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Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form 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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

# 2012

Open to Public  
Inspection

**A** For the 2012 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ELECTRICAL TRAINING NETWORK, AN EDUCATIONAL TRUST FUND**

**D** Employer identification number  
**41-1843981**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**3100 HUMBOLDT AVE S**

**E** Telephone number  
**(612) 827-6117**

City or town, state or country, and ZIP + 4  
**MINNEAPOLIS, MN 55408**

**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **WWW.ELECTRICALASSOCIATION.COM**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 97,517.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

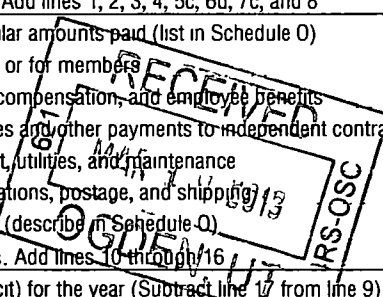
Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																											
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																91,781.												
b	Less: cost of goods sold																52,336.												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																39,445.												
8	Other revenue (describe in Schedule O) SEE SCHEDULE O																5,736.												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																45,181.												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O																33,162.											
17	Total expenses. Add lines 10 through 16																33,162.												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																12,019.											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																-1,966.											
	20	Other changes in net assets or fund balances (explain in Schedule O)																0.											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																10,053.											

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

SCANNED MAR 27 2013



Handwritten initials



ELECTRICAL TRAINING NETWORK, AN

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/> .		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	MN	
42a	The organization's books are in care of	JUDI RUBIN/MINNESOTA ELECTRI Telephone no. 612-827-6117	
	Located at	3100 HUMBOLDT AVE S, MINNEAPOLIS, MN ZIP + 4 55408	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

ELECTRICAL TRAINING NETWORK, AN EDUCATIONAL TRUST FUND

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 2 columns: Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 2 columns: Yes, No. Row 47: Yes (empty), No (X)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 2 columns: Yes, No. Row 48: Yes (empty), No (X)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Yes, No. Row 49a: Yes (empty), No (X)

b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (b) Average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

X Yes No

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

Type or print name and title

Signature: Steve Erchul, Date: 3/12/12, Name: STEVE ERCHUL, CPA

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name; Preparer's signature; Date; Check if self-employed; PTIN. Row 1: STEVE ERCHUL, CPA; STEVE ERCHUL, CPA; [empty]; [empty]; P00445163

Table with 2 columns: Firm's name; Firm's EIN; Firm's address; Phone no. Row 1: SMITH, SCHAFFER AND ASSOC., LTD.; 41-1849071; 6800 FRANCE AVE SO., SUITE 178 EDINA, MN 55435-2004; 952-920-1455

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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-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 <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

ELECTRICAL TRAINING NETWORK, AN

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		50.				50.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	133,409.	91,836.	38,324.	80,473.	91,781.	435,823.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	133,409.	91,886.	38,324.	80,473.	91,781.	435,873.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6)						435,873.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	133,409.	91,886.	38,324.	80,473.	91,781.	435,873.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151.	8.	4.	2.		165.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	151.	8.	4.	2.		165.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,579.	5,039.	1,685.	4,574.	5,736.	25,613.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	142,139.	96,933.	40,013.	85,049.	97,517.	461,651.

**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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	94.42 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	16	94.66 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.04 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	18	.08 %

**19a 33 1/3% support tests - 2012.** 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 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 - 2011.** 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 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

**2012**

Open to Public  
Inspection

Name of the organization **ELECTRICAL TRAINING NETWORK, AN  
EDUCATIONAL TRUST FUND** Employer identification number  
**41-1843981**

**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:**

**INCOME:**

<b>1. GROSS RECEIPTS</b>	<b>91,781.</b>
<b>2. RETURNS AND ALLOWANCES</b>	<b>0.</b>
<b>3. LINE 1 LESS LINE 2</b>	<b>91,781.</b>
<b>4. COST OF GOODS SOLD (LINE 13)</b>	<b>52,336.</b>
<b>5. GROSS PROFIT (LINE 3 LESS LINE 4)</b>	<b>39,445.</b>

**COST OF GOODS SOLD:**

<b>6. INVENTORY AT BEGINNING OF YEAR</b>	<b>0.</b>
<b>7. MERCHANDISE PURCHASED</b>	<b>49,813.</b>
<b>8. COST OF LABOR</b>	<b>0.</b>
<b>9. MATERIALS AND SUPPLIES</b>	<b>0.</b>
<b>10. OTHER COSTS</b>	<b>2,523.</b>
<b>11. ADD LINES 6 THROUGH 10</b>	<b>52,336.</b>
<b>12. INVENTORY AT END OF YEAR</b>	<b>0.</b>
<b>13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)</b>	<b>52,336.</b>

**FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:**

<b>DESCRIPTION OF OTHER COSTS:</b>	<b>AMOUNT:</b>
<b>FREIGHT</b>	<b>2,523.</b>

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

<b>DESCRIPTION OF OTHER REVENUE:</b>	<b>AMOUNT:</b>
<b>FREIGHT</b>	<b>5,736.</b>

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**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

**2012**  
Open to Public  
Inspection

Name of the organization **ELECTRICAL TRAINING NETWORK, AN  
EDUCATIONAL TRUST FUND** Employer identification number  
**41-1843981**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADMINISTRATIVE SERVICES TO RELATED PARTY	32,820.
OFFICE SUPPLIES & EXP	342.
TOTAL TO FORM 990-EZ, LINE 16	33,162.

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EDUCATION TRUST FUND	874.	9,313.
NOTE RECEIVABLE FROM RELATED PARTY	0.	8,813.
TOTAL TO FORM 990-EZ, LINE 24	874.	18,126.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
TRUST FUND LIABILITY	874.	9,313.
NOTE PAYABLE TO RELATED PARTY	3,151.	0.
TOTAL TO FORM 990-EZ, LINE 26	4,025.	9,313.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ETN IS ORGANIZED AND  
OPERATED EXCLUSIVELY FOR EDUCATIONAL PURPOSES IN ACCORDANCE WITH  
509(A)(2) OF THE INTERNAL REVENUE CODE ESTABLISHED AS A 501(C)(3)  
ENTITY. ETN USES ITS ASSETS AND NET EARNINGS TO FUND THE DEVELOPMENT  
AND PUBLICATION OF WRITTEN CURRICULA FOR AN APPRENTICESHIP TRAINING  
PROGRAM AND OTHER TRAINING PURPOSES TO ASSIST IN THE TRAINING AND  
DEVELOPMENT OF INDIVIDUALS WHO DESIRE TO ACQUIRE SKILLS AND INCREASE  
THEIR CAPABILITIES AS EMPLOYEES OR SUPERVISORS WITHIN THE ELECTRICAL  
INDUSTRY IN MINNESOTA AND OTHER STATES.**

**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

**2012**

Open to Public  
Inspection

Name of the organization	<b>ELECTRICAL TRAINING NETWORK, AN EDUCATIONAL TRUST FUND</b>	Employer identification number <b>41-1843981</b>
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FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Electrical Training Network Trustees  
As of 2/22/2013

Name/Address	Position	Begin Date	End Date
<b>James E. Fisher</b> Owner Fisher Electric of Thief River Falls Inc 16598 150th St NE Thief River Falls, MN 56701 Work Phone: (218) 681-1884 Fax: (218) 681-4788	Member	4/9/2008	4/8/2014
<b>David Helgeson</b> Owner Helgeson Electric Inc 793 240th St Baldwin, WI 54002 Work Phone: (715) 684-2402 Fax: (715) 684-2602	Treasurer	3/20/2009	4/30/2015
<b>Tom Heng</b> Magnum Electric Inc 1810 23rd St S Moorhead, MN 56560 Work Phone: 701-238-7082 Fax: (218) 236-8764	Member	4/18/2012	3/31/2013
<b>Kenneth J. Javens</b> Owner Javens Electric Inc 59170 Madison Ave Mankato, MN 56001 Work Phone: (507) 388-3288 Fax: (507) 388-4985	Chair	4/9/2008	4/8/2014
<b>Jeff Kunkel</b> Kunkel Electric Inc 58799 142nd St Mapleton, MN 56065 Work Phone: (507) 524-3170 Fax: (507) 524-3093	Member	3/20/2009	4/30/2015
<b>John J. Kuntz</b> Owner Kuntz Electric Inc 1847 3rd Ave SE Rochester, MN 55904 Work Phone: (507) 285-9658 Fax: (507) 285-1131	Member	3/20/2009	4/30/2015
<b>Jay Malstrom</b> Malstrom Electric Inc 12375 Cty Hwy 17 Detroit Lakes, MN 56501 Work Phone: (218) 847-3132 Fax: (218) 847-2407	Member	4/18/2012	3/31/2018
<b>Mark Moderow</b> Grotberg Electric Inc 1109 W Main St Valley City, ND 58072 Work Phone: (701) 566-1965 Fax: (701) 845-3013	Secretary	4/18/2012	3/31/2017

Electrical Training Network Trustees  
As of 2/22/2013

Name/Address	Position	Begin Date	End Date
<b>Judith A. Rubin</b> President Minnesota Electrical Association 2719 Sunset Blvd Minneapolis, MN 55416 Work Phone: (612) 827-6117 Fax: (612) 827-0920	Ex Officio	10/5/1999	12/31/2020
<b>Jason Seanger</b> Melrose Electric Inc 119 N 8th Ave W PO Box 234 Melrose, MN 56352 Work Phone: (320) 256-3846 Fax: (320) 256-4240	Member	4/18/2012	3/31/2017
<b>Brian Welling</b> Owner Fulda Electric Service Inc PO Box 348 1009 9th Avenue North Brandon, SD 57005 Work Phone: 605 582-7669 Fax: (605) 582-7869	Vice Chair	3/20/2009	4/30/2015
<b>Total Records</b>			11