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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

**2012**Open to Public  
Inspection

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

**A** For the 2012 calendar year, or tax year beginning **APR 1, 2012** and ending **MAR 31, 2013****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**1101 30TH STREET NW**

Room/suite

**200**

City, town, or post office, state, and ZIP code

**WASHINGTON, DC 20007****F** Name and address of principal officer **LAWRENCE T. GRAHAM  
SAME AS C ABOVE****D** Employer identification number**36-1521980****E** Telephone number**202-534-1440****G** Gross receipts \$**13,738,090.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c)( 6 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CANDYUSA.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1884** **M** State of legal domicile: **VA****Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <b>SEE PART III, LINE 1.</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)	<b>45</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>45</b>	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>33</b>	
	6	Total number of volunteers (estimate if necessary)	<b>45</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>808,977.</b>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>		
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>0.</b>	<b>422,800.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>14,637,731.</b>	<b>12,484,603.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>131,268.</b>	<b>117,076.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,950.</b>	<b>52,324.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,774,949.</b>	<b>13,076,803.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>876,785.</b>	<b>638,176.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-7)	<b>3,522,000.</b>	<b>3,746,465.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11a)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0.</b>	<b>0.</b>
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>9,981,923.</b>	<b>8,315,534.</b>	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,380,708.</b>	<b>12,700,175.</b>	
19	Revenue less expenses - Subtract line 18 from line 12	<b>394,241.</b>	<b>376,628.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>10,927,362.</b>	<b>10,409,777.</b>
	21	Total liabilities (Part X, line 26)	<b>8,133,592.</b>	<b>6,979,082.</b>
	22	Net assets or fund balances - Subtract line 21 from line 20	<b>2,793,770.</b>	<b>3,430,695.</b>

**Part II** Signature Block

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

Sign Here	Signature of officer	<i>Lawrence T. Graham</i>	Date	<b>Mar 31, 2013</b>
	<b>LAWRENCE T. GRAHAM, PRESIDENT</b> Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	<b>DAVID F. GRALING CPA</b>	Preparer's signature	<i>David F. Graling</i> CPA
	Firm's name	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b>		Firm's EIN
	Firm's address	<b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>		Phone no. (301) 951-9090

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

☒ Yes☐ No

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**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:

NCA WAS ORGANIZED TO FOSTER THE GROWTH AND ADVANCEMENT OF THE  
CONFECTIONERY AND CHOCOLATE INDUSTRY BY REPRESENTING THE INDUSTRY AND  
ITS CUSTOMERS IN REGULATORY MATTERS, COMMUNICATING INFORMATION ABOUT  
CONFECTIONERY AND CHOCOLATE PRODUCTS TO THE PUBLIC AND THE INDUSTRY,

2 Did the organization undertake any significant program services during the year which were not listed on  
the prior Form 990 or 990 EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

GOVERNMENT AND PUBLIC RELATIONS - EDUCATES AND INFORMS THE GENERAL  
PUBLIC AND GOVERNMENT OFFICIALS ABOUT ISSUES CONCERNING THE  
CONFECTIONERY INDUSTRY. IN ADDITION, NCA PARTNERS WITH GOVERNMENT TO  
REDUCE THE WORST FORMS OF CHILD LABOR IN THE COCOA SECTOR.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

CONVENTION AND MEMBER SERVICES - EDUCATES AND INFORMS MEMBERS ABOUT  
ISSUES CONCERNING THE CONFECTIONERY INDUSTRY THROUGH CONVENTIONS, EXPO  
AND GENERAL ASSOCIATION SERVICES.

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

DATA AND RESEARCH - INDEPENDENT ORIGINAL RESEARCH TO HELP THE INDUSTRY  
UNDERSTAND THE CURRENT ENVIRONMENT AND THE EVOLVING NEEDS OF ITS  
CONSUMERS.

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>		<b>X</b>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> 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>	<b>X</b>	
<b>4</b> <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>	<b>N/A</b>	
<b>5</b> 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>	<b>X</b>	
<b>6</b> 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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>		<b>X</b>
<b>10</b> 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>		<b>X</b>
<b>11</b> 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		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> 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 and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> 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>	<b>X</b>	
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> 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>		<b>X</b>
<b>18</b> 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>		<b>X</b>
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <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? <i>If "Yes," complete Schedule L, Part I</i>	<b>N/A</b>	
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	<b>N/A</b>	
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>X</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>N/A</b>	
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>X</b>	

**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	27		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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	33		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?		X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X	
7 <b>Organizations that may receive deductible contributions under section 170(c).</b> N/A			
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?			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 <b>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? N/A			
9 <b>Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966? N/A			
b Did the organization make a distribution to a donor, donor advisor, or related person? N/A			
10 <b>Section 501(c)(7) organizations.</b> Enter			
a Initiation fees and capital contributions included on Part VIII, line 12 N/A			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 <b>Section 501(c)(12) organizations.</b> Enter			
a Gross income from members or shareholders N/A			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a <b>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 N/A			
13 <b>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? N/A			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
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

		Yes	No
<b>1a</b> 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.	45		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	45		
<b>2</b> 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?	2		X
<b>3</b> 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?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6	X	
<b>7a</b> 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?	7a	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> 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	9		X

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a		X
<b>b</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?	10b		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
<b>13</b> Did the organization have a written whistleblower policy?	13	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X	
<b>b</b> Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
<b>b</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?	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    ☐ Other (explain in Schedule O)

**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 ▶  
**TRACY THOMPSON - 202-534-1440**  
**1101 30TH STREET NW, NO. 200, WASHINGTON, DC 20007**

**NATIONAL CONFECTIONERS ASSOCIATION OF**

Form 990 (2012)

**THE UNITED STATES INC**

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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 (list any hours for related organizations below line)	(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	Former			
(1) ROBERT M. SIMPSON, JR. CHAIRMAN	2.00	X		X				0.	0.	0.
(2) PETER W. BLOMMER VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(3) JOSEPH VITTORIA TREASURER	0.50	X		X				0.	0.	0.
(4) SCOTT ALBANESE BOARD MEMBER	0.30	X						0.	0.	0.
(5) RICK BRINDLE BOARD MEMBER	0.30	X						0.	0.	0.
(6) MARTINO CARETTO BOARD MEMBER	0.30	X						0.	0.	0.
(7) GREG CATER BOARD MEMBER	0.30	X						0.	0.	0.
(8) KATHERINE A. CLARK BOARD MEMBER	0.30	X						0.	0.	0.
(9) MICHAEL COBB BOARD MEMBER	0.30	X						0.	0.	0.
(10) JOSEPH F. DUTRA BOARD MEMBER	0.30	X						0.	0.	0.
(11) ELLEN R. GORDON BOARD MEMBER	0.30	X						0.	0.	0.
(12) PATRICK HAGERTY BOARD MEMBER	0.30	X						0.	0.	0.
(13) BETSY ANN HARRIS BOARD MEMBER	0.30	X						0.	0.	0.
(14) LEE V. HARTMAN BOARD MEMBER	0.30	X						0.	0.	0.
(15) THOMAS J. JOYCE BOARD MEMBER	0.30	X						0.	0.	0.
(16) SUSAN KARL BOARD MEMBER	0.30	X						0.	0.	0.
(17) MICHAEL KOCH BOARD MEMBER	0.30	X						0.	0.	0.



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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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	Former			
(18) JENNIFER MARTIN BOARD MEMBER	0.30	X						0.	0.	0.
(19) GREG MCCORMACK BOARD MEMBER	0.30	X						0.	0.	0.
(20) KEITH W. MCDANIEL BOARD MEMBER	0.30	X						0.	0.	0.
(21) BENJAMIN MCGLAUGHLIN BOARD MEMBER	0.30	X						0.	0.	0.
(22) ERIC H. OSTROW BOARD MEMBER	0.30	X						0.	0.	0.
(23) GARY L. PARKER BOARD MEMBER	0.30	X						0.	0.	0.
(24) MATTHEW J. PYE BOARD MEMBER	0.30	X						0.	0.	0.
(25) LINDA G. SAHAGIAN BOARD MEMBER	0.30	X						0.	0.	0.
(26) STUART SELARNICK BOARD MEMBER	0.30	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,814,052.	0.	295,036.
<b>d Total (add lines 1b and 1c)</b>								1,814,052.	0.	295,036.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

	Yes	No
<b>3</b> 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>		X
<b>4</b> 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>	X	
<b>5</b> 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>		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
PROGRESS, 10335 BEREA ROAD, SUITE B, CLEVELAND, OH 44102	PUBLISHING SERVICES	480,716.
OLSSON FRANK & WEEDA, 1400 SIXTEENTH STREET, NW #400, WASHINGTON, DC 20036	LEGAL & LOBBYING	216,895.
PODESTA GROUP, 1001 G STREET, NW, SUITE 990 EAST, WASHINGTON, DC 20001	LEGAL & LOBBYING	172,084.
FOODMINDS, LLC 26249 NETWORK PLACE, CHICAGO, IL 60673-1262	HEALTH & NUTRITION SERVICES	163,353.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2012)

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

Form 990 (2012)

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**Part VIII Statement of Revenue**

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

			(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	422,800.			
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>		422,800.			
<b>Program Service Revenue</b>	Business Code					
	2 a TRADE RELATIONS	900099	7,444,904.	6,830,505.	614,399.	
	b MEMBERSHIP DUES	900099	3,951,905.	3,951,905.		
	c ANNUAL CONFERENCE	900099	849,261.	849,261.		
	d NCA JOURNAL	900099	191,559.		191,559.	
	e PUBLIC AFFAIRS	900099	29,405.	29,405.		
	f All other program service revenue	900099	17,569.	14,550.	3,019.	
	<b>g Total. Add lines 2a-2f</b>		12,484,603.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		128,970.			128,970.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		62,388.			62,388.
	6 a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		-14,136.			-14,136.
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		-11,894.			-11,894.
	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					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	900099	4,072.			4,072.	
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>		4,072.				
<b>12 Total revenue See instructions</b>		13,076,803.	11,675,626.	808,977.	169,400.	

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

Form 990 (2012)

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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)

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	638,176.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
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	1,229,431.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,828,054.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	227,408.			
9 Other employee benefits	294,296.			
10 Payroll taxes	167,276.			
11 Fees for services (non-employees)				
a Management				
b Legal	321,324.			
c Accounting	45,383.			
d Lobbying	289,890.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,661,566.			
12 Advertising and promotion				
13 Office expenses	543,775.			
14 Information technology	128,235.			
15 Royalties				
16 Occupancy	361,754.			
17 Travel	1,163,297.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,761,765.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,052.			
23 Insurance	40,475.			
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 <u>MAP MARKET RESEARCH</u>	533,286.			
b <u>GIG-ILO PROJECT FUNDING</u>	500,000.			
c <u>PRINTING AND DESIGN</u>	411,198.			
d <u>EQUIP. RENTAL/MAINT.</u>	134,183.			
e All other expenses	216,351.			
25 Total functional expenses. Add lines 1 through 24e	12,700,175.			
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)

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

Form 990 (2012)

36-1521980 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	2,607,669.	1	1,562,582.
	<b>2</b> Savings and temporary cash investments	1,117,675.	2	1,230,622.
	<b>3</b> Pledges and grants receivable, net	460,777.	3	565,959.
	<b>4</b> Accounts receivable, net	750,934.	4	378,460.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	<b>6</b> Loans and other 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 instr). Complete Part II of Sch L		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges	806,135.	9	1,143,330.
	<b>10a</b> Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	1,475,255.		
	<b>b</b> Less accumulated depreciation	879,923.		
	<b>11</b> Investments - publicly traded securities	696,685.	10c	595,332.
	<b>12</b> Investments - other securities. See Part IV, line 11	4,029,576.	11	4,901,640.
	<b>13</b> Investments - program-related. See Part IV, line 11		12	
	<b>14</b> Intangible assets		13	
	<b>15</b> Other assets. See Part IV, line 11	457,911.	14	31,852.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	10,927,362.	15	10,409,777.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,218,235.	16	1,314,944.
	<b>18</b> Grants payable		17	
	<b>19</b> Deferred revenue	5,939,069.	18	5,146,658.
	<b>20</b> Tax exempt bond liabilities		19	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		22	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		23	
	<b>25</b> 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	976,288.	24	517,480.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	8,133,592.	25	6,979,082.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		2,793,770.	26	3,430,695.
<b>28</b> Temporarily restricted net assets			27	
<b>29</b> Permanently restricted net assets			28	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			29	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			30	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			31	
<b>33</b> <b>Total net assets or fund balances</b>		2,793,770.	32	3,430,695.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>		10,927,362.	33	10,409,777.

Form **990** (2012)

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

Form 990 (2012)

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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	13,076,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,700,175.
3	Revenue less expenses Subtract line 2 from line 1	3	376,628.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,793,770.
5	Net unrealized gains (losses) on investments	5	259,822.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	475.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,430,695.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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	X	
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?	X	
3b	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	X	

Form **990** (2012)

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	<b>NATIONAL CONFECTIONERS ASSOCIATION OF THE UNITED STATES INC</b>	Employer identification number	<b>36-1521980</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
NCA POLITICAL ACTION COMMITTEE	WASHINGTON, DC 20007	36-1521980	0.	73,486.

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

**SEE PART IV FOR CONTINUATION**

232041  
01-07-13

**NATIONAL CONFECTIONERS ASSOCIATION OF**

Schedule C (Form 990 or 990-EZ) 2012 **THE UNITED STATES INC**

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**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

**NATIONAL CONFECTIONERS ASSOCIATION OF**

Schedule C (Form 990 or 990-EZ) 2012 **THE UNITED STATES INC**

36-1521980 Page 3

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	X	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	3,951,905.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	438,996.
b Carryover from last year	2b	-199,829.
c Total	2c	239,167.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	493,988.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-254,821.

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

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

**NCA POLITICAL ACTION COMMITTEE**

**1101 30TH STREET, NW, SUITE 200 WASHINGTON, DC 20007**



**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

**2012**Open to Public  
InspectionName of the organization **NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC**Employer identification number  
**36-1521980****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 XIII, 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 XIII, the text of the footnote to its financial statements that describes these items

b 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	▶ \$ _____

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

Schedule D (Form 990) 2012

36-1521980 Page 2

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

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

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 XIII and complete the following table

- c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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					

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

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

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

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

**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				
b Buildings				
c Leasehold improvements		645,868.	223,607.	422,261.
d Equipment		562,501.	477,786.	84,715.
e Other		266,886.	178,530.	88,356.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				595,332.

Schedule D (Form 990) 2012

## NATIONAL CONFECTIONERS ASSOCIATION OF

Schedule D (Form 990) 2012

THE UNITED STATES INC

36-1521980 Page 3

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	517,480.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2012

## NATIONAL CONFECTIONERS ASSOCIATION OF

Schedule D (Form 990) 2012

THE UNITED STATES INC

36-1521980 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	13,429,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	259,822.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	92,936.	
e	Add lines 2a through 2d	2e		352,758.
3	Subtract line 2e from line 1	3		13,076,803.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		13,076,803.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	12,771,119.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	70,944.	
e	Add lines 2a through 2d	2e		70,944.
3	Subtract line 2e from line 1	3		12,700,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		12,700,175.

**Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: FOR THE YEAR ENDED MARCH 31, 2013, THE ASSOCIATION HAS**

**DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT**

**PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS**

**DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER**

**RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.**

**THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS**

**SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR**

Schedule D (Form 990) 2012

NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC

Schedule D (Form 990) 2012

36-1521980 Page 5

**Part XIII** Supplemental Information (continued)

THREE YEARS AFTER IT IS FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PAC REVENUE REPORTED IN CONSOLIDATED FINANCIAL 73,486.

STATEMENTS AND EXCLUDED FOR NCA FORM 990 REPORTING.

SUBLEASE EXPENSES INCLUDED AS AN EXPENSE ON THE FINANCIAL 19,136.

STATEMENTS AND NETTED AGAINST SUBLEASE INCOME ON FORM 990,

PART VIII, LINE 6D.

LOSS ON DISPOSAL OF ASSETS SHOWN AS EXPENSE ON FINANCIAL 314.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7C.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 92,936.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PAC EXPENSES REPORTED IN CONSOLIDATED FINANCIAL 51,494.

STATEMENTS AND EXCLUDED FOR NCA FORM 990 REPORTING.

SUBLEASE EXPENSES INCLUDED AS AN EXPENSE ON THE FINANCIAL 19,136.

STATEMENTS AND NETTED AGAINST SUBLEASE INCOME ON FORM 990,

PART VIII, LINE 6D.

LOSS ON DISPOSAL OF ASSETS SHOWN AS EXPENSE ON FINANCIAL 314.

STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7C.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 70,944.

Schedule D (Form 990) 2012

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

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

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

Employer identification number

**36-1521980****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"  
to Form 990, Part IV, line 14b

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ISM CONFERENCE EXPENSES (HELD IN GERMANY)	395,178.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	GULFOOD 2013 SPACE CONTRACT	54,370.
<b>3 a</b> Sub-total	0	0			449,548.
<b>b</b> Total from continuation sheets to Part I	0	0			0.
<b>c</b> Totals (add lines 3a and 3b)	0	0			449,548.

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

Schedule F (Form 990) 2012

NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC

**Part II** Grants and Other Assistance to Organizations or Entires 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. Part II can be duplicated if additional space is needed.

[illegible]

36-1521980

1

**Part III can be duplicated if additional space is needed**

[illegible]



**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) 2012

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC**

Employer identification number  
**36-1521980**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAIIAN HOST 500 ALAKAWA STREET HONOLULU, HI 96817	23-1298301	N/A	5,942.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
ADAMS & BROOKS 1915 S. HOOVER STREET LOS ANGELES, CA 90007	95-1502040	N/A	14,265.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
MADELAINE CHOCOLATE 963 BEACH CHANNEL DRIVE ROCKAWAY BEACH, NY 11693	11-1844700	N/A	21,723.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
SPANGLER CANDY COMPANY 400 N. PORTLAND STREET BYRON, OH 43506	34-4360680	N/A	40,358.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
FRANKFORD CANDY 9300 ASHTON ROAD PHILADELPHIA, PA 19114	23-1298301	N/A	8,811.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
CANDY DYNAMICS/BDI MARKETING P.O. BOX 78541 INDIANAPOLIS, IN 46278	20-5672599	N/A	5,619.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

0.  
15.

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

Schedule I (Form 990) (2012)

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

36-1521980 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN & HALEY P.O. BOX 1596 TACOMA, WA 98401	91-0157130	N/A	7,879.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
PUCKER POWDER 1500 GEORGIA ROAD, BLDG A IRONDALE, AL 35210	63-1187568	N/A	36,855.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
TOPPS COMPANY 1 WHITEHALL STREET NEW YORK, NY 10004	11-2849283	N/A	112,556.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
VERMINTS, INC. 454 WASHINGTON STREET BRAINTREE, MA 02184	03-0366981	N/A	15,831.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
FORD GUM 640 MARGATE DRIVE LINCOLNSHIRE, IL 60069	16-0436120	N/A	31,332.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
WORLD CONFECTIONS 185 30TH STREET BROOKLYN, NY 11232	11-3373298	N/A	300,000.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
SUITY CONFECTIONS 8105 NW 77TH STREET MIAMI, FL 33166	59-2440820	N/A	7,044.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
SQUIRE BOONE VILLAGE P.O. BOX 711 NEW ALBANY, IN 47151	35-1188087	N/A	10,606.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP
TUNG TOOS - FACTORY OF FUN LLC 36 HENRY AVENUE FORT THOMAS, KY 41075	26-2770459	N/A	7,886.	0.			REIMBURSEMENT FOR THE BRANDED PROGRAM UNDER THE MAP

Schedule I (Form 990)

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

**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

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

SCHEDULE I, PART I, LINE 2: GRANTS AND ASSISTANCE ARE MONITORED THROUGH THE A133 REPORTS AND DEPARTMENT OF AGRICULTURE REQUIREMENTS. THE SR. DIRECTOR OF INTERNATIONAL BUSINESS DEVELOPMENT, PREPARES QUARTERLY REPORTS TO THE AGRICULTURE DEPARTMENT. INTERNALLY WE MONITOR IT MONTHLY, THE DEPT OF AGRICULTURE EVERY 2 YEARS HAS ITS OWN AUDIT OF THE PROGRAM.

**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

**2012**

Open to Public Inspection

Name of the organization

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

Employer identification number

**36-1521980**

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☒ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**1b**

**X**

**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?

**2**

**X**

**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, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☒ 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?

**4a**

**X**

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b**

**X**

**c** Participate in, or receive payment from, an equity based compensation arrangement?

**4c**

**X**

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?

**5a**

**b** Any related organization?

**5b**

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?

**6a**

**b** Any related organization?

**6b**

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.

**7**

**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.

**8**

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

**9**

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

Schedule J (Form 990) 2012

NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed
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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) 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.

[illegible]

NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC

Schedule J (Form 990) 2012

36-1521980

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: WE PROVIDE SPOUSE TRAVEL FOR THE PRESIDENTS SPOUSE TO  
OUR ANNUAL MEETING AND OUR ANNUAL EXPO WHICH IS ADDED INTO THE PRESIDENTS  
W-2. WE PAY FOR HEALTH CLUB DUES UP TO \$50 AND WE PAY FOR MONTHLY SOCIAL  
CLUB DUES FOR THE PRESIDENT.

PART I, LINE 4B: THE FOLLOWING INDIVIDUALS HAVE A 457F PLAN AND  
RECEIVED THE FOLLOWING CONTRIBUTIONS IN 2012:

LARRY GRAHAM \$150,000

ELIZABETH TAYLOR \$80,000

SUSAN SMITH \$70,000

**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

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

Employer identification number  
**36-1521980**

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

PROVIDING LEADERSHIP AND EDUCATION ON OPERATIONS, TECHNICAL INFORMATION  
AND STANDARDS OF PRODUCT QUALITY, AND DISTRIBUTING MARKET DATA,  
INDUSTRY AND CONSUMER INFORMATION.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS FOUR CLASSES  
OF MEMBERSHIP: DOMESTIC MANUFACTURING MEMBERS, INTERNATIONAL MANUFACTURING  
MEMBERS, SUPPLIER MEMBERS, AND BROKER MEMBERS. ALL CLASSES OF MEMBERSHIP  
HAVE THE SAME RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS HAVE THE RIGHT TO ELECT  
MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B: BYLAW CHANGES NEED TO BE APPROVED  
BY THE ENTIRE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE  
OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. PRIOR TO FILING WITH  
THE IRS A FINAL COPY OF THE 990 WAS MADE AVAILABLE TO ALL BOARD MEMBERS ON  
A SECURE SECTION OF THE WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES AND BOARD MEMBERS  
MUST SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. AN EMPLOYEE/ BOARD  
MEMBER MUST PROMPTLY DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, IN  
WRITING, TO THE HUMAN RESOURCES DEPARTMENT BEFORE ENGAGING IN CONDUCT WHICH  
MAY CONSTITUTE A CONFLICT OF INTEREST. ALTHOUGH IT IS NOT POSSIBLE TO

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13



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

SPECIFY EVERY ACTION THAT MIGHT CREATE A CONFLICT OF INTEREST, THE POLICY SETS FORTH THE ONES THAT MOST FREQUENTLY PRESENT PROBLEMS. IF AN EMPLOYEE HAS ANY QUESTION WHETHER AN ACTION OR PROPOSED COURSE OF CONDUCT WOULD CREATE A CONFLICT OF INTEREST, HE OR SHE CONTACTS THE HUMAN RESOURCES DEPARTMENT TO OBTAIN ADVICE ON THE ISSUE. A VIOLATION OF THE POLICY RESULTS IN IMMEDIATE AND APPROPRIATE DISCIPLINE, UP TO AND INCLUDING IMMEDIATE TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION HIRED AN OUTSIDE INDEPENDENT FIRM TO PERFORM A SALARY REVIEW FOR THE PRESIDENT. THIS REVIEW INCLUDED THE USE OF COMPARABILITY DATA OF FIVE DIFFERENT SURVEYS. THE COMPENSATION COMMITTEE APPROVED THE FINAL DETERMINATION, WHICH WAS ALSO DOCUMENTED IN THEIR COMMITTEE BINDER. THE PRESIDENT DETERMINES COMPENSATION OF OTHER KEY EMPLOYEES BY USING COMPENSATION STUDIES. THE LAST SALARY REVIEW TOOK PLACE IN AUGUST 2012.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

TOTAL EXPENSES 1,531,500.

TEMPORARY SERVICES:

TOTAL EXPENSES 16,587.

STIPENDS/HONORARIUM:

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization **NATIONAL CONFECTIONERS ASSOCIATION OF  
THE UNITED STATES INC**Employer identification number  
**36-1521980****TOTAL EXPENSES** 1,000.**FINANCIAL ADVISORY SERVICES:****TOTAL EXPENSES** 89,665.**FLEX BENEFIT ADMIN SERVICES:****TOTAL EXPENSES** 2,000.**PERSONNEL RECRUITMENT SVCS:****TOTAL EXPENSES** 9,313.**OUTSIDE PAYROLL SERVICE:****TOTAL EXPENSES** 7,501.**PENSION ADMIN SERVICES:****TOTAL EXPENSES** 4,000.**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** 1,661,566.**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:****GAINS ON DEFERRED COMPENSATION** 475.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**  
Open to Public  
Inspection

Name of the organization	NATIONAL CONFECTIONERS ASSOCIATION OF THE UNITED STATES INC	Employer identification number	36-1521980
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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 )

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year )

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL CONFECTIONERS ASSN. OF THE US POLITICAL ACTION COMMITTEE - 90-05722, 1101 30TH STREET, NW, WASHINGTON, DC 20008	POLITICAL ACTIVITIES	VIRGINIA	527	N/A	NCA		X

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

Schedule R (Form 990) 2012

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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
NATIONAL CONFECTIONERS ASSN. OF THE US (1) POLITICAL ACTION COMMITTEE	R	73,486.FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

[illegible]

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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

Form 990

36-1521980

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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	Former			
(27) DOUG SIMONS BOARD MEMBER	0.30	X						0.	0.	0.
(28) BARRY H. SOKOL BOARD MEMBER	0.30	X						0.	0.	0.
(29) LARRY STATTON BOARD MEMBER	0.30	X						0.	0.	0.
(30) MARK TARNER BOARD MEMBER	0.30	X						0.	0.	0.
(31) DANIEL TROTT BOARD MEMBER	0.30	X						0.	0.	0.
(32) MEHMET YUKSEK BOARD MEMBER	0.30	X						0.	0.	0.
(33) CHRIS E. ZULESKI BOARD MEMBER	0.30	X						0.	0.	0.
(34) EUGENE M. DUNKIN, JR. EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(35) ROBERT A. NELSON EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(36) MICHAEL G. ROSENBERG EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(37) DEAN L. SPANGLER EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(38) DAVID TAICLET EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(39) BRAD G. FIGEL EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(40) DOREEN IDA EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(41) STEVEN SCHILLER EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(42) STEPHANIE R. WILKES EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(43) MITCHELL T. GOETZE EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(44) TIM QUINN EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(45) GARY W. GUITTARD EXECUTIVE BOARD MEMBER	0.30	X						0.	0.	0.
(46) LAWRENCE T. GRAHAM PRESIDENT	40.00			X				680,574.	0.	74,525.
Total to Part VII, Section A, line 1c										



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

Form 990

36-1521980

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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	Former			
(47) LINDA JAMIE VP FINANCE & ADMIN (THROUGH 01/13)	40.00			X				139,934.	0.	35,955.
(48) ELIZABETH TAYLOR VP MEETINGS & MEMBERSHIP	40.00				X			245,539.	0.	31,548.
(49) ALISON BODOR SR. VP PUBLIC POLICY	40.00					X		192,187.	0.	46,905.
(50) SUSAN SMITH SR. VP COMMUNICATIONS	40.00					X		225,533.	0.	32,078.
(51) LARRY WILSON VP TRADE RELATIONS	40.00					X		191,132.	0.	46,174.
(52) ELIZABETH CLARK VICE PRESIDENT, GOVERNMENT AFFAIRS	40.00					X		139,153.	0.	27,851.
Total to Part VII, Section A, line 1c								1,814,052.		295,036.