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## Return of Organization Exempt From Income Tax

2012

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

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

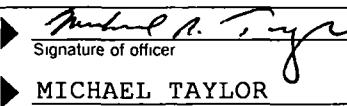
Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A For the 2012 calendar year, or tax year beginning Jul 1 , 2012, and ending Jun 30 , 2013</b>				
<b>B Check if applicable</b>	<b>C Name of organization</b>	<b>NATIONAL DEMOLITION ASSOCIATION</b>		<b>D Employer Identification Number</b>
	Address change	Doing Business As		23-7193442
	Name change	Number and street (or P O box if mail is not delivered to street addr)		<b>E Telephone number</b>
	Initial return	16 NORTH FRANKLIN ST		(215) 348-4949
	Terminated	City, town or country		State ZIP code + 4
	Amended return	DOYLESTOWN		PA 18901
Application pending	<b>F Name and address of principal officer</b>		<b>G Gross receipts</b>	
	MICHAEL TAYLOR 16 NORTH FRANKLIN ST DOYLESTOWN PA 18901		\$ 1,884,507.	
<b>I Tax-exempt status</b>	501(c)(3) <input checked="" type="checkbox"/>	501(c) ( 6 ) (insert no)	4947(a)(1) or	527
<b>J Website:</b>	► demolitionassociation.com			
<b>K Form of organization</b>	<input checked="" type="checkbox"/> Corporation	Trust	Association	Other ►
<b>L Year of Formation</b>	1970		<b>M State of legal domicile</b>	PA

<b>Part I Summary</b>				
1	Briefly describe the organization's mission or most significant activities	TO EDUCATE, REPRESENT AND SERVE THE MEMBERS WHO ARE EMPLOYERS AND EMPLOYEES WHO ARE INVOLVED IN THE DEMOLITION AND RECYCLING INDUSTRY THROUGOUT THE UNITED STATES, CANADA, EUROPE, AND GREAT BRITAIN		
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)			
4	Number of independent voting members of the governing body (Part VI, line 1b)			
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			
6	Total number of volunteers (estimate if necessary)			
7a	Total unrelated business revenue from Part VIII, column (C), line 12			
b	Net unrelated business taxable income from Form 990-T, line 34			
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
		<b>Prior Year</b>	<b>Current Year</b>	
		12,225.		
	1,517,721.	1,538,507.		
	44,668.	43,254.		
	-50,802.	35,437.		
	1,511,587.	1,629,423.		
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 14-24e)		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			
19	Revenue less expenses Subtract line 18 from line 12			
<b>Net Assets Fund Balances</b>	20	Total assets (Part X, line 16)		
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20		
		<b>Beginning of Current Year</b>	<b>End of Year</b>	
	1,727,517.	1,899,961.		
	297,747.	337,555.		
	1,429,770.	1,562,406.		

**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

<b>Sign Here</b>			12-11-14
	Signature of officer	Date	
	► MICHAEL TAYLOR		
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Check <input checked="" type="checkbox"/> if self employed
	JOHN M KOWALSKI CPA		PTIN P01222738
	Firm's name ► KOWALSKI & FRANCHOIS	01/27/14	Firm's EIN ► 23-2089315
Firm's address ► 302 HYDE PARK DOYLESTOWN PA 18902		Phone no (215) 345-8905	

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

 Yes  No

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

TEEA0101 05/09/13

Form 990 (2012)

14/9/13

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:TO EDUCATE, REPRESENT AND SERVETHE MEMBERS WHO ARE EMPLOYERS AND EMPLOYEES WHO ARE INVOLVED IN THE DEMOLITION AND RECYCLING INDUSTRY THROUGOUT THE UNITED STATES, CANADA, EUROPE, AND GREAT BRITAIN2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes  No

If 'Yes,' describe these changes on Schedule O.

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

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

PUBLICATION OF EDUCATIONAL MEDIA REGARDING SAFETY ON THE JOB AND TO THE ENVIRONMENT, ESPECIALLY WITH REGARD TO LEAD ABATEMENT AND RECYCLING

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete *Schedule C, Part I*

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete *Schedule C, Part II*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete *Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete *Schedule D, Part I*

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete *Schedule D, Part II*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete *Schedule D, Part III*

9 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? If 'Yes,' complete *Schedule D, Part IV*

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete *Schedule D, Part V*

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete *Schedule D, Part VI*

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? If 'Yes,' complete *Schedule D, Part VII*

c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part VIII*

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete *Schedule D, Part IX*

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete *Schedule D, Part X*

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete *Schedule D, Part X*

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete *Schedule D, Parts XI, and XII*

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing *Schedule D, Parts XI and XII* is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete *Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

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? If 'Yes,' complete *Schedule F, Parts I and IV*

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete *Schedule F, Parts II and IV*

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete *Schedule F, Parts III and IV*

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete *Schedule G, Part I* (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete *Schedule G, Part II*

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete *Schedule G, Part III*

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete *Schedule H*

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1		X
2		X
3		X
4		
5		X
6		X
7		X
8		X
9		X
10		X
11a	X	
11b	X	
11c		X
11d		X
11e	X	
11f		X
12a	X	
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20		X
20b		

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	
26 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? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	34	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 ..	35a	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
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)? If 'Yes,' complete Schedule R, Part V, line 2	36	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	38	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

BAA

Form 990 (2012)

**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
1 a		7	
1 b		0	
c			
2 a		3	
b			
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a			
b			
4 a			
b			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a			
b			
c			
6 a			
b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	7 d	
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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	<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	12 b	
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?		
<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	13 b	
c	Enter the amount of reserves on hand	13 c	
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 a	X
		14 b	

**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

1 a 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

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

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

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

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

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

6 Did the organization have members or stockholders?

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

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

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

a The governing body?

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

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

	Yes	No
1 a	20	
1 b	20	
2	X	
3	X	
4	X	
5	X	
6	X	
7 a	X	
7 b	X	
8 a	X	
8 b	X	
9	X	

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

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

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

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

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

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

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

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

13 Did the organization have a written whistleblower policy?

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

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

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

b Other officers of key employees of the organization

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

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

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

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

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Massachusetts

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

Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes 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

► MICHAEL TAYLOR, EXECUTIVE DIRECTOR 16 N. FRANKLIN ST. DOYLESTOWN PA 18901 (215) 348-4949  
BAA TEEA0106 08/08/12 Form 990 (2012)

**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**

1 a 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 dotted 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
		Officer	Key employee	Highest compensated	Former	Individual trustee			
(1) MICHAEL TAYLOR EXEC DIR	40.00		X	X			169,000.	0.	0.
(2) DON RACHEL PRESIDENT	20.00		X				0.	0.	0.
(3) JEFF KROEKER VICE PRESIDENT	10.00		X				0.	0.	0.
(4) CHRISTOPHER GODEK DIR	10.00	X					0.	0.	0.
(5) PETER BANKS SECRETARY	3.00		X				0.	0.	0.
(6) SCOTT KNIGHTLY TREASURER	5.00		X				0.	0.	0.
(7) JOHN ADAMO DIR	1.00	X					0.	0.	0.
(8) GREG GRAY DIR	1.00	X					0.	0.	0.
(9) SAM BACON DIR	1.00	X					0.	0.	0.
(10) BEN KATES DIR	1.00	X					0.	0.	0.
(11) BERNARD STEVENS DIR	1.00	X					0.	0.	0.
(12) GARY BISHOP DIR	1.00	X					0.	0.	0.
(13) JAMES MILBURN DIR	1.00	X					0.	0.	0.
(14) BOB STUPPY DIR	1.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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	Officer	Key employee	Former highest compensated employee			
(15) MIKE CASBON DIR	1.00	X				0.	0.	0.
(16) BILL MOORE DIR	1.00	X				0.	0.	0.
(17) HEIDI WELLEN DIR	1.00	X				0.	0.	0.
(18) RICK GIVAN DIR	1.00	X				0.	0.	0.
(19) TILLIO OLCESE DIR	1.00	X				0.	0.	0.
(20) TOMOTHY RAMON DIR	1.00	X				0.	0.	0.
(21) RAYMOND PASSENO PAST PRESIDENT	5.00			X		0.	0.	0.
(22)								
(23)								
(24)								
(25)								
1 b Sub-total						► 169,000.	0.	0.
c Total from continuation sheets to Part VII, Section A						►		
d Total (add lines 1b and 1c)						► 169,000.	0.	0.

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 ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Yes	No
3 X	
4 X	
5 X	

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**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>	<b>1 a</b> Federated campaigns	<b>1 a</b>			
	<b>1 b</b> Membership dues	<b>1 b</b>			
	<b>1 c</b> Fundraising events	<b>1 c</b>			
	<b>1 d</b> Related organizations	<b>1 d</b>			
	<b>1 e</b> Government grants (contributions)	<b>1 e</b>			
	<b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 12,225.			
	<b>1 g</b> Noncash contributions included in line 1a-1f	<b>1 g</b> \$			
	<b>1 h</b> Total. Add lines 1a-1f	<b>1 h</b> ▶ 12,225.			
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>MEMBERSHIP DUES</u>	<b>2 a</b> Business Code			
	<b>2 b</b> <u>CONVENTION FEES</u>	<b>2 b</b> 900099	<b>2 b</b> 612,624.	<b>2 b</b> 612,624.	<b>2 b</b> 0.
	<b>2 c</b> <u>SAFETY MATERIALS AND SEMINARS</u>	<b>2 c</b> 900099	<b>2 c</b> 920,740.	<b>2 c</b> 920,740.	<b>2 c</b> 0.
	<b>2 d</b>	<b>2 d</b> 900099	<b>2 d</b> 5,143.	<b>2 d</b> 5,143.	<b>2 d</b> 0.
	<b>2 e</b>	<b>2 e</b>	<b>2 e</b>	<b>2 e</b>	<b>2 e</b>
	<b>2 f</b> All other program service revenue	<b>2 f</b>	<b>2 f</b>	<b>2 f</b>	<b>2 f</b>
	<b>2 g</b> Total. Add lines 2a-2f	<b>2 g</b> ▶ 1,538,507.			
	<b>3</b> Investment income (including dividends, interest and other similar amounts)	<b>3</b> ▶ 40,343.	<b>3</b> 0.	<b>3</b> 0.	<b>3</b> 40,343.
<b>4</b> Income from investment of tax-exempt bond proceeds	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	
<b>5</b> Royalties	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	
<b>6 a</b> Gross rents	<b>6 a</b> (i) Real	<b>6 a</b> (ii) Personal			
<b>6 b</b> Less rental expenses	<b>6 b</b>	<b>6 b</b>	<b>6 b</b>	<b>6 b</b>	
<b>6 c</b> Rental income or (loss)	<b>6 c</b>	<b>6 c</b>	<b>6 c</b>	<b>6 c</b>	
<b>6 d</b> Net rental income or (loss)	<b>6 d</b>	<b>6 d</b>	<b>6 d</b>	<b>6 d</b>	
<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7 a</b> (i) Securities	<b>7 a</b> (ii) Other			
<b>7 b</b> Less cost or other basis and sales expenses	<b>7 b</b> 237,382.	<b>7 b</b>	<b>7 b</b>	<b>7 b</b>	
<b>7 c</b> Gain or (loss)	<b>7 c</b> 234,471.	<b>7 c</b>	<b>7 c</b>	<b>7 c</b>	
<b>7 d</b> Net gain or (loss)	<b>7 d</b> 2,911.	<b>7 d</b>	<b>7 d</b>	<b>7 d</b>	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c).	<b>8 a</b>	<b>8 a</b>	<b>8 a</b>	<b>8 a</b>	
See Part IV, line 18	<b>a</b>	<b>a</b>	<b>a</b>	<b>a</b>	
<b>b</b> Less direct expenses	<b>b</b>	<b>b</b>	<b>b</b>	<b>b</b>	
<b>c</b> Net income or (loss) from fundraising events	<b>c</b>	<b>c</b>	<b>c</b>	<b>c</b>	
<b>9 a</b> Gross income from gaming activities See Part IV, line 19	<b>9 a</b>	<b>9 a</b>	<b>9 a</b>	<b>9 a</b>	
<b>b</b> Less direct expenses	<b>b</b>	<b>b</b>	<b>b</b>	<b>b</b>	
<b>c</b> Net income or (loss) from gaming activities	<b>c</b>	<b>c</b>	<b>c</b>	<b>c</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 48,275.	<b>a</b>	<b>a</b>	<b>a</b>	
<b>b</b> Less cost of goods sold	<b>b</b> 20,613.	<b>b</b>	<b>b</b>	<b>b</b>	
<b>c</b> Net income or (loss) from sales of inventory	<b>c</b> ▶ 27,662.	<b>c</b> 27,662.	<b>c</b> 0.	<b>c</b> 0.	
Miscellaneous Revenue	Business Code				
<b>11 a</b>	<b>11 a</b>	<b>11 a</b>	<b>11 a</b>	<b>11 a</b>	
<b>b</b> <u>PROCEEDS FROM CLOSED CHAPTER</u>	<b>b</b> 99999	<b>b</b> 7,775.	<b>b</b> 7,775.	<b>b</b> 0.	
<b>c</b>	<b>c</b>	<b>c</b>	<b>c</b>	<b>c</b>	
<b>d</b> All other revenue	<b>d</b>	<b>d</b>	<b>d</b>	<b>d</b>	
<b>e</b> Total. Add lines 11a-11d	<b>e</b> ▶ 7,775.				
<b>12</b> Total revenue. See instructions	<b>12</b> ▶ 1,629,423.	<b>12</b> 1,573,944.	<b>12</b> 0.	<b>12</b> 43,254.	

**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 

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	5,000.	5,000.		
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	191,000.	0.	191,000.	0.
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	97,269.	0.	97,269.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	21,957.	0.	21,957.	0.
9 Other employee benefits	64,779.	0.	64,779.	0.
10 Payroll taxes	18,129.	0.	18,129.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	3,146.	0.	3,146.	0.
c Accounting	12,357.	0.	12,357.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	7,219.	0.	7,219.	0.
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	139,909.	139,909.	0.	0.
13 Office expenses	27,049.	0.	27,049.	0.
14 Information technology	25,902.	0.	25,902.	0.
15 Royalties				
16 Occupancy	42,641.	0.	42,641.	0.
17 Travel	62,010.	62,010.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	746,238.	746,238.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,051.	0.	9,051.	0.
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>TELEPHONE</u>	11,005.	0.	11,005.	0.
b <u>POSTAGE</u>	24,541.	24,541.	0.	0.
c <u>PRINTING</u>	42,034.	42,034.	0.	0.
d <u>SPECIAL PROGRAMS</u>	10,374.	10,374.	0.	0.
e All other expenses	45,865.	0.	45,865.	0.
25 Total functional expenses. Add lines 1 through 24e	1,607,475.	1,030,106.	577,369.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
1	Cash – non-interest-bearing	556,285.	1	804,805.
2	Savings and temporary cash investments	2		
3	Pledges and grants receivable, net	3		
4	Accounts receivable, net	3,814.	4	23,500.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5		
6	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 instructions) Complete Part II of Schedule L	6		
7	Notes and loans receivable, net	7		
8	Inventories for sale or use	500.	8	500.
9	Prepaid expenses and deferred charges	55,298.	9	33,609.
10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 43,449.		
b	Less: accumulated depreciation	10b 38,982.	108.	10c 4,467.
11	Investments – publicly traded securities	1,111,512.	11	1,033,080.
12	Investments – other securities. See Part IV, line 11	12		
13	Investments – program-related See Part IV, line 11	13		
14	Intangible assets	14		
15	Other assets See Part IV, line 11	15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,727,517.	16	1,899,961.
17	Accounts payable and accrued expenses	13,497.	17	16,355.
18	Grants payable	18		15,000.
19	Deferred revenue	284,250.	19	306,200.
20	Tax-exempt bond liabilities	20		
21	Escrow or custodial account liability Complete Part IV of Schedule D	21		
22	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	22		
23	Secured mortgages and notes payable to unrelated third parties	23		
24	Unsecured notes and loans payable to unrelated third parties	24		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25		
26	<b>Total liabilities.</b> Add lines 17 through 25	297,747.	26	337,555.
NET ASSETS	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,416,245.	27	1,541,656.
28	Temporarily restricted net assets	13,525.	28	20,750.
29	Permanently restricted net assets	29		
ORG FUND	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
BALANCE	30 Capital stock or trust principal, or current funds	30		
ES	31 Paid-in or capital surplus, or land, building, or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	1,429,770.	33	1,562,406.
	34 Total liabilities and net assets/fund balances	1,727,517.	34	1,899,961.

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Form 990 (2012)

**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	1,629,423.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,607,475.
3 Revenue less expenses Subtract line 2 from line 1	3	21,948.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,429,770.
5 Net unrealized gains (losses) on investments	5	110,688.
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	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,562,406.

**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?	2a	X
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?	3a	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	3b	

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Form 990 (2012)

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Name of the organization

Employer identification number

**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
 ► Attach to Form 990. ► See separate instructions.

**NATIONAL DEMOLITION ASSOCIATION**

23-7193442

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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
2 a	
2 b	
2 c	
2 d	

a Total number of conservation easements  
 b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

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

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

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

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

9 In Part 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.

1 a 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 ► \$ \_\_\_\_\_

**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.

1 a 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:

	Amount
1 c	
1 d	
1 e	
1 f	

2 a 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	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a 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%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		0.		0.
b Buildings		0.	0.	0.
c Leasehold improvements		10,598.	10,598.	0.
d Equipment		32,851.	28,384.	4,467.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 4,467.

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Schedule D (Form 990) 2012

**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. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►</b>		

**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. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b>		

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

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

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

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

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

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
  - a Net unrealized gains on investments
  - b Donated services and use of facilities
  - c Recoveries of prior year grants
  - d Other (Describe in Part XIII.)
- 3 Subtract line 2e from line 1
- 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
  - b Other (Describe in Part XIII.)
- 5 Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 1)*

	1	
2 a		
2 b		
2 c		
2 d		
	2 e	
	3	
4 a		
4 b		
	4 c	
	5	

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

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
  - a Donated services and use of facilities
  - b Prior year adjustments
  - c Other losses
  - d Other (Describe in Part XIII )
- 3 Subtract line 2e from line 1
- 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
  - b Other (Describe in Part XIII )
  - c Add lines 4a and 4b
- 5 Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part IX, line 25)*

2 a		1
2 b		
2 c		
2 d		2 e
		3
4 a		
4 b		4 c
		5

### 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.

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— BAA —

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Schedule B (Form 990) 2012

**Part XIII** **Supplemental Information (continued)**

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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**Name of the organization**

**Employer identification number**

## NATIONAL DEMOLITION ASSOCIATION

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

3 L

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II: Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 ANNUAL CONVENTION (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				►
	11 Net income summary. Combine line 3, column (d), and line 10				►

**Part III: Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	►
	7 Direct expense summary. Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				►

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

Yes  No

b If 'No,' explain

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10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If 'Yes,' explain

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11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \_\_\_\_\_  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**NATIONAL DEMOLITION ASSOCIATION**

Employer identification number  
**23-7193442**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

**a** The organization?  
**b** Any related organization?  
 If 'Yes' to line 5a or 5b, describe in Part III

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

**a** The organization?  
**b** Any related organization?  
 If 'Yes' to line 6a or 6b, describe in Part III

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

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

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

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
MICHAEL TAYLOR 1 EXEC DIR	\$ 169,000.	0.	0.	0.	\$ 21,500.	\$ 28,682.	-\$ 10,000.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**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, for Part II. Also complete this part for any additional information.

**BAA**

**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 DEMOLITION ASSOCIATION

Employer identification number

23-7193442

Pt VI, Line 6 THE NDA HAS MEMBERS

Pt VI, Line 7b SUBJECT TO THE APPROVAL OF THE GOVERNING BOARD AND DIRECTORS

Pt VI, Line 10b THE AFFILIATE MAINTAINS ITS OWN SET OF BYLAWS, PROCEDURES  
AND POLICIES

Pt VI, Line 11b THE BOARD IS EMAILED A COPY OF THE FORM 990 WHICH IS REVIEWED  
BY THE MEMBERS

Pt VI, Line 15a A COMMITTEE IS APPOINTED TO OBTAIN COMPARATIVE SALARIES  
FOR A SIMILAR OPERATION. AFTER A PERIOD OF TIME A REPORT  
IS SUBMITTED TO THE EXECUTIVE BOARD AS A GUIDELINE FOR DISCUSSION  
THE EXECUTIVE BOARD THEN DECIDES ON THE SALARY FOR THE  
EXECUTIVE DIRECTOR AND STAFF.

Pt VI, Line 7a THE NDA HAS MEMBERS THAT ELECT THE BOARD AND THE EXECUTIVE  
BODY