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La MAR SCANNED

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 627, or 4947(a)(1) of the Internal Flavenue Code (except black lung benefit trust or private foundation)

| OMB No. 194 | <u>8-00</u> 47 |
|-----------------|----------------|
| 201 | 7 |
| ZU I | 4 |
| SS CONSIDERATED | NOVE PA |

The organization may have to use a copy of this return to satisfy state reporting requirements. and ending JUN 30, 2013 JAN 1, 2013 A For the 2012 calendar year, or tax year beginning D Employer Identification number C Name of organization Check If INDEPENDENT ELECTRICAL CONTRACTORS FOUNDATION Namo 54-1814360 Doing Business As initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 502-417-0157 1100 Tomin 4401 FORD AVENUE Amon City, town, or post office, state, and ZiP code G Gross receipts \$ ALEXANDRIA, VA 22302 H(a) le this a group return Applica Yes XNo F Name and address of principal officer. JEFF HEITKER for affiliates? H(b) Are all affiliates included? Yes No SAME AS C ABOVE 1 Tex-exempt status: X 501(c)(3) 501(c) ():

J Website: ► WWW.IEC-FOUNDATION.ORG) (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) H(c) Group exemption number K Form of organization: Corporation Trust Association X Other L Year of formation: 1996 M State of legal domicile: VA Part Summery Briefly describe the organization's mission or most significant activities: TO FOSTER EDUCATION AND TRAINING IN THE ELECTRICAL CONSTRUCTION INDUSTRY, AS WELL AS ASSURE THE 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. Governa 3 Number of voting members of the governing body (Part VI, line 1s) Number of independent voting members of the governing body (Part VI, line 1b) O 5 0 6 Total number of volunteers (estimate if necessary) 8 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business texable income from Form 980-T, line 34 Current Year 588,757 54,258 66,044. Ō. Program service revenue (Part VIII, line 2g) 9,659. 23,302 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. 11 Other revenue (Part VIII, column (A), fines 5, 6d, 8c, 9c, 10c, and 11e) 75,703. 666,317. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,238. 396,450 13 Grents and similar amounts part (Part 15, column (A), lines 13)

14 Benefits paid to or for members (Part 15, column (A), line 4) Ō. <u>o</u>. Ō. 15 Salanes, other compensation, employee benefits (Part IX(column (A), lines 5-10) 16a Professional fundrals of Sees (Fatt D, Optimin (A) line 1 b

Total fundralsing expenses (Part IX, column (O), tine 25)

17 Other expenses (Part IX, column (A), lines 11a, 11f, 249) ٥. 0. 219,071. 615,521. 50,796. 87,538. 111,776. <36,073. End of Year 1,145,762. Beginning of Current Year 1,158,001. 20 Total assets (Part X, fine 16) 8,190. 5,604. 21 Total flabilities (Part X, line 28) 149,811. 140,158. Net assets or fund balances, Subtract line 21 from line 20 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. Signature of officer Sian EUGHNB PMINI Here Type or png hame and title Print/Type preparer's name P01361002 DAVID JONES Paid 52-1853933 Firm's name RIBIS, JONES & MARESCA, Firm's EIN Pranarer Finn's address 1730 M STREET, N.W., Use Only Phone no. 202-293-6321 WASHINGTON, DC 20036 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2012) LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ► 24,238.

) (Revenue \$

*

Form **990** (2012)

Part IV Checklist of Required Schedules

INDEPENDENT ELECTRICAL CONTRACTORS

| | • | | Yes | No |
|----------|--|--------------|----------|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | Х | |
| _ | If "Yes," complete Schedule A | 2 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | - | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | Х |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | <u> </u> | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | Ť | | |
| Ŭ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | • | i |
| | Schedule D, Part III | 8 | ļ | X |
| 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 | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | ., | ŀ |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | l | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 11a | X | |
| L | Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 110 | <u> </u> | |
| b | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11Ь | | X |
| _ | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 1.15 | _ | |
| · | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | | |
| Ū | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 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 | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | ļ |
| 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 | 12b | Х | L |
| 13 | is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | <u> </u> | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | <u> </u> | X |
| Ь | 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 | 146 | | X |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 14b | | <u> </u> |
| 15 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| - | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | <u> </u> | Х |
| 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 | 18 | | X |
| 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 | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000 | (0010) |
| | | | | |

Form 990 (2012) Part IV Checklist of Required Schedules (continued)

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| | N . | | Yes | No_ |
|-----|---|------|----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | \ . , | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | х |
| | Schedule J | 23_ | | |
| 24a | | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 24a | | х |
| | Schedule K. If "No", go to line 25 | 24b | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | - - | |
| С | | 24c | | |
| | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 2.40 | | |
| 200 | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| ь | 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 | | Х |
| 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | <u> </u> | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | ^ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | Х |
| 0.4 | contributions? If "Yes," complete Schedule M | 30 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | | Х |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | <u> </u> | |
| 00 | sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | (0010) |
| | | rorm | 330 | (2012) |

Form 990 (2012)

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| Par | TV 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 | | | |
| ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | 1 |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | i |
| | (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <u>X</u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | ļ |
| | 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? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 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? | 6a_ | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | ••••• | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | v |
| а | 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? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | v |
| | to file Form 8282? | 7c | | X |
| d | , | _ | | v |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | 8 | | ĺ |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | 9a | | |
| a b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | $\overline{}$ |
| 10 | Section 501(c)(7) organizations. Enter: | 33 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | İ |
| 11 | Section 501(c)(12) organizations. Enter: | | | ĺ |
| а | Gross income from members or shareholders | | | ĺ |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | ĺ |
| - | amounts due or received from them.) | | | |
| 12a | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | Ĺ |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | | | | |
| | organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 255 | |
| | | Form | 990 | (2012) |

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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 | | | X | | | | | | | | |
|-----|---|---------|-------|----|--|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | | |
| | | | Yes | No | | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 11 | | | | | | | | | | | |
| | 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 1b 1 | | | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | i ' | | | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | X | | | | | | | | |
| 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? | 3_ | | X | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | X | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | | |
| | more members of the governing body? | | | | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | | | |
| - | | | Yes | No | | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | | | |
| | 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 | | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X | | | | | | | | |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | | | | | | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | | |
| | in Schedule O how this was done | 12c | | | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | | | |
| 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? | | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | | |
| | taxable entity during the year? | 16a | | X | | | | | | | | |
| 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 | | | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | avallab | le | | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | | |
| | Own website Another's website X 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, an | d finar | ncial | | | | | | | | | |
| | 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 | tion: 🕨 | | | | | | | | | | |
| | THE FOUNDATION - 703-549-7351 | | | | | | | | | | | |
| | 4401 FORD AVENUE, ALEXANDRIA, VA 22303 | | | | | | | | | | | |

232006 12-10-12 Form 990 (2012)

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

| | • | • | • | | • | | | | | | | | |
|-----|-------|------|----------|----------|------|--------|--------|-----|-------|--------|------|------|-----|
| Che | ∼k ıf | Sche | ا ماييان | O contai | ne a | respon | nea to | anv | auget | ion in | thie | 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.

| (A) Name and Title | (B) Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | ed any current officer, c (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|-----------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | (list any hours for related organizations below iine) | Individual frustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JEFF HEITKER | 2.00 | | | | | | | | | |
| CHAIRMAN | | X | <u> </u> | Х | <u> </u> | | | 0. | 0. | 0 |
| (2) GENE MINI | 2.00 | | | | | | | _ | _ | _ |
| SENIOR VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0 |
| (3) GREG HAREN | 2.00 | | | | | | | | _ | _ |
| TREASURER | | Х | | X | | Ш | | 0. | 0. | 0 |
| (4) BILL HAMILTON | 2.00 | | | | | | | | _ | _ |
| 2ND VICE CHAIR | | X | ļ | X | <u>.</u> | | | 0. | 0. | 0 |
| (5) JULIE HOWARD | 2.00 | | | | | | | | | |
| SECRETARY | | X | <u> </u> | X | <u> </u> | | | 0. | 0. | 0 |
| (6) WALT CZYRNIK | 2.00 | | | | | | | | | |
| TRUSTEE | | X | <u> </u> | | | _ | | 0. | 0. | 0 |
| (7) JAMES L. GOLLY | 2.00 | ., | | | | | | | | 0 |
| TRUSTEE | 2 00 | Х | | | | \vdash | | 0. | 0. | 0 |
| (8) BILL CRAWFORD | 2.00 | х | | | | | | 0. | 0. | 0 |
| TRUSTEE | 2.00 | ^ | _ | _ | | | | 0. | 0. | 0 |
| (9) GORDON STEWART | 2.00 | Х | | | | | | 0. | 0. | 0 |
| TRUSTEE (10) STEVE WIEGE | 2.00 | ^ | | | | - | - | 0. | | |
| TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0 |
| (11) HERB DOYLE | 2.00 | | | | | \vdash | | 0. | | |
| TRUSTEE | 2.00 | Х | | | | | | o. | 0. | 0 |
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Form 990 (2012)

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| Par | art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|-----|--|------------------------|---------------------|-----------------------|----------|--------------|------------------------------|-------------------|---------------------------|-------------------------------|------|--|----------------|---------------|
| | · (A) | (B) | | | (0 | 3) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (do | | | nore | than | one | Reportable | Reportable | | | imate | |
| | | hours per week | box | , unle | ss pe | rson | ls bot or/trus | h an | compensation | compensation | | | ount o | of |
| | | (list any | | | | | | <u> </u> | from the | from related organizations | | | other sensa | tion |
| | | hours for | trustae or diractor | | | | B | | organization | (W·2/1099-MIS | C) | | m the | |
| | | related | Special | SE | | _ | Ens. | | (W-2/1099-MISC) | | | - | ınızatı | |
| | | organizations below | ם | oral | | ag (| E 28 | | | | | | relate | |
| | | line) | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | nizatio | วทธ |
| | | | - | = | - | ₹ | ± 6 | - | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 46 | Cub total | L | | <u> </u> | <u> </u> | l | Ļ | L | 0. | | 0. | | | 0. |
| | Sub-total Total from continuation sheets to Part Vi | Il Section A | | | | | | | 0. | | 0. | | | 0. |
| | Total (add lines 1b and 1c) | ii, ooctioii A | | | | | | • | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | ed al | bove | e) wh | no re | | | | | | |
| | compensation from the organization | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, or tru | ıste | e, ke | y er | nplo | yee | , or | highest compensated e | mployee on | ı | | | |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | ļ | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | the organization | | | | v |
| _ | and related organizations greater than \$15 | | | | | | | | | d | , | 4 | | X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | | | | | | | elat | ed organization or indivi | dual for services | | 5 | 1 | X |
| Sec | tion B. Independent Contractors | ipiete Scrieduii | 901 | UI SI | JCII | pers | SUII | | | | | <u> </u> | | - |
| 1 | Complete this table for your five highest co | mpensated inc | depe | ende | nt c | onti | racto | ors t | that received more than | \$100,000 of comp | ensa | ation fr | om | |
| | the organization. Report compensation for | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | _ | (C | | |
| | Name and business | address | N | INC | <u> </u> | | | _ | Description of s | ervices | C | ompen | satio | <u> </u> |
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| | | | | | | | | | | | | | | |
| | Total number of independent contractors (| including but a | O+ I+ | mita | d to | the | ee lu | ster | t ahove) who received ~ | ore than | | | ····· | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | | OL II | ııııt u | u lO | | se 113) | 51 0 0 | above, who received if | ior o triali | | | | |
| | 4. 55,555 of componential nom the organ | | | | | | | | | | | | · · · · · · | 2040 |

FOUNDATION

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b Membership dues 1c c Fundraising events d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 66,044. similar amounts not included above 8,378. Q Noncash contributions included in lines 1a-1f \$ 66,044. Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,659. 9,659. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 75,703. 9,659. Total revenue. See instructions

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Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | er organizations must co | omplete column (A). | |
|--------|---|----------------------------|------------------------------|---|--------------------------------|
| | Check if Schedule O contains a respon | | s Part IX | 10 | X |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 23,938. | 23,938. | | ····· |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | 300. | 300. | | |
| 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | <u> </u> |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| þ | Legal | | | - | |
| C | Accounting | | | | ···· |
| d | Lobbying | | | · · · · · · · · · · · · · · · · · · · | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | , | | | 66 455 | |
| | column (A) amount, list line 11g expenses on Sch O) | 66,455. | | 66,455. | |
| 12 | Advertising and promotion | 10.010 | | 10 010 | |
| 13 | Office expenses | 10,043. | | 10,043. | |
| 14 | Information technology | 706. | | 706. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 4 004 | | 4 004 | |
| 17 | Travel | 4,024. | | 4,024. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | C 100 | |
| 19 | Conferences, conventions, and meetings | 6,132. | | 6,132. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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) | | | | |
| а | amount, list line 24e expenses on Schedule 0) AWARDS & PLAQUES | 178. | | 178. | |
| _ | | | | 2,00 | |
| b | | | | , | |
| c d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 111,776. | 24,238. | 87,538. | 0. |
| 26 | Joint costs. Complete this line only if the organization | ,,,,,,, | | , | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |

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| Part X Balance Shee | t | | |
|---------------------|--------------|-----------|----------|
| Form 990 (2012) | FOUNDATION | | |
| | THOUT PHOUNT | Phicincia | CONTINUE |

| rart | ~ 1 | Check if Schedule O contains a response to any question in this | s Part X | | | |
|---|----------------|---|------------------|--------------------------|------|---------------------------|
| | - | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | | 131,159. | 1 | 168,321. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| - 1 | 3 | Pledges and grants receivable, net | | 66,071. | 3 | 21,173 |
| | 4 | Accounts receivable, net | | 3,351. | 4 | |
| | 5 | Loans and other receivables from current and former officers, d | rectors, | | | |
| | | trustees, key employees, and highest compensated employees | 1 | | | |
| | | Part II of Schedule L | · | | 5 | |
| - | 6 | Loans and other receivables from other disqualified persons (as | defined under | | | |
| 1 | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), a | | | | |
| | | employers and sponsoring organizations of section 501(c)(9) vo | 1 | | | |
| | | employees' beneficiary organizations (see instr). Complete Part | | | 6 | |
| 3 | 7 | Notes and loans receivable, net | | | 7 | |
| 433613 | 8 | Inventories for sale or use | ļ | | 8 | |
| ` | 9 | Prepaid expenses and deferred charges | | | 9 | |
| 1 | 10a | Land, buildings, and equipment: cost or other | • | | | |
| | | basis. Complete Part VI of Schedule D 10a | 4,182. | | | |
| | ь | Less: accumulated depreciation 10b | 4,182. 4,182. | 0. | 10c | 0 |
| 1 | 11 | Investments · publicly traded securities | • | 957,420. | 11 | 956,268 |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| - 1 | 13 | Investments · program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| - 1 | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | Ī | 1,158,001. | 16 | 1,145,762 |
| | 17 | Accounts payable and accrued expenses | | 8,190. | 17 | 1,145,762 5,604 |
| - 1 | 18 | Grants payable | Ī | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | <u> </u> | | 20 | |
| 1. | 21 | Escrow or custodial account liability. Complete Part IV of Sched | tula D | | 21 | |
| | 22 | Loans and other payables to current and former officers, direct | F | | | |
| | 22 | key employees, highest compensated employees, and disqualif | | | | |
| ֡֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | | Complete Part II of Schedule L | led persons. | | 22 | |
| ١, | 22 | • | _ | | 23 | |
| ۔ ا | 23 | Secured mortgages and notes payable to unrelated third partie Unsecured notes and loans payable to unrelated third parties | • | | 24 | |
| - 1 | 24 25 | | d third | | | |
| 1 | 23 | Other liabilities (including federal income tax, payables to relate parties, and other liabilities not included on lines 17-24). Complete | | | | |
| | | Schedule D | ste Fait X Oi | | 25 | |
| , | 26 | Total liabilities. Add lines 17 through 25 | <u> </u> | 8,190. | 26 | 5,604 |
| - | 20 | Organizations that follow SFAS 117 (ASC 958), check here | X and | 07.2500 | 20 | 3, 2, 2, 2 |
| ا م | | complete lines 27 through 29, and lines 33 and 34. | 4110 | | | |
| Net Assets or Fund balances | 27 | Unrestricted net assets | | 698,366. | 27 | 684,034 |
| | 28 | Temporarily restricted net assets | Ī | 61,360. | 28 | 66,039 |
| <u> </u> | 29 | Permanently restricted net assets | F | 390,085. | 29 | 390,085 |
| [' | LO | Organizations that do not follow SFAS 117 (ASC 958), check | here | | | |
| | | and complete lines 30 through 34. | There > | | | |
| | 20 | | i | | 30 | |
| | 30 24 | Capital stock or trust principal, or current funds | } | | 31 | |
| | 31 22 | Paid-in or capital surplus, or land, building, or equipment fund | funds | | 32 | |
| | 32 33 | Retained earnings, endowment, accumulated income, or other Total net assets or fund balances | 101103 | 1,149,811. | 33 | 1,140,158 |
| | 33 | | } | 1,158,001. | 34 | 1,145,762 |
| | 34 | Total liabilities and net assets/fund balances | | 1,130,001. | , 5- | Form 990 (2012 |

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2012)

X

2c X

3a

3ь

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

| Name of t | he organizati | on INDEPEN FOUNDAT | DENT ELECTRI | CAL C | ONTRA | CTORS | | E | | identification nur 4-1814360 | nber |
|-------------|---|--|--|---|--|--|---|--|--|---|--------------|
| Part I | Reason | | ity Status (All organiz | ations mu | st complet | e this part | :.) See inst | ructions. | | | |
| | A church, co A school des A hospital or | a private foundation nvention of churche cribed in section 17 a cooperative hospi | because it is: (For lines 1 s, or association of chure (0(b)(1)(A)(ii). (Attach Sc ttal service organization coperated in conjunction | through ches desc hedule E.) described | 11, check on the character of the charac | only one b ction 170 170(b)(1) | ox.) (b)(1)(A)(i) (A)(iii). | | ii). Enter | the hospital's nam | e, |
| 5 🗀 | _ | | benefit of a college or unete Part II.) | niversity or | wned or op | perated by | a governr | mental uni | t describ | ped in | |
| 6 | An organizati section 170(A community An organizati activities rela | on that normally red b)(1)(A)(vi). (Complet trust described in so on that normally red ted to its exempt fu | section 170(b)(1)(A)(vi). serves: (1) more than 33 1 nctions - subject to certa | of its supp (Complete 1/3% of its in excepti | Part II.) s support fi | governme rom contri 2) no more | ental unit o butions, m e than 33 1 | nembershi | p fees, a s suppor | and gross receipts throm gross invest | from ment |
| 10 | See section An organizati An organizati more publicly describes the a Type By checking foundation m | 509(a)(2). (Complete ion organized and open organized and open organized and open organized by the complete in this box, I certify the innagers and other the complete ion or the complete in the complete ion or the complete ion organized in the complete ion organized ion or the complete | perated exclusively to terperated exclusively for thations described in section organization and complete the organization is not than one or more publicly | st for publine benefit on 509(a)(ete lines 1 ype III - Fu controlled y supporte | ic safety. Sof, to perform to perform the through nctionally in directly or and organization and organization section and organization section | See section the function 509(a)(2) and 11h. Integrated rundirectly attons described and the sections described and the section | on 509(a)(4) nctions of, 2). See sec control of the control of the | or to carrection 509(Typer more dissection 509) | y out the a)(3). Ch be III · No qualified | e purposes of one of eck the box that in-functionally integ persons other that | or gratec |
| f g h | supporting o Since Augus (i) A perso the gove (ii) A family (iii) A 35% of | rganization, check to the 17, 2006, has the of the who directly or incongright erning body of the semember of a person controlled entity of a | tten determination from this box organization accepted ar directly controls, either al upported organization? In described in (i) above? In person described in (i) of about the supported organization. | ny gift or cone or togor (ii) above | ontribution ether with | from any | of the follo | owing per | | Yes 11g(i) 11g(ii) 11g(iii) | No |
| | of supported anization | (II) EIN | | in col (i) li | organization sted in your document? | organizat | | (vi) is organizati (i) organiz U S | on in col | (vii) Amount of mor support | ietary |
| | | | (288 1131101131) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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

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

| Sec | ction A. Public Support | | | | | | |
|-----------|---|---|---------------------|---|--|---------------------|--------------------|
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Gifts, grants, contributions, and | (3) 2000 | (0) 2000 | (0) 20.10 | 10/ =0.1. | (0) 2012 | 17 10101 |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 605,847. | 665,739. | 653,421. | 466,804. | 588,757. | 2980568. |
| 2 | Tax revenues levied for the organ- | | | • | | · | |
| _ | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to |] | | | | ; | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 605,847. | 665,739. | 653,421. | 466,804. | 588,757. | 2980568. |
| | The portion of total contributions | | | | | | |
| • | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11. | | | | | 1 | |
| | column (f) | | | | | | 1276067. |
| 6 | Public support. Subtract line 5 from line 4 | *************************************** | | *************************************** | ************************************** | | 1704501. |
| | ction B. Total Support | <u> </u> | | | | <u> </u> | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 4 | 605,847. | 665,739. | 653,421. | 466,804. | 588,757. | 2980568. |
| 8 | Gross income from interest, | | ······ | | ··· | • | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 6,710. | 3,992. | 24,603. | 30,530. | 23,302. | 89,137. |
| 9 | Net income from unrelated business | | | | | ,, | |
| • | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 3069705. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 155,300. |
| | First five years. If the Form 990 is for | | • | d. fourth, or fifth ta | ax vear as a sectio | | <u> </u> |
| | organization, check this box and stop | | | · | | | ▶ □ |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2012 (| line 6, column (f) dı | vided by line 11, c | olumn (f)) | | 14 | 55.53 % |
| 15 | Public support percentage from 2011 | Schedule A, Part | li, line 14 | | | 15 | 53.35 % |
| 16a | 33 1/3% support test - 2012. If the c | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or n | ore, check this bo | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | $\triangleright X$ |
| b | 33 1/3% support test - 2011. If the o | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | ıs box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances tes | t - 2012. If the orga | anization did not c | heck a box on line | 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check th | iis box and stop h | ere. Explain ın Paı | t IV how the organ | ization |
| | meets the "facts-and-circumstances" | test. The organization | tion qualifies as a | publicly supported | dorganization | | |
| b | 10% -facts-and-circumstances tes | t - 2011. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or ⁻ | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circui | mstances" test, ch | eck this box and | stop here. Explain | in Part IV how the | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization o | ualifies as a public | cly supported orga | inization | ▶□ |
| <u>18</u> | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s ▶ □ |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2012 |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to |
|--|
| gualify under the tests listed helpy, places complete Part II.) |

| Sec | ction A. Public Support | | | | | | |
|------------|--|---------------------|------------------------|------------------------|-----------------------|----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | ınclude any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | 1 |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 76 | Amounts included on lines 1, 2, and | | 1 | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | Armounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| • | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | <u> </u> | | <u> </u> | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | : | | | |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 is for | r the organization' | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | ation, |
| | check this box and stop here | | <u></u> | <u> </u> | | | ▶□ |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2012 (| ine 8, column (f) c | livided by line 13, | column (f)) | | 15 | % |
| 16 | Public support percentage from 2011 | Schedule A, Part | : III, line 15 | | | 16 | % |
| | ction D. Computation of Inve | | | | | | |
| 17 | Investment income percentage for 20 | 12 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | a 33 1/3% support tests - 2012. If the | | | on line 14, and lin | e 15 is more than | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box a | | | | | | ▶□ |
| ŧ | 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che | organization did i | not check a box o | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | |
| 20 | Private foundation. If the organization | | | | | | • |
| <u> 20</u> | Filvate loundation. II the organization | AL GIO HOL CHECK & | DUA UII III III 14, 18 | a, or 190, clieck t | III DOV BUILD SOO III | 5.1.001.01.10 | |

| Sched | ule A | (Form 990 | or 990 | -EZ) 20 | 12 FOUN | ITADI | ON | | | | | | | | | <u>54-18</u> | 14360 _f | Page 4 |
|----------|-------|-----------------|--------|-------------|--------------|--------------|--------------|----------|----------|----------|----------------|--------|----------|-------------|------------|---------------|--------------------|--------|
| Part | IV | | | | | | | ils par | t to pro | ovide th | e explanatio | ns rec | guired | by Part | li, line 1 | 0; Part II, I | ne 17a or 17 | 7b; |
| <u> </u> | | , | | | | | | | | | ation. (See ii | | | | | | | • |
| | | and rant | , | 12.710 | 0 0011151010 | 11110 1111 | | , | | | (+ | | | | | | | |
| TEC | FC | יייי ער בואז זכ | TON | TC | ומסקסס | TNC | Δ (| SHO1 | рт V | FΔR | RETUR | J F | OR. | TUNE | 30. | 2013 | WHICH | TS |
| 1110 | 1 | JUNDAI. | TON | 10 | FILLERI | TING | | 31101 | | ш | ND TOIL | | <u> </u> | 0 0111 | 307 | | ********** | |
| mur | 6 | MONIMU | זיזמ | חחדם | EDOM. | דא אזו | <i>ו</i> מאז | , 1 | 201 | 3 111 | JUNE | 30 | 20 | 12 | | | | |
| THE | 6 | MONTH | PE | KIUD | FROM | JANC | JAK | <u> </u> | 201 | . 3 1 | J JUNE | 30 | 20 | 13. | | | | |
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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.

2012
Open to Public Inspection

Name of the organization

INDEPENDENT ELECTRICAL CONTRACTORS

Employer identification number 54-1814360

| | FOUNDATION | | 54-1814360 |
|------------|---|--|---|
| Par | t Organizations Maintaining Donor Advise | d Funds or Other Similar Fund | is or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| _ | Aggregate contributions to (during year) Aggregate grants from (during year) | | |
| 3 | | | |
| 4 | Aggregate value at end of year | writing that the appets hald in depart ad- | yead funds |
| 5 | Did the organization inform all donors and donor advisors in | | Yes No |
| _ | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpos | |
| D - | impermissible private benefit? | 11V-14- F 000 | Yes No |
| Pa | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or e | · | nistorically important land area |
| | Protection of natural habitat | Preservation of a ce | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | <u> </u> |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ucture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic struc | oture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by t | he organization during the tax |
| | year ▶ | , | · · |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the pel | | - f |
| • | violations, and enforcement of the conservation easements i | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | | _ |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| 0 | • | re satisfy the requirements of section 17 | Yes No |
| _ | and section 170(h)(4)(B)(ii)? | an accompate in its revenue and expan | |
| 9 | In Part XIII, describe how the organization reports conservati | | |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describe | s the organization's accounting for |
| Da | conservation easements. *I III Organizations Maintaining Collections o | f Art Historical Treasures or | Other Similar Assets |
| Fal | Complete if the organization answered "Yes" to Form | | Other Ollillar Assets. |
| | | | |
| 18 | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public ext | | rance of public service, provide, in Part Alli, |
| | the text of the footnote to its financial statements that descri | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of p | bublic 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 tre | | cial gain, provide |
| | the following amounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | _ |
| a | Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| b | Assets included in Form 990, Part X | | > \$ |
| | | | |

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

Schedule D (Form 990) 2012

| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tre | easures, o | or Othe | er Simil | <u>ar Asse</u> | ts (contu | nued) | |
|--------------|---|--------------------------|--------------------------|---------------|------------|------------|----------------|------------------|---------|--|
| 3 | Using the organization's acquisition, accession | on, and other record | s, check any of the | following the | t are a s | ignificant | use of its | collectio | n item | s |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Loan or excl | hange progra | ams | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | how they further th | ne organizati | on's exe | mpt purp | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations o | of art, historical treas | sures, or oth | er sımılaı | r assets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | aintained as part of the | ne organization's co | llection? | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | gements. Comple | te if the organizatio | n answered | "Yes" to | Form 990 | , Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | ary for contribution | s or other as | sets not | ıncluded | | _ | | _ |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | | |
| | | | | | | | | Amoun | t | |
| С | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation has been | provided in | Part XIII | | | | | <u>] </u> |
| Par | t V Endowment Funds. Complete it | the organization an | swered "Yes" to Fo | rm 990, Part | IV, line 1 | 0. | | | | |
| | | (a) Current year | (b) Prior year | (c) Two yea | rs back | (d) Three | years back | (e) Fou | r years | back |
| 1a | Beginning of year balance | 390,085. | 365,085. | 36 | 0,085. | 3 | 14,405. | 1 | 210 | 972. |
| b | Contributions | | 25,000. | | 5,000. | | 10,000. | | | 100. |
| С | Net investment earnings, gains, and losses | | | | | | 35,680. | | 103 | 333. |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | _ | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 390,085, | 390,085. | 36 | 5,085. | 3 | 60,085. | | 314, | 405. |
| 2 | Provide the estimated percentage of the curr | ent vear end balance | e (line 1g. column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | • | % | | | | | | | |
| b | Permanent endowment ► 100.00 | | - | | | | | | | |
| | Temporarily restricted endowment ▶ | <u>~~</u> % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | ld equal 100%. | | | | | | | | |
| За | Are there endowment funds not in the posse | | tion that are held a | nd administe | ered for t | he organi: | zation | | | |
| - | by: | | | | | | | [| Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | X |
| | (ii) related organizations | | | | | | | 3a(ii) | | X |
| h | If "Yes" to 3a(II), are the related organizations | listed as required o | n Schedule B? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| ************ | t VI Land, Buildings, and Equipm | | | | | | | | | |
| L | Description of property | (a) Cost or of | | or other | (c) A | ccumulate | ed | (d) Boo | k valu | |
| | 2000priori or proporty | basis (investr | 1 ' ' | (other) | | preciation | - 1 | ,, 500 | | |
| 1a | Land | | <u> </u> | | | | | | | |
| ь | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| | Equipment | - | | 4,182. | | 4,1 | 82. | | | 0. |
| | Other | - | | • | | _ | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | gual Form 990. Part | X. column (B), line 1 | O(c).) | | | • | | | 0. |

Schedule D (Form 990) 2012

| (2) | | | | |
|--------|---|----------------|----------|-----------------|
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | · · · · · · · · |
| (10) | | | | |
| 1:-7 | mn (b) must equal Form 990, Part X, col (B) line 15.) | | • | |
| Part X | Other Liabilities. See Form 990, Part X, line 25. | | | |
| • | (a) Description of liability | (b) Book value | | |
| | | | 7 | |

| 1. | (a) Description of liability | (b) Book value |
|-------------------|--|----------------|
| (1) Federal ı | ncome taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b | o) 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

(3) Other

(B) (C) (D) (E) (F) (G) (H) (1)

(1) (2)(3) (4) (5) (6) (7) (8) (9) (10)

(1)

| Scho | dule D (Form 990) 2012 FOUNDATION | 54- | 1814360 Page 4 |
|--------|--|-------|---------------------------------------|
| Par | 000 0 (101111 000) 2012 | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 102,123. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| a | Net unrealized gains on investments 2a 22,420. | | |
| ь | Donated services and use of facilities 2b 4,000. | | |
| c | Recoveries of prior year grants 2c | | |
| d | Other (Describe in Part XIII.) | 1 1 | |
| | Add lines 2a through 2d | 2e | 26,420. |
| 3 | Subtract line 2e from line 1 | 3 | 75,703. |
| 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.) | 1 | |
| | 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 | 75,703. |
| | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Retu | |
| 1 | Total expenses and losses per audited financial statements | 1 | 111,776. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| _ a | Donated services and use of facilities 2a | | |
| ь | Prior year adjustments 2b | 1 | |
| ^ | Other losses 2c | | |
| d | Other (Describe in Part XIII.) | 1 1 | |
| | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 111,776. |
| | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| a | | 1 1 | |
| b | | 10 | 0. |
| C | Add lines 4a and 4b | 4c | 111,776. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) It XIII Supplemental Information | 3 | 111/1100 |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 | b and | 2h: Port V. lino 4: Port |
| | | | 20, Fart V, 1111 0 4, Fart |
| | e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat RT V, LINE 4: THE FOUNDATION'S ENDOWMENT FUND WAS ESTABLIS | | TO |
| FAI | (1 V, DINE 4: THE FOUNDATION 5 ENDOWMENT TOND WAS ESTABLIS | ממוו | |
| FUN | ND FUTURE GRANTS. | | |
| 101 | VD 1 010KL GRANID: | | |
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| | | | |
| PAF | RT X, LINE 2: THE FOUNDATION RECOGNIZES THE EFFECT OF INCO | ME (| TAX |
| 1111 | AT A BIND ET THE TOURDHITON RECOGNIZED THE ETTECT OF ENOU | | |
| POS | SITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT O | F B | EING |
| SUS | STAINED. THE FOUNDATION BELIEVES IT HAS APPROPRIATE SUPPOR | T F | OR ANY TAX |
| POS | SITIONS TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX | PO | SITIONS |
| | VARIABLE SALE SALE SALE CONTRACTOR SALE CONTRACTOR SALE CONTRACTOR SALES | | <u> </u> |
| тни | AT ARE MATERIAL TO THE FINANCIAL STATEMENTS. | | |

Schedule D (Form 990) 2012

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

Parti

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

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

Open to Public OMB No 1545-0047

2 **Employer identification number** 54-1814360 Inspection X Yes 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 ► Attach to Form 990. INDEPENDENT ELECTRICAL CONTRACTORS General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION Name of the organization

| Part # 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. |
|--|
|--|

| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | 55.000. Part II can | be duplicated if additi | ional space is need | ed. | | | |
|---|---|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| 1 (a) Name and address of organization or government | (p) 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 |
| IEC - FT. WORTH/TARRANT COUNTY C/O IEC | 75.1015273 | , w | c | 017 tt | ANA | THE MENT | EQUIPMENT POR TRAINING |
| SKILLS USA C/O IEC ALEXANDRIA VA 22302 | 52-0812433 | (9) (2) | o o | 2,429. | WW | RQUI PMENT | EQUIPMENT FOR TRAINING CENTER LABS |
| | 52-1798121 | (9) (0) | o | 5 949 | VMA | ROUI PMENT | EQUIPMENT FOR TRAINING CENTER LABS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed 3 Enter total number of other organizations listed in the line 1 table | ind government or s listed in the line | tions listed | in the line 1 table | : | | : . | 3. |

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

Schedule I (Form 990) (2012)

Page 2

54-1814360

FOUNDATION Schedule I (Form 990) (2012)

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.

| (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 |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| SCHOLARSHIPS | 1 | 300. | •0 | | |
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| | | | | | |
| 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. | ide the information | n required in Part I, | line 2, Part III, colum | n (b), and any other additional inf | ormation. |
| SCHEDULE I, PART I, LINE 2: EQUIPMENT | IS | DONATED TO | THE | ORGANIZATION AND IS | |
| THEN DONATED TO CHAPTERS OF IEC LOCATED THROUGHOUT THE UNITED STATES. | CATED THI | ROUGHOUT I | HE UNITED | STATES. THE | |
| EQUIPMENT IS USED FOR TRAINING PURPOSES | RPOSES ONLY. | LY. | | | |

SCHOLARSHIPS ARE AWARDED TO DESERVING AND QUALIFIED STUDENTS WHO HAVE

DEMONSTRATED DRIVE, DEDICATION AND LEADERSHIP IN THEIR PURSUIT OF CAREERS

IN THE ELECTRICAL INDUSTRY. THE FOUNDATION SCHOLARSHIP FUND IS OFFERED TO

IEC MEMBERS AND THEIR IMMEDIATE FAMILIES WHO PLAN TO PURSUE POST-SECONDARY

EDUCATION IN COLLEGE OR STATE ACCREDITED APPRENTICESHIP PROGRAMS. MINIMAL

232102 12-18-12

| Schedule I (Form 990) FOUNDATION | 54-1814360 Page 2 |
|--|----------------------------|
| Schedule I (Form 990) FOUNDATION Part IV Supplemental Information | |
| | |
| MONITORING IS REQUIRED. | |
| MONITORING IS REQUIRED. | |
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| | Schedule I (Form 990) |
| | Octobusic i il Ottili 880) |

232291 05-01-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2012
Open to Public Inspection

Name of the organization

INDEPENDENT ELECTRICAL CONTRACTORS FOUNDATION

Employer identification number 54-1814360

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: | |
|---|-------------|
| INDUSTRY'S FUTURE GROWTH AND PROFESSIONALISM. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED | D BY THE |
| CHAIRMAN OF THE ORGANIZATION. A COPY OF THE FORM 990 IS THEN | PROVIDED TO |
| EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH | THE IRS. |
| TODY OLD DADE UT CHEMION OF TIME 10. HUE ODGANIZATION MAKES | TMC |
| FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES | |
| GOVERNING DOCUMENTS AND FINANCIAL INFORMATION AVAILABLE TO THE | PUBLIC UPON |
| REQUEST. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTING FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 65,001. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 65,001. |
| | |
| PAYROLL SERVICES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 1,454. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 1,454. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 66,455. |
| | |

FORM 990; PART X11; LINE 2C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

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

| Schedule O (Form 990 or 990·EZ) (2012) | Page 2 |
|--|---|
| Name of the organization INDEPENDENT ELECTRICAL CONTRACTORS FOUNDATION | Employer identification number 54-1814360 |
| | |
| THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC | |
| INDEPENDENT AUDITOR SELECTION PROCESS DURING THE TAX YEAR | |
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| | fule O (Form 990 or 990-EZ) (2012) |
| 20 | |

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

► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

, i

Employer identification number 54-1814360

> ► See separate instructions. INDEPENDENT ELECTRICAL CONTRACTORS FOUNDATION

Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of 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.) End-of-year assets <u>e</u> Total income ᢓ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part H

(g) Section 512(b)(13) ŝ × controlled entity? Yes Direct controlling entity K/Z status (if section Public charity 501(c)(3)) e A/Z Exempt Code section 501(C)(6) চ্চ Legal domicile (state or foreign country) VIRGINIA ELECTRICAL CONTRACTORS TO PROMOTE AND FURTHER GROWTH OF INDEPENDENT Primary activity INDEPENDENT ELECTRICAL CONTRACTORS, INC. -74-1602512, 4401 FORD AVENUE, SUITE 1100, Name, address, and EIN of related organization

ALEXANDRIA, VA 22302

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

232161 12-10-12 LHA

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

54-1814360

Code V-UBI General of Percentage amount in box managing ownership 20 of Schedule Partner/ K-1 (Form 1065) Yes No 3 6 $\boldsymbol{\epsilon}$ ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets Ô Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

| | | | | | | | 1 | | | | |
|---------|---|------------------------|---------|--|--|--|---|---|--|--|--|
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 24 | Ŷ | | | | | | | | |
| _ ا | Section 512(b)(13) controlled | e | Yes No | | | | | | | | |
| £ | ge |) | | | | | | | | | |
| (b) | of | | | | | | | | | | |
| € | Ē, | 2 | | | | | | | | | |
| (e) | Type of entity | or trust) | | | | | | | | | |
| 9 | Direct controlling Type of entity S | , in the second | | | | | | | | | |
| (0) | = = | foreign | (Knuno) | | | | | _ | | | |
| (a) | Primary activity | | | | | | | | | | |
| (a) (b) | Name, address, and EIN | Ollegated Organization | | | | | | | | | |

Schedule R (Form 990) 2012

232162 12-10-12

INDEPENDENT ELECTRICAL CONTRACTORS Schedule R (Form 990) 2012 FOUNDATION

Page 3

54-1814360

Yes No

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

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

| 1 Durno the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II:IV? | ns with one or more re | elated organizations listed | in Parts II-IV? | | | | |
|--|----------------------------|--|-------------------------|--|--|--------------|------------|
| a Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity | | • | | | - L | × | - |
| b Gift, grant, or capital contribution to related organization(s) | • | • | | • | 16 | × | |
| c Gift, grant, or capital contribution from related organization(s) | | | | | 10 | X | J |
| d Loans or loan guarantees to or for related organization(s) | • | | | | 19 | × | J. |
| e Loans or loan guarantees by related organization(s) | | ; | | | 1e | × | <u>.</u> |
| f Dividends from related organization(s) | | | | | ¥ | × | |
| | • | | | | | × | |
| b Dirchage of accepte from related organization(c) | | • | | | . t | × | . _ |
| | | | | • | : | × | .ا |
| | ; | | | | - ; | \$ P | ۱, |
| Lease of facilities, equipment, or other assets to related organization(s) | | | , | | = | 4 | ار |
| k Lease of facilities, equipment, or other assets from related organization(s) | , | | | : | * | ~ | × |
| Performance of services or membership or fundraising solicitations for related organization(s) | ianization(s) | | | | = | × | ~ |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | | £ | × | ~ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | tion(s) | | | | <u> </u> | × | 1 |
| Sharing of paid employees with related organization(s) | | • | | : | 10 | × | |
| | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | . : | • | | 1 6 | 4 | 1 |
| q Reimbursement paid by related organization(s) for expenses | | • | | | 19 | * | × |
| | | | | | ······································ | , | > |
| | • | | : | | - , | () | حام |
| s Other transfer of cash or property from related organization(s) | | | | | 18 | <u>د</u> | اہ |
| 2 If the answer to any of the above is 'Yes,' see the instructions for information on v | who must complete the | ion on who must complete this line, including covered relationships and transaction thresholds | relationships and trans | action thresholds. | | | 1 |
| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | Method o | (d) Method of determining amount involved | rolved | | |
| (1) | | | | | | | |
| | | | | | | | 1 |
| | | | | | | | |
| (4) | | | | | | | |
| (2) | | | | | | | |
| Voj | | | | | | | |
| 91. | 32 | | | Schedule B (Form 990) 2012 | R (Form 9 | 00 00 | 15 |
| 21-0125 |] | | | |) :::) | 1 | ! |

54-1814360

Page 4

Schedule R (Form 990) 2012 FOUNDATION

Part * 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.

| (k) centage nership | | | | |
|---|------|--|------|------|
| Perce | | | | |
| General or managing partner? | | | | |
| (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | |
| Obsproportional donate allocations? | | | | |
| (9) Share of end-of-year assets Y | | | | |
| (f) Share of total income | | | | |
| (e) Are all partners sec 501(c)(3) orgs. Yes No | | | | |
| Predominant income pares sec (related, unrelated, excluded from 1ax under section 512-514) Yes No | | | | |
| (c) Legal domicile (state or foreign country) | | | | |
| (b) Primary activity | | | | |
| (a) Name, address, and EIN of entity | | | | |

Schedule R (Form 990) 2012

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Identifying number

Business or activity to which this form relates 54-1814360

| Par | | erty Under Section 1 | 79 Note: If yo | u have any lis | ted prope | erty, coi | mpiete Part | | ou complete Part I. |
|--|---|--|--------------------|---|--|-----------|----------------|------------|----------------------------|
| | aximum amount (see instructions) | | | | | | | 1 | |
| | otal cost of section 179 property pla | | |) | | | | 2 | |
| | reshold cost of section 179 propert | | | | | | | 3 | |
| 4 R | eduction in limitation. Subtract line 3 | 3 from line 2. If zero | or less, ente | er •0• | | | | 4 | |
| 5 Do | illar limitation for tax year Subtract line 4 from li | ne 1 If zero or less, enter | -0- If marned fill | | | | | 5 | |
| 6 | (a) Description of p | property | | (b) Cost (busin | ess use only |) | (c) Elected | cost | |
| | | | | | | | | | |
| | | | | | | | | | 1 |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 Li | sted property. Enter the amount from | m line 29 | | | | 7 | | | |
| 8 To | otal elected cost of section 179 prop | perty. Add amounts | s in column (d | c), lines 6 and | 7 | | | 8 | |
| | entative deduction. Enter the smalle | - | • | • | | | | 9 | |
| - | arryover of disallowed deduction fro | | 011 Form 45 | 62 | | | | 10 | |
| | usiness income limitation. Enter the | - | | | ro) or line | 5 | | 11 | |
| | | | | | | | | 12 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 | | | | | | | | | |
| | Do not use Part II or Part III below t | | | - | | | | | <u></u> |
| Par | ···· | | | | de listed | propert | v 1 | | |
| | Ordered | | | | | | | 1 | 1 |
| | pecial depreciation allowance for qu | alified property (ot | ner than liste | a property) p | iaced in s | ervice c | uring | | |
| | e tax year | 14 | | | | | | | |
| 5 P | roperty subject to section 168(f)(1) e | election | | | | | | 15 | |
| | ther depreciation (including ACRS) | | | | | | | 16 | |
| Par | MACRS Depreciation (Do r | not include listed p | | | .) | | | | |
| | | | Se | ection A | | | | | |
| 17 M | ACRS deductions for assets placed | d in service in tax y | ears beginnir | ng before 201 | 2 | | | _ 17 | |
| 18_ <u>if</u> | you are electing to group any assets placed in s | ervice during the tax year | into one or more | general asset acc | ounts, check | here | | <u> </u> | |
| | Section B - Asset | ts Placed in Service | e During 20 | 12 Tax Year | Using the | Gene | ral Deprecia | tion Syst | em |
| | (a) Classification of property | (b) Month and year placed in service | (business/i | or depreciation nvestment use instructions) | (d) Rec | | (e) Convention | (f) Method | (g) Depreciation deduction |
| 9a | 3-year property | | | | | | | | |
| b | 5-year property | | | - | | | | | |
| C | 7-year property | | | | | | | | |
| d | 10-year property | | | | | | | | |
| <u> </u> | 15-year property | - | | - | | | | | |
| 4 | | \dashv | | | | | | | |
| | 20-year property | | | | 25 y | | | S/L | |
| 9 | 25-year property | | | | | | NANA | S/L | <u> </u> |
| h | Residential rental property | <u> </u> | | | 27.5 | | MM | | |
| | | | | | 27.5 | | MM | S/L | |
| i | Nonresidential real property | / | | | 39 y | rs. | MM | S/L | |
| | | / | | | <u> </u> | | MM | S/L | |
| | Section C - Assets | Placed in Service | During 201 | 2 Tax Year U | sing the | Alterna | tive Deprec | | stem |
| 20a | Class life | | | | | | | S/L | |
| b | 12-year | | | | 12) | | | S/L | <u></u> |
| С | 40-year | | | | 40 y | rs. | MM | S/L_ | <u> </u> |
| Par | t IV Summary (See Instructions. |) | | | | | | | |
| 21 L | sted property. Enter amount from li | ne 28 | | | | | | 21 | |
| | otal. Add amounts from line 12, line | | nes 19 and 2 | 0 in column (g | g), and line | e 21. | | | |
| | nter here and on the appropriate line | | | | | | | 22 | 0 |
| | or assets shown above and placed | | | | | | | | |
| | ortion of the basis attributable to se | | | , | | 23 | | | |
| 16251 | | | | | | | | | Form 4562 (2012 |

Do you treat all use of vehicles by employees as personal use?

40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a)

Description of costs

(b)

Quite amortization

Amortizable

Section

Code

Amortization

period or percentage

42 Amortization of costs that begins during your 2012 tax year:

43

Amortization of costs that began before your 2012 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

Form 4562 (2012)

44

| Form 8868 (Rev. 1-2013) | | | | | | Page 2 | |
|--|-------------------|--|---------------|----------------|--|---------------|--|
| If you are filing for an Additional (Not Automatic) 3-Month Ex | tension. o | complete only Part II and check this | box | | | X | |
| Note. Only complete Part II if you have already been granted an a | | | | 3868. | | | |
| • If you are filing for an Automatic 3-Month Extension, comple | te only Pa | art I (on page 1). | | | | | |
| Part II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no co | pies ne | eded). | | |
| | | Enter filer's | | | | ructions | |
| Type or Name of exempt organization or other filer, see instru | ctions | | Employer | identificat | ion numb | er (EIN) or | |
| print INDEPENDENT ELECTRICAL CONTI | RACTO | RS | | | | _ | |
| File by the FOUNDATION | | | | 54-1 | <u>81436</u> | 0 | |
| due date for filing your return See 4 4 0 1 FORD AVENUE, NO. 1100 | ee instruc | tions. | Social se | curity num | ber (SSN) | | |
| instructions City, town or post office, state, and ZIP code. For a fe | orolan ada | trace saa instructions | | _ _ | - | | |
| ALEXANDRIA, VA 22302 | oreign auc | ress, see instructions. | | · | | | |
| | | | | | | | |
| Enter the Return code for the return that this application is for (file | e a separa | te application for each return) | | | | 0 1 | |
| Application | Return | Application | | | | Return | |
| Is For | | | | Code | | | |
| Form 990 or Form 990-EZ | 01 | | | | | | |
| Form 990-BL | | | | 08 | | | |
| Form 4720 (Individual) | | | 09 | | | | |
| Form 990-PF | | | 10 | | | | |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 1 | | | | |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | | 12 | |
| STOP! Do not complete Part II if you were not already granted | | <u>matic 3-month extension on a prev</u> | iously file | d Form 88 | <u> 368. </u> | | |
| THE FOUNDATION | | ************************************** | 0 2 | | | | |
| • The books are in the care of \triangleright 4401 FORD AVEN | <u>UE</u> | | 0.3 | | | | |
| Telephone No. ► 703-549-7351 | | FAX No. ▶ | | | | \Box | |
| If the organization does not have an office or place of busines | | | f Albin in fa | . 415 | | haale thia | |
| If this is for a Group Return, enter the organization's four digit | | emption Number (GEN) I | | | | | |
| box . If it is for part of the group, check this box | | 15, 2014 | all IIIeIIID | CIS (IIO CX | ension is | 101. | |
| | | | , JUN | 30, | 2013 | | |
| For calendar year, or other tax year beginningIf the tax year entered in line 5 is for less than 12 months, or | | | Final | | | : | |
| X Change in accounting period | JIICUK ICAS | initial rotoni | | Otani | | | |
| 7 State in detail why you need the extension | | | | | | | |
| THE ORGANIZATION REQUIRES ADD | TIONA | L TIME TO COMPILE | ACCOU | NTING | RECO | RDS | |
| TO ENSURE A COMPLETE AND ACCU | | | | | | | |
| | | | | • | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | enter the tentative tax, less any | | | | | |
| nonrefundable credits. See instructions. | | | 8a | \$ | | 0. | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and estimated | | | | | |
| tax payments made. Include any prior year overpayment al | | | | | | | |
| previously with Form 8868. | | | 8b | \$ | | <u> </u> | |
| c Balance due. Subtract line 8b from line 8a. Include your pa | ayment wi | th this form, if required, by using | | | | _ | |
| EFTPS (Electronic Federal Tax Payment System). See Instr | • | | 8c | \$ | | 0. | |
| | | st be completed for Part II o | | | | | |
| Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form | ding accom orm | panying schedules and statements, and to | the best o | f my knowle | edge and be | ∌lief, | |
| Signature ► Title ► | CHAIR | MAN | Date | > | | | |
| | | | | Form | 8868 (Re | ev. 1-2013) | |