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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

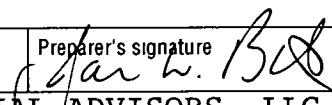
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS</b>		D Employer identification number <b>31-4262510</b>
	Doing Business As Number and street (or P O box if mail is not delivered to street address) <b>1055 CRUPPER AVENUE</b>		
	Room/suite		
	City or town, state or country, and ZIP + 4 <b>COLUMBUS, OH 43229</b>		
	F Name and address of principal officer: <b>DAVID A. DOUIN</b> <b>1055 CRUPPER AVENUE, COLUMBUS, OH 43229</b>		
	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		E Telephone number <b>(614) 888-8320</b>
J Website: ► <a href="http://WWW.NATIONALBOARD.ORG">WWW.NATIONALBOARD.ORG</a>		G Gross receipts \$ <b>16,500,403.</b>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
		H(c) Group exemption number ►	
L Year of formation <b>1919</b>		M State of legal domicile OH	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROMOTE UNIFORMITY IN THE ADMINISTRATION AND ENFORCEMENT OF BOILER &amp; PRESSURE VESSEL SAFETY</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,067,339.	14,088,309.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	545,042.	911,401.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,744,190.	<1,300,352. >
		14,356,571.	13,699,358.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,500.	12,500.
	14 Benefits paid to or for members/s (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,417,853.	7,697,105.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,815,889.	5,404,849.
	18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	12,236,242.	13,114,454.
19 Revenue less expenses. Subtract line 18 from line 12	2,120,329.	584,904.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	30,534,759.	32,409,379.
	21 Total liabilities (Part X, line 26)	7,860,527.	13,753,291.
	22 Net assets or fund balances Subtract line 21 from line 20	22,674,232.	18,656,088.

## Part II Signature Block

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

Sign Here	Signature of officer 		Date <b>2/1/13</b>
	DAVID A. DOUIN		
Type or print name and title			
Paid	Print/Type preparer's name <b>JASON W. BURTON, CPA</b>	Preparer's signature 	Date 1/31/2013
Preparer	Firm's name ► <b>FRAZIER FINANCIAL ADVISORS, LLC</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00074252</b>	
Use Only	Firm's address ► <b>6300 FRANTZ ROAD DUBLIN, OH 43017</b>	Firm's EIN ► <b>31-1292004</b>	
		Phone no <b>(614) 793-8297</b>	

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

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

## **Part III Statement of Program Service Accomplishments**

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

X

1 Briefly describe the organization's mission:  
**THE NATIONAL BOARD'S MISSION IS TO PROMOTE GREATER SAFETY TO LIFE AND PROPERTY BY SECURING CONCERTED ACTION AND MAINTAINING UNIFORMITY IN THE CONSTRUCTION, INSTALLATION, INSPECTION, OPERATION, REPAIR AND ALTERATION OF BOILERS, PRESSURE VESSELS OR OTHER PRESSURE-RETAINING**

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

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

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

4a (Code                   ) (Expenses \$ 1,353,570. including grants of \$                   ) (Revenue \$ 5,761,923.          )  
**DATA REPORT REGISTRATIONS. SEE ATTACHED STATEMENT.**

4b (Code                   ) (Expenses \$ 4,902,494. including grants of \$                   ) (Revenue \$ 6,899,960.          )  
**REVIEWS AND CERTIFICATIONS. SEE ATTACHED STATEMENT.**

4c (Code                   ) (Expenses \$ 2,640,807. including grants of \$                   ) (Revenue \$ 1,370,146.          )  
**TRAINING AND COMMISSIONING. SEE ATTACHED STATEMENT.**

4d Other program services (Describe in Schedule O.)  
 (Expenses \$                    including grants of \$                   ) (Revenue \$                   ) 56,280.          

4e Total program service expenses ► 8,896,871.

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b	X
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	11e	X
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11f	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	12a	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12b	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	13	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	14a	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14b	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	15	X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16	X
	17	X
	18	X
	19	X
	20a	X
	20b	

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

	<b>Yes</b>	<b>No</b>
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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	X
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	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	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 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	X
35b	35b	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

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

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	76
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	79
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	3a	X
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)?	4a	X
b If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	11a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
a Gross income from members or shareholders	12a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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	13a	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13b	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c Enter the amount of reserves on hand	14a	X
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14b	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year  
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	7	
1b	7	
2		X
3		X
4		X
5		X
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a		X
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DAVID A. DOUIN - (614) 888-8320  
1055 CRUPPER AVENUE, COLUMBUS, OH 43229

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) JACK GIVEN, CHAIRMAN BOARD OF TRUSTEES	0.00	X					12,369.	0.	0.
(2) JOEL T. AMATO, 1ST VICE CHAIRMAN BOARD OF TRUSTEES	0.00	X					2,893.	0.	0.
(3) DONALD JENKINS, 2ND VICE CHAIRMAN BOARD OF TRUSTEES	0.00	X					3,281.	0.	0.
(4) JOHN BURPEE, MEMBER AT LARGE BOARD OF TRUSTEES	0.00	X					1,201.	0.	0.
(5) GARY SCRIBNER, MEMBER AT LARGE BOARD OF TRUSTEES	0.00	X					2,301.	0.	0.
(6) CHRIS CANTRELL, MEMBER AT LARGE BOARD OF TRUSTEES	0.00	X					852.	0.	0.
(7) MILTON WASHINGTON, MEMBER AT LARGE BOARD OF TRUSTEES	0.00	X					0.	0.	0.
(8) DAVID A. DOUIN EXECUTIVE DIRECTOR	40.00		X				218,533.	0.	32,544.
(9) RICHARD L. ALLISON ASST. EXEC. DIRECTOR - ADM	40.00			X			177,510.	0.	46,669.
(10) MARSHA HARVEY CONTROLLER	40.00				X		138,809.	0.	11,427.
(11) CHARLES WITHERS ASST. EXEC. DIRECTOR - TEC	40.00				X		142,268.	0.	24,025.
(12) VICTOR BOGOSIAN FIELD STAFF	40.00				X		119,001.	0.	29,472.
(13) TERRY PARKS MANAGER - FIELD SERVICES	40.00				X		113,614.	0.	22,033.
(14) JOSEPH BALL DIRECTOR - PRESSURE RELIEF	40.00				X		108,646.	0.	21,193.
(15) PAUL BRENNAN	40.00				X		100,405.	0.	22,105.

# THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DEWEY ANGLIN 907 N. JUNIPER, JENKS, OK 74034	AUDIT SERVICES	207,497.
JACK BULLER 31 A STREET, GALT, CA 95632	AUDIT SERVICES	193,011.
CAHOON ENTERPRISES, INC. 1521 CONNOLLY DRIVE, KENNESAW, GA 30144	AUDIT SERVICES	171,527.
DILIP VADODARIA, 8935 PUERTO DEL RIO DRIVE, CAPE CANAVERAL, FL 32920	AUDIT SERVICES	167,847.
ARTHUR E. ADKINS P.O. BOX 275, TALCOTT, WV 24981	AUDIT SERVICES	140,891.

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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f					
g Noncash contributions included in lines 1a-1f \$						
h <b>Total. Add lines 1a-1f</b>						
<b>Program Service Revenue</b>						
2 a REVIEWS, CERTIFICATION	Business Code 541900	6,899,960.	6,899,960.			
b DATA REGISTRATIONS		5,761,923.	5,761,923.			
c TRAINING, COMMISSIONING		1,370,146.	1,370,146.			
d						
e						
f All other program service revenue	541900	56,280.	56,280.			
g <b>Total. Add lines 2a-2f</b>		14088309.				
<b>Other Revenue</b>						
3 Investment income (including dividends, interest, and other similar amounts)		► 375,473.	375,473.			
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6 a Gross rents	(i) Real	(ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)		►				
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses	3336973.					
c Gain or (loss)	2801045.					
d Net gain or (loss)	535,928.		►	535,928.	535,928.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events		►				
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		►				
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		►				
<b>Miscellaneous Revenue</b>	Business Code					
11 a UNREALIZED INV. LOSSES	541900	<1300352.	><1300352.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		► <1300352.	►			
12 Total revenue. See instructions		► 13699358.	13699358.	0.	0.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	12,500.	12,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	500,720.		500,720.	
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	4,651,164.	3,394,457.	1,256,707.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	690,209.	492,914.	197,295.	
9 Other employee benefits	1,444,833.	982,002.	462,831.	
10 Payroll taxes	410,179.	295,204.	114,975.	
11 Fees for services (non-employees):				
a Management	321,837.	21,750.	300,087.	
b Legal	107,941.		107,941.	
c Accounting	51,070.		51,070.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,585,012.	1,585,012.		
12 Advertising and promotion				
13 Office expenses	192,998.	92,819.	100,179.	
14 Information technology	116,564.	5,156.	111,408.	
15 Royalties				
16 Occupancy				
17 Travel	927,807.	414,419.	513,388.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	501,199.	439,180.	62,019.	
23 Insurance	81,906.	70,536.	11,370.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount; list line 24e expenses on Schedule O)				
a REPAIRS & MAINTENANCE	527,241.	448,847.	78,394.	
b MISCELLANEOUS EXPENSES	355,446.	161,591.	193,855.	
c TELECOMMUNICATIONS & UT	226,115.	173,483.	52,632.	
d POSTAGE	225,330.	172,700.	52,630.	
e All other expenses	184,383.	134,301.	50,082.	
25 Total functional expenses. Add lines 1 through 24e	13,114,454.	8,896,871.	4,217,583.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ►  if following SOP 98-2 (ASC 958-720)

THE NATIONAL BOARD OF BOILER AND  
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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,095,378.	2	3,910,335.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,129,142.	4	1,384,113.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	81,763.	9	81,178.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,799,865.		
	b Less: accumulated depreciation	6,134,146.	10c	12,665,719.
	11 Investments - publicly traded securities	14,172,319.	11	14,361,890.
	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	3,011.	15	6,144.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	30,534,759.	16	32,409,379.
Liabilities	17 Accounts payable and accrued expenses	578,621.	17	535,229.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,281,906.	25	13,218,062.
	26 Total liabilities. Add lines 17 through 25	7,860,527.	26	13,753,291.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,674,232.	27	18,656,088.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	22,674,232.	33	18,656,088.
	34 Total liabilities and net assets/fund balances	30,534,759.	34	32,409,379.

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THE NATIONAL BOARD OF BOILER AND  
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**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	13,699,358.
2 Total expenses (must equal Part IX, column (A), line 25)	2	13,114,454.
3 Revenue less expenses. Subtract line 2 from line 1	3	584,904.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,674,232.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	<4,603,048.>
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,656,088.

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
b Were the organization's financial statements audited by an independent accountant?  
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
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 separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2011)

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS** Employer identification number **31-4262510**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

THE NATIONAL BOARD OF BOILER AND  
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Schedule D (Form 990) 2011

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

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

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

1a Beginning of year balance  
b Contributions  
c Net investment earnings, gains, and losses  
d Grants or scholarships  
e Other expenditures for facilities and programs  
f Administrative expenses  
g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

by:

(i) unrelated organizations  
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

3b

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,276,408.		2,276,408.
b Buildings		11,704,029.	3,171,359.	8,532,670.
c Leasehold improvements				
d Equipment	3,346,818.	2,014,143.	1,332,675.	
e Other	1,472,610.	948,644.	523,966.	

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

► 12,665,719.

Schedule D (Form 990) 2011

THE NATIONAL BOARD OF BOILER AND  
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Schedule D (Form 990) 2011

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COST	7,754,410.
(3) ACCRUED POSTRETIREMENT BENEFIT	2,602,714.
(4) ACCRUED SICK & VACATION	747,170.
(5) DEPOSITS: SHOP REVIEWS	1,094,152.
(6) DEPOSITS: ACCREDITATION PROGRAMS	608,588.
(7) DEPOSITS: TRAINING & MISCELLANEOUS	411,028.
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► 13,218,062.

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

2. FIN 48 (ASC 740)

132053  
01-23-12

Schedule D (Form 990) 2011

THE NATIONAL BOARD OF BOILER AND  
PRESSURE VESSEL INSPECTORS

Schedule D (Form 990) 2011

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

1	13,699,358.
2	13,114,454.
3	584,904.
4	
5	
6	
7	
8	<4,603,048. >
9	<4,603,048. >
10	<4,018,144. >

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	14,999,710.
2	
2a	
2b	
2c	
2d	
2e	0.
3	14,999,710.
4	
4a	<49,305. >
4b	<1,251,047. >
4c	<1,300,352. >
5	13,699,358.

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

1	13,114,454.
2	
2a	
2b	
2c	
2d	
2e	0.
3	13,114,454.
4	
4a	
4b	
4c	0.
5	13,114,454.

**Part XIV | Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 – OTHER ADJUSTMENTS:

CHANGE IN FUNDING STATUS OF PENSION AND POSTRETIREEMENT

BENEFITS

-4,603,048.

PART XII, LINE 4B – OTHER ADJUSTMENTS:

NET UNREALIZED LOSSES

-1,251,047.

**SCHEDULE F**  
**(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization

THE NATIONAL BOARD OF BOILER AND  
PRESSURE VESSEL INSPECTORS

Employer identification number

31-4262510

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	1	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	115,341.
EUROPE	0	5	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	144,020.
EUROPE	0	0	PROGRAM SERVICES	TRAINING & COMMISSIONING	12,137.
EAST ASIA & PACIFIC	0	14	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	179,176.
SOUTH AMERICA	0	0	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	16,421.
MIDDLE EAST & NORTH AFRICA	0	1	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	72,204.
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	7,433.
RUSSIA	0	0	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	450.
<b>3 a Sub-total</b>	<b>0</b>	<b>21</b>			<b>547,182.</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>2</b>			<b>46,520.</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>0</b>	<b>23</b>			<b>593,702.</b>

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

Schedule F (Form 990) 2011

THE NATIONAL BOARD OF BOILER AND  
PRESSURE VESSEL INSPECTORS

Schedule F (Form 990)

31-4262510 Page 1

**Part I Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	2	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	44,360.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	REVIEWS & CERTIFICATIONS	2,160.
Totals ►		2			46,520.

Page 2 •

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

**Recipient** who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II was his chivalric tale of adventure.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501 (c)(3) equivalency letter

THE NATIONAL BOARD OF BOILER AND  
PRESSURE VESSEL INSPECTORS

**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.

Part III can be duplicated if additional space is needed

THE NATIONAL BOARD OF BOILER AND  
PRESSURE VESSEL INSPECTORS

Schedule F (Form 990) 2011

31-4262510 Page 4

**Part IV Foreign Forms**

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

Schedule F (Form 990) 2011



THE NATIONAL BOARD OF BOILER AND  
PRESSURE VESSEL INSPECTORS

Schedule I (Form 990) (2011)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TECHNICAL SCHOLARSHIP	1	6,000.	0.		
TECHNICAL SCHOLARSHIP	1	6,000.	0.		

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

**SCHEDULE I, PART I, LINE 2: THE ORGANIZATION ENSURES THAT THE GRANT/SCHOLARSHIP RECIPIENTS ARE ENROLLED IN A CREDIBLE EDUCATIONAL INSTITUTION AND ISSUES THE CHECKS PAYABLE TO THE EDUCATION INSTITUTION WITH THE STIPULATION THAT THE FUNDS ARE TO BE USED FOR TUITION, FEES AND BOOKS ONLY. FURTHER, THE ORGANIZATION INFORMS THE EDUCATIONAL INSTITUTION THAT IF THE STUDENT RECIPIENT DROPS BELOW FULL-TIME STATUS AS A STUDENT THAT ANY UNUSED FUNDS ARE TO BE RETURNED TO THE ORGANIZATION.**

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

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization	THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS	Employer identification number
		31-4262510

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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

Schedule J (Form 990) 2011

THE NATIONAL BOARD OF BOILER AND  
PRESSURE VESSEL INSPECTORS

31-4262510

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii):  
Do not list any individuals that are not listed on Form 990, Part VII.**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID A. DOUIN	218,533.	0.	0.	6,624.	25,920.	251,077.	0.
2 RICHARD L. ALLISON	177,510.	0.	0.	28,284.	18,385.	224,179.	0.
3	0.	0.	0.	0.	0.	0.	0.
4	0.	0.	0.	0.	0.	0.	0.
5	0.	0.	0.	0.	0.	0.	0.
6	0.	0.	0.	0.	0.	0.	0.
7	0.	0.	0.	0.	0.	0.	0.
8	0.	0.	0.	0.	0.	0.	0.
9	0.	0.	0.	0.	0.	0.	0.
10	0.	0.	0.	0.	0.	0.	0.
11	0.	0.	0.	0.	0.	0.	0.
12	0.	0.	0.	0.	0.	0.	0.
13	0.	0.	0.	0.	0.	0.	0.
14	0.	0.	0.	0.	0.	0.	0.
15	0.	0.	0.	0.	0.	0.	0.
16	0.	0.	0.	0.	0.	0.	0.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization	THE NATIONAL BOARD OF BOILER AND PRESSURE VESSEL INSPECTORS	Employer identification number 31-4262510
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

LAWS, RULES AND REGULATIONS. PROMOTE STANDARDS FOR ACCEPTANCE OF  
BOILERS, PRESSURE VESSELS, PARTS & APPURTENANCES TO ENSURE THEIR SAFE  
OPERATION. PROMOTE SAFETY TESTING FACILITIES FOR SAFETY RELIEF VALVES  
AND TO DISSEMINATE THIS INFORMATION IN THE INTEREST OF PUBLIC SAFETY.

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

ITEMS AND THEIR APPURTENANCES, THEREBY ASSURING ACCEPTANCE AND  
INTERCHANGEABILITY AMONG JURISDICTIONAL AUTHORITIES.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

OTHER PROGRAM REVENUE  
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 56,280.

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

CHANGE IN FUNDING STATUS OF PENSION AND POSTRETIREMENT

BENEFITS -4,603,048.

**The National Board of Boiler and Pressure Vessel Inspectors**  
**EIN: 31-4262510**  
**Year Ended June 30, 2012**  
**Form 990, Page 2, Part III, Line 4**

**Exempt Purpose Achievements**

***Data Reports Registrations***

Registered 1,521,114 items via manufacturers' reports certifying these items were constructed and/or repaired in accordance with uniform safety standards, the ASME Boiler and Pressure Vessel Code and the National Board Inspection Code, copies of which are made available to National Board members to assist them in their respective duties of enforcement of boiler and pressure vessel safety rules and regulations within their respective jurisdictions. We also supplied 34,498 copies of previously-registered data reports to enable those items to be repaired and/or altered in accordance with uniform safety standards.

***Testing, Reviewing, and Accrediting Quality Control Programs for Compliance with Safety Standards***

We conducted 2,101 tests of safety relief valves, 1,147 reviews of quality control programs, and accredited 1,605 entities for the purpose of assuring compliance with the uniform safety standards of the ASME boiler and Pressure Vessel Code and/or the National Board Inspection Code. We provided over 5,000 copies of the 2011 Edition of the National Board Inspection Code, the safety standard for inspection and repair of boilers and pressure vessels.

***Training and Commissioning of Inspectors in the Requirements of Safety Standards***

We trained over 1,500 students and commissioned 4,000 inspectors in the requirements of the ASME Boiler and Pressure Vessel Code and National Board Inspection Code in an effort to maintain uniform qualifications of inspectors and assurance of compliance with the uniform safety standards of the ASME Boiler and Pressure Vessel Code and the National Board Inspection Code.

**The National Board of Boiler and Pressure Vessel Inspectors**  
**EIN: 31-4262510**  
**Year Ended June 30, 2012**

**Schedule O Continuation**

**Part VI, Section A**

**Line 6:**

Membership of The National Board consists of individuals employed by a jurisdictional authority as the Chief Inspector, or other official, charged with the enforcement of boiler and pressure vessel laws. The Chief Inspectors for virtually every state of the United States and provinces of Canada are members.

**Line 7a:**

Members of the Board of Trustees are elected by a majority vote of the members present and voting during any general or special meeting.

**Line 7b:**

The following is a list of decisions which require approval by the members:

1. Changes to the Constitution and Articles of Incorporation
2. Election of members of the Board of Trustees
3. Election of the Executive Director
4. Election of Honorary Members
5. Removal of a member of the Board of Trustees upon appeal
6. Removal of an Executive Director

**Part VI, Section B**

**Line 11b:**

The Form 990 is subjected to the following process for review:

The data and information are accumulated and organized internally by the controller and forwarded to an outside accounting firm for preparation of Form 990. The controller and the accounting firm jointly review the detail information and the tax return as prepared by the outside accounting firm. Prior to filing the Form 990, it is forwarded to outside legal counsel for a final review before being presented to the Executive Director for final review and signing.

**Line 12c:**

At the time of appointment to the Board of Trustees and annually thereafter, trustees must sign a conflict of interest statement. At the beginning of each meeting of the Board of Trustees, the trustees are reminded of their responsibility as it relates to any potential conflicts of interest. For employees, they must sign at the time of hire and annually thereafter, a conflict of interest statement which requires them to disclose any potential conflict and attest to their compliance with the conflict of interest policy.

**The National Board of Boiler and Pressure Vessel Inspectors**  
**EIN: 31-4262510**  
**Year Ended June 30, 2012**

**Schedule O Continuation**

**Part VI, Section B**

Line 15a:

- CEO

The organization employed a compensation consulting firm specializing in the compensation practices of non-profit organizations to provide "comparability data" for ranges of reasonable compensation for the position of Executive Director. The information provided in the compensation consulting firm's "Executive Compensation Report" was used by the Board of Trustees as a basis for determining the Executive Director's compensation. Minutes of the meeting were taken to document the decisions reached by the Board of Trustees' members.

Line 15b:

- Other Officers and Key Employees

Compensation information provided by "Compdata Surveys", a Dolan Technology Corporation, is used for comparability data for "other officers and key employees" as well as all positions of the National Board. It is the basis for establishing salary ranges within the organization that are comparable to those in other organizations. Any adjustments to salary must be approved by the Executive Director and formally documented.

**Part VI, Section C**

Line 19:

All governing documents, conflict of interest policy and financial statements are available upon request.