabilities			20	
s l	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	<del></del>	21	
Liabilities	22	Payables to current and former officers, director		<del></del>		<del></del>
ğ		highest compensated employees, and disqualifi	· · · · ·			
ן בֿי		of Schedule L			22	
l	23	Secured mortgages and notes payable to unrela	ated third parties	395,224.	23	4,125,000.
Ì	24	Unsecured notes and loans payable to unrelate	-		24	
ĺ	25	Other liabilities. Complete Part X of Schedule D			25	
İ	26	Total liabilities. Add lines 17 through 25	-	3,379,091.	26_	5,760,501.
		Organizations that follow SFAS 117, check he	ere X and complete			
ဖွ		lines 27 through 29, and lines 33 and 34.				
ဥ	27	Unrestricted net assets		14,306,073.	27	13,898,306.
ala	28	Temporarily restricted net assets		193,039.		126,122.
g P	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
<u> </u>		complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ed			31	· · · · · · · · · · · · · · · · · · ·
		Retained earnings, endowment, accumulated in	• •		32	
2	32					
Net Assets or Fund Balances	32 33	Total net assets or fund balances	dome, or other lands	14,499,112.	33	14,024,428.

# NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY

Form 990 (2009) 53-0212938 Page **12** Part XI | Financial Statements and Reporting Yes No 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 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? X 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 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. Both consolidated and separate basis X Separate basis Consolidated basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За X

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.

3h

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

pen to Public Inspection

Name of the organization

NATIONAL JOINT APPRENTICESHIP & TRAINING

Employer identification number

				EE FOR THE E						<u>53</u>	-0212	<u>938                                    </u>	
Par	t I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.				
he o	rganı	zation is not a	private foundation l	because it is (For lines 1	through 1	1, check	only one b	ox.)					
1 [		A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2 [		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з [		A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)	(A)(iii).					
4 [		A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's name,	,
		city, and state	e.										
5 [		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	perated by	a governi	nental uni	t describe	d in		
			(b)(1)(A)(iv). (Comple		•	•	•	Ū					
6 [				ent or governmental unit	t described	in sectio	n 170(b)(1	ιγαγν).					
7			<del>-</del>	eives a substantial part					r from the	general p	ublic desc	ribed in	
			b)(1)(A)(vi). (Comple		• • •		J			,			
8 [		•		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	-		eives (1) more than 33		•	rom contri	butions, m	nembershi	p fees. an	d aross red	ceipts fro	om
			•	nctions - subject to certa							•	•	
				axable income (less sect	•		•				•		
			509(a)(2), (Complete	· ·		,		•	, ,			•	
10 [			• • • • • •	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).				
11		•	•	perated exclusively for th	•	•		, ,,	•	v out the	ourposes o	f one or	
		=		ations described in secti		•					•		
				organization and comple				•	•	~ /			
		a Type I		¬ '		_	tionally in	tegrated		d 🗔	Type III - 0	Other	
e [		By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	ersons oth	er than	
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III				
		supporting or	rganization, check th	ns box									
g		Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıı) and (	ııı) below,		Yes	No
		the gove	erning body of the si	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	9?			-		11g(iii)		
h		Provide the fo	ollowing information	about the supported or	ganızatıon(	(s).							
(i) !	Name	of supported	(ii) EIN	(iii) Type of		rganization		u notify the	(vi) is	the	(vii) An	ount of	
` '		anization		organization (described on lines 1-9		sted in your		ion in col.	organizátic (i) organiz	ed in the l		port	
				above or IRC section	governing	document?	(i) of you	r support?	U.S	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
									]				
			<u> </u>										
										[			
			<u> </u>	<u> </u>	-	<u> </u>	<del> </del>	<u> </u>					
									<del> </del>				
						<u> </u>							
[atal	ì							}					

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

ection A. Public Support									
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1 Gifts, grants, contributions, and									
membership fees received (Do not				ı					
include any "unusual grants ")	<u>-</u>								
2 Tax revenues levied for the organ-		}	<b>\</b>	1					
ization's benefit and either paid to									
or expended on its behalf		ļ <u>.</u>							
3 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge		ļ	<u> </u>		ļ				
1 Total. Add lines 1 through 3									
The portion of total contributions				ļ					
by each person (other than a									
governmental unit or publicly									
supported organization) included					1	)			
on line 1 that exceeds 2% of the									
amount shown on line 11,									
column (f)									
Public support. Subtract line 5 from line 4						<u> </u>			
ection B. Total Support		#1,0000		/ n 0000		10 T. I. I			
alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7 Amounts from line 4			<del> </del> -	<del> </del>	<del> </del>	<del></del>			
Gross income from interest,									
dividends, payments received on						}			
securities loans, rents, royalties									
and income from similar sources		ļ	<del></del>		<del> </del>	-			
9 Net income from unrelated business									
activities, whether or not the									
business is regularly carried on		<del> </del>		<del> </del>	<del> </del>				
O Other income Do not include gain						:			
or loss from the sale of capital						1			
assets (Explain in Part IV)		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>			
1 Total support. Add lines 7 through 10			L	<u> </u>	<del> </del>	L			
2 Gross receipts from related activities, e	•	•			12	<del>-</del>			
3 First five years. If the Form 990 is for t	_	's first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3)	. □			
organization, check this box and stop lection C. Computation of Public		ercentage	···	_ <del></del>					
Public support percentage for 2009 (lin			column (fl)		14				
5 Public support percentage from 2008			001011117 (17)		15				
Sa 33 1/3% support test - 2009. If the org	-	•	n line 13, and line	14 is 33 1/3% or n		x and			
stop here. The organization qualifies a					1010, 0110011 1110 00	<b></b>			
		· .		line 15 is 33 1/3%	or more, check th	us box			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
and if the organization meets the "facts	_								
_			•	•	at iv now the organ	<b>▶</b> [			
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  • L. J. H. 10% -facts-and-circumstances test. 2008 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
organization meets the "facts-and-circu	imstances rest	THE ORGANIZATION	qualities as a ni ini	ICIV SUDDONIAD OM	anizauon				

Schedule A (Form 990 or 990-EZ) 2009 COMMITTEE FOR THE ELECTRICAL INDUSTRY 53-0212938 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 Calendar year (or fiscal year beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 292,332. 753,702. 489,233. 494,280. 534,517. 2564064. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 17951652.16486452.20480190.24290876.18935127.98144297. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 18243984.17240154.20969423.24785156.19469644.100708361 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0. 100708361 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 18243984.|17240154.|20969423.|24785156.|19469644.|100708361 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 175,447. 258,439. 257,215. 367,076. 236,641. 1294818. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 175,447. 258,439. 257,215. 367,076. 236,641 1294818. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is 64,704. 6,208 2,184 73,096. regularly carried on 12 Other income Do not include gain or loss from the sale of capital 6,556. 1,834. 46,698 55,088. assets (Explain in Part IV) 18419431. 17498593. 21297898. 25160274. 19755167. 102131363 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.61 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) % 15 98.74 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.27 investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 1.18 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

# NATIONAL JOINT APPRENTICESHIP & TRAINING Schedule A (Form 990 or 990-EZ) 2009 COMMITTEE FOR THE ELECTRICAL INDUSTRY 53-0212938 Page 4 Part IV | 'Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information. See instructions. SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY

Employer identification number 53-0212938

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	20,000.	
3	Aggregate grants from (during year)	20,000.	
4	Aggregate value at end of year	0.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes X No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes X No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
_	conservation easements		
Pa	rt III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	ther 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, no		
	treasures, or other similar assets held for public exhibition, e	· ·	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	·	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, 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 tre		l gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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		EE FOR THE						<u> 1293</u>		
Par	t III   'Organizations Maintaining C	collections of A	rt, Historical T	reasures, o	or Othe	<u>r Simila</u>	<u>r Asse</u>	ts (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following tha	it are a sig	nificant u	se of its	collectio	n ıtem	s
	(check all that apply)									
а	Public exhibition	d	Loan or ex	change progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizati	on's exem	npt purpos	se in Par	t XIV.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	collection?				Yes		No
Par	t IV Escrow and Custodial Arran				s" to Form	1 990, Par	t IV, line	9, or		
	reported an amount on Form 990, Par		Ŭ				•			
	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other as	sets not	ncluded				
	on Form 990, Part X?		,					Yes	Γ	No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	illowing table:				<u></u>		_	3 110
	n ree, explain the analygement in activity	a	moving table.					Amoun	+	
_	Beginning balance					1c	· · · · ·	7 1110011		
C	Additions during the year					1d				
d	Distributions during the year							-		
e		•				1e		-		—
f O-	Ending balance	arm 000 Dort V line	010			1f		7		1
2a	Did the organization include an amount on F		21?					」 Yes		∐ No
Pai	t V Endowment Funds. Complete in		oward "Vas" to F	orm 000 Dort	N/ line 10	<del></del>				
Га	Lindowiffent i dinds. Complete			· 1 ·			ava baale	( . ) Fa		hool:
	Danis and the same	(a) Current year	(b) Prior year	(c) Two yea	rs dack (	d) Three ye	ears back	(e) Fou	r years	раск
1a	Beginning of year balance		_	<del> </del>				ļ		
b	Contributions							ļ		
С	Net investment earnings, gains, and losses			-						
d	Grants or scholarships							ļ		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		<del> </del>							
g	End of year balance		<del></del>		L					
2	Provide the estimated percentage of the year	r end balance held a	ıs							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment ▶	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	ered for th	e organiza	ation			
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIV the intended uses of the									
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. See Form 99	0, Part X, line	10.					
	Description of investment	(a) Cost or o	ther (b) Cos	st or other	(c) Ac	cumulated		(d) Boo	k valu	 e
		basis (investr	ment) basis	s (other)	dep	reciation				
1a	Land									
	Buildings		5.8	35,210.				5,83	5.2	10.
c	Leasehold improvements			96,109.	5	43,50	6.			03.
d	Equipment									
	Other		2.3	93,593.	2.1	72,22	23.	2.2	1.3	70.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part						6,50		

## NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY

		Other Securities. S	ee Form 990	), Part X, line 12		
(a)	D					
	I Description of section (including name)	urity or category of security)	(b) B	ook value		d of valuation f-year market value
Fınancıa! der	ivatives					
	equity interests					
Other	_					
	= <del></del>					
	<del></del>		<del></del>		· - · · · · · · · · · · · · · · · · · ·	
	<del></del>		<del> </del>			
<del></del>			+			
<del></del>						
		···				
Total (Col (b)	must equal Form 990	, Part X, col (B) line 12.)				
Part VIII	Investments -	Program Related.	See Form 99	O Part X line 13		<del></del>
					(c) Metho	d of valuation:
(	a) Description of in	vestment type	(b) B	ook value		-year market value
						·
					<del> </del>	
		·			· · · · · · · · · · · · · · · · · · ·	
	<del>.</del>					
	<del></del>					
Total. (Col (b)	must equal Form 990	, Part X, col (B) line 13.)			<del></del>	
Рап іх	Otner Assets.	See Form 990, Part X, lin				
		(a	) Description	l		(b) Book value
					<del></del>	
					<del></del>	
		·. · .			<del></del>	
		· · · · · · · · · · · · · · · · · · ·			<del></del>	
•	· · · · · · · · · · · · · · · · · · ·			-		
Total. (Colum	nn (b) must equal Fo	orm 990, Part X, col (B) lir	ne 15)			<b>&gt;</b>
Part X		<b>es.</b> See Form 990, Part X	<u>,</u> line 25			
1	(a) Do	escription of liability		(b) A	mount	
Federal incor	ne taxes	<del> </del>				
	· ··-					
	-					
	*****					
				ı	ı	
Total (Colum	nn (h) must equal F	orm 990, Part X, col (B) lir	25.1	<b></b>		

932053 02-01-10

	t XI Reconciliation of Change in Net Assets from Form 990 to				0212938 s	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		19,702	351.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		20,016	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			834.>
4	Net unrealized gains (losses) on investments		4			901.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8		<372	,751.>
9	Total adjustments (net) Add lines 4 through 8		9		<160	,850.>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statemer		evenue per R	eturr		<u>,684.</u> >
1	Total revenue, gains, and other support per audited financial statements	11111111		1	19,914	252.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			-	<u> </u>	, 454.
a	Net unrealized gains on investments	2a	211,901.			
b	Donated services and use of facilities	2b	/_			
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e	211	,901.
3	Subtract line 2e from line 1			3	19,702	
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				
b	Other (Describe in Part XIV.)	4b				
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	<u> 19,702</u>	<u>,351.</u>
Paı	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per	Retu		
1	Total expenses and losses per audited financial statements			1	20,016	<u>,185.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				•
е	Add lines 2a through 2d			2e	20 016	10E
3	Subtract line 2e from line 1			3_	20,016	,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		}		
	Other (Describe in Part XIV)	4b	<del></del>	4.		0.
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c	20,016	
Pai	t XIV Supplemental Information				20,010	,105.
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete the second secon					4, Part
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:	<del></del>		_		
EXT	TRAORDINARY ITEM - LOSS ON BUILDING CONSTRU	JCTION:	-372751.	_		
					-	
				_		

### Schedule F (Form 990)

### Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
NATIONAL JOINT APPRENTICESHIP & TRAINING

COMMITTEE FOR THE ELECTRICAL INDUSTRY

Employer identification number

Schedule F (Form 990) 2009

53-0212938

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the Yes No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 (c) Number of (d) Activities conducted in region (f) Total (e) If activity listed in (d) offices employees or (by type) (i e , fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region recipients located in the region) of service(s) in region region TRAINING MATERIALS SALES CANADA TRAINING MATERIALS \$98.189 0. TRAINING MATERIALS SALES 0 TRAINING MATERIALS BERMUDA \$85,190 0. TRAINING MATERIALS SALES \$6\_795 0. PUERTO\_RICO TRAINING MATERIALS

932071 02-01-10

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COMMITTEE FOR THE ELECTRICAL INDUSTRY

(i) Method of valuation (book, FMV, appraisal, other) Page 2 Part II 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 (h) Description of non-cash assistance (g) Amount of non-cash assistance 53-0212938 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (d) Purpose of grant Use Schedule F-1 (Form 990) if additional space is needed (c) Region (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2009 (a) Name of organization 8

Schedule F (Form 990) 2009

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY

53-0212938

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed

1	 <b>1</b> 1	 	į l	Ì	ı	<b>j</b>	<b>!</b>	1
(h) Method of- valuation (book, FMV, appraisal, other)								
(g) Description of non-cash assistance								
(f) Amount of non-cash assistance								
(e) Manner of cash disbursement			-					
(d) Amount of cash grant								
(c) Number of cash grant cash grant								
(b) Region								
(a) Type of grant or assistance (b) Region recognition (c) N								

932074 02-01-10

ê ⊠ **Employer identification number** Schedule I (Form 990) 2009 53-0212938 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes 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 (f) Method of a cash grant or government assistance or government assistance and address of organization and address of organization and address of organization and address of organization and additional space is needed (h) Purpose is needed (h) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part Part

Page 2

53-0212938

(Form 990) 2009 COMMLTTEE FOR THE ELECTRICAL INDUSTRY

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance Ö 20,000 (c) Amount of cash grant (b) Number of recipients 20 (a) Type of grant or assistance UL SCHOLARSHIP AWARD Part IV

932102 02-02-10

### SCHEDULE J (Form 990)

### **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY

Employer identification number 53-0212938

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? 5a X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a X b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III 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 69 If "Yes," describe in Part III X 7 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 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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COMMITTEE FOR THE ELECTRICAL INDUSTRY 53-0212938

Schedule J (Form 990) 2009

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
MTOUDEL T TANAM	(E)	203,138.		3,071.	41,763.	22,453.	270,425.	
	<u> </u>	147,133.		3,071.	31,191.	15,586.	196,981.	
RICK HECKLINGER	⊞				-			
KENNETH HADEN	€ 3	133,820.			29,104.	14,087.	177,011.	
	Ξ	142,625.			30,752.	16,367.	189,744.	
JIM BOYD	⊞	,						
PALMER HICKMAN	€ €	134,956.			29,296.	7,699.	171,951.	
	Ξ	141,395.			30,752.	20,179.	192,326.	
TODD STAFFORD	(ii)							
יוגם וודם	€ ;	133,260.			29,059.	20,144.	182,463.	
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# SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2009

> pen to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL JOINT APPRENTICESHIP & TRAINING

Employer identification number

COMMITTEE FOR THE ELECTRICAL INDUSTRY 53-0212938 Part I Types of Property (a) (b) (c) (d) Check if Number of Method of determining Revenues reported on applicable contributions Form 990, Part VIII, line 1g revenues Art · Works of art Art · Historical treasures Art · Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles Boats and planes 8 Intellectual property 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities · Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution · Other 14 15 Real estate - Residential 16 Real estate · Commercial Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 378,000. CONTRIBUTOR'S VALUAT ( BOOKS X Other -25 33,787. (BAGS X CONTRIBUTOR'S VALUAT 26 Other > 27 Other -28 Other > Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33 describe in Part II LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

### **SCHEDULE O**

(Form 990) ·

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL JOINT APPRENTICESHIP & TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY

Employer identification number 53-0212938

COMMITTEE FOR THE EDECIRICAL INDUSTRI   53-0212936
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO DEVELOP AND STANDARDIZE TRAINING TO EDUCATE THE MEMBERS OF THE
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS & THE NATIONAL
ELECTRICAL CONTRACTORS ASSOCIATION; INSURING AND PROVIDING THE
ELECTRICAL CONSTRUCTION INDUSTRY WITH THE MOST HIGHLY TRAINED AND
HIGHLY SKILLED WORKFORCE POSSIBLE.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS SENT TO THE COMPTROLLER
FOR REVIEW, QUESTIONS, AND COMMENTS. THE EXECUTIVE DIRECTOR IS THE NEXT
REVIEWER. THE TRUSTEES PERFORM THE THIRD REVIEW OF FORM 990 BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR IS REQUIRED TO GET
APPROVAL FROM THE EXECUTIVE DIRECTOR BEFORE AGREEING TO PARTICIPATE IN ANY
ORGANIZATION THAT MAY CONFLICT WITH NJATC. ANY BREACH OF THIS POLICY IS
EVALUATED BY THE BOARD OF TRUSTEES AND APPROPRIATE ACTION IS TAKEN.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES APPROVES
COMPENSATION FOR THE EXECUTIVE DIRECTOR AFTER PERFORMING AN ANNUAL
PERFORMANCE EVALUATION AND ANALYZING COMPENSATION STUDIES PERFORMED BY
INDEPENDENT ORGANIZATIONS.
THE BOARD OF TRUSTEES APPROVES COMPENSATION FOR OTHER KEY EMPLOYEES AFTER
PERFORMING ANNUAL PERFORMANCE EVALUATIONS AND ANALYZING COMPENSATION
STUDIES PERFORMED BY INDEPENDENT ORGANIZATIONS.

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

### **SCHEDULE O**

(Form 990) ·

Department of the Treasury Internal Revenue Service

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

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

OMB\_No\_1545-0047 Open to Public Inspection

NATIONAL JOINT APPRENTICESHIP & TRAINING | Employer identification number Name of the organization

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FORM 990.	PART VI.	SECTION C.	LINE	E 19: THE	E ORGANI:	ZATION D	OES NOT MAKE IT
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