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Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo		endar year, or tax year beginning 01-01-2013 , 2013, and ending 12-3	1-2013			
	eck if applicable	C Name of organization NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION		D Emplo	yer ident	ification number
	dress change	Doing Business As		13-10	085700	
	me change	NEMĀ				
	tial return rminated	Number and street (or P O box if mail is not delivered to street address) Room/su 1300 NORTH 17TH ST NO 900	ııte	· ·	one numbe	
☐ Am	ended return	City or town, state or province, country, and ZIP or foreign postal code ROSSLYN, VA 22209		(703)	1041-32	.00
Г Арі	plication pending	ROSSLIN, VA 22209		G Gross r	receipts \$ 3	32,124,780
		F Name and address of principal officer KEVIN COSGRIFF		Is this a group		
		1300 NORTH 17TH ST NO 900	:	subordinates?		┌ Yes 🗸 No
		ROSSLYN,VA 22209		Are all subord	ınates	┌ Yes ┌ No
 т Та	x-exempt status	501(c)(3)	1	included? If "No " attach	alist (s	see instructions)
	·	W NEMA ORG	1			
			1(-,	Group exempt		
		Corporation Trust Association Other ►	L Yea	r of formation 19	987 M S	tate of legal domicile DE
Ра		escribe the organization's mission or most significant activities				
Governance	SEGMEI ENERGY FOREIG REGIME MEMBE MORE T THAN \$	PY, AND RADIOPHARMACEUTICAL PRODUCTS ITS MEMBERS REPOTS AS WELL AS CROSS-FUNCTIONALACTIVITIES RELATED TO SAY EFFICIENCY, AND HIGH-PERFORMANCE BUILDINGS NEMA PROIN MARKETS BY 1) DEVELOPING AND HARMONIZING INDUSTRY SAYS, 2) SHAPING KEY LEGISLATION AND REGULATIONS, 3) PROVING COMPANIES, AND 4) ENABLING NETWORKING ON INDUSTRY-WHAN 800,000 WORKERS IN MORE THAN 7,000 MANUFACTURING 100 BILLION IN TOTAL SHIPMENTS NEMA SUPPORTS INTERNATMENTS THAT REDUCE FOREIGN TARIFFS, IMPORT QUOTAS, AND THE PROPERT OF T	MART G MOTES (STANDA DING EX IDE ISS(FACILIT IONAL T	RID, ENERGY COMPETITIVI RDS AND COI CLUSIVE MAI JES MEMBER IES IN THE U	STORACENESS INFORMIRKET INCOMPASS AND	GE, INDUSTRIAL N DOMESTIC AND TY ASSESSMENT TELLIGENCE TO NIES EMPLOY PRODUCE MORE LOGY
Activities &	2 Check t	his box 🛌 if the organization discontinued its operations or disposed i	of more tl	nan 25% of its	net ass	ets
Ĕ		ins box F If the organization discontinued its operations of disposed t		1411 25 70 01 105		
ই	1	of voting members of the governing body (Part VI, line 1a)			3	27
	1	of independent voting members of the governing body (Part VI, line 1b)			4	27
		mber of individuals employed in calendar year 2013 (Part V, line 2a) mber of volunteers (estimate if necessary)			6	331
	1	related business revenue from Part VIII, column (C), line 12			7a	17,697
		• • • • • • • • • • • • • • • • • • • •				/
	b Net unre	elated business taxable income from Form 990-T, line 34			7b	-2,635
	b Net unre	elated business taxable income from Form 990-1, line 34		Prior Year	7b	-2,635 Current Year
	8 Contr	butions and grants (Part VIII, line 1h)		Prior Year	129	Current Year 283,625
enue.	8 Contr 9 Progra	butions and grants (Part VIII, line 1h)		Prior Year 214, 22,891,	129	Current Year 283,625 24,360,528
Revenue	8 Contr 9 Progra 10 Inves	ibutions and grants (Part VIII, line 1h)		214, 22,891, 221,	129 919 026	283,625 24,360,528 437,279
Revenue	8 Contr9 Progra10 Inves11 Other	butions and grants (Part VIII, line 1h)		Prior Year 214, 22,891, 221, 1,407,	129 919 026 640	Current Year 283,625 24,360,528 437,279 1,211,317
Rayenue	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12).	butions and grants (Part VIII, line 1h)		214, 22,891, 221,	129 919 026 640	283,625 24,360,528 437,279 1,211,317 26,292,749
Rayenue	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12).	am service revenue (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407,	129 919 026 640 714	Current Year 283,625 24,360,528 437,279 1,211,317
	 8 Contr 9 Progra 10 Inves 11 Other 12 Total 12) 13 Grant 14 Benef 	abutions and grants (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407,	129 919 026 640	283,625 24,360,528 437,279 1,211,317 26,292,749
	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12). 13 Grant: 14 Benef 15 Saları 5-10	abutions and grants (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407,	129 919 026 640 714 0	283,625 24,360,528 437,279 1,211,317 26,292,749
	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12). 13 Grant: 14 Benef 15 Salari 5-10 16a Profes	Ibutions and grants (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407, 24,734,	129 919 026 640 714 0	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0
Expenses Revenue	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12). 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total fu	butions and grants (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407, 24,734,	129 919 026 640 714 0 0	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0
	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12). 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other	ibutions and grants (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407, 24,734, 10,792,	129 919 026 640 714 0 0	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0
	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12) 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other 18 Total	butions and grants (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956,	129 919 026 640 714 0 0 677 0	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0
Expenses	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12) 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other 18 Total	butions and grants (Part VIII, line 1h)	e	Prior Year 214, 22,891, 221, 1,407, 24,734, 10,792,	129 919 026 640 714 0 0 677 0	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646
Expenses	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12) . 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total for 17 Other 18 Total 19 Rever	butions and grants (Part VIII, line 1h)	e	214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956, 778, inning of Curre	129 919 026 640 714 0 0 677 0 779 456 258	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646 189,103
Expenses	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12) . 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other 18 Total 19 Rever	Ibutions and grants (Part VIII, line 1h)	e Begi	214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956, 778, inning of Curre Year 15,406, 9,504,	129 919 026 640 714 0 0 677 0 779 456 258 Int 260 005	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646 189,103 End of Year 20,796,526 14,399,101
Net Assets or Expenses Fund Balances	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12). 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as	abutions and grants (Part VIII, line 1h)	e Begi	214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956, 778, inning of Curre Year 15,406,	129 919 026 640 714 0 0 677 0 779 456 258 Int 260 005	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646 189,103 End of Year 20,796,526
Sign of Feed Balances Expenses	8	butions and grants (Part VIII, line 1h)	e Begi	214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956, 778, inning of Curre Year 15,406, 9,504, 5,902, edules and sta	129 919 026 640 714 0 0 677 0 779 456 258 Int	Current Year 283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646 189,103 End of Year 20,796,526 14,399,101 6,397,425
Sign of Feed Balances Expenses	8	butions and grants (Part VIII, line 1h)	e Begi	214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956, 778, inning of Curre Year 15,406, 9,504, 5,902, edules and stater) is based on 2014-11-10 Date	129 919 026 640 714 0 0 677 0 779 456 258 int 260 0005 255	Current Year 283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646 189,103 End of Year 20,796,526 14,399,101 6,397,425
Met Assets of Expenses Land Balances Expenses Land Balances	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12). 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total fu 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as 11 Sign 11 Sign 12 Penalties of 13 nowledge and 14 rer has any k 15 Sign 16 CLAF 17 Type	butions and grants (Part VIII, line 1h)	e Begi	214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956, 778, inning of Currey Year 15,406, 9,504, 5,902, edules and state er) is based on	129 919 026 640 714 0 0 677 0 779 456 258 Int	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646 189,103 End of Year 20,796,526 14,399,101 6,397,425
Net Assets of Expenses Land Betances Parisms P	8 Contr 9 Progra 10 Inves 11 Other 12 Total 12) . 13 Grant: 14 Benef 15 Salari 5-10 16a Profes b Total for 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net as 11 Sign 11 Sign 12 Type 13 CLAF 14 Type 15 CLAF 15 Type 16 CLAF 17 Type 16 CLAF	ibutions and grants (Part VIII, line 1h)	e Begi	214, 22,891, 221, 1,407, 24,734, 10,792, 13,163, 23,956, 778, inning of Curre Year 15,406, 9,504, 5,902, edules and state er) is based on 2014-11-10 Date Check ff	129 919 026 640 714 0 0 677 0 779 456 258 int 260 0005 255	283,625 24,360,528 437,279 1,211,317 26,292,749 97,500 0 11,032,113 0 14,974,033 26,103,646 189,103 End of Year 20,796,526 14,399,101 6,397,425 6, and to the best of mation of which
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May the IRS discuss this return with the preparer shown above? (see instructions)

▼Yes
□No

FOIII	1990 (2013)				Page
Par		t of Program Service And the desired the desired the desired to the desired th	Accomplishments or note to any line in this Par	tIII	٦
1	Briefly describe the	e organization's mission	<u> </u>		
TO ITHE	NCREASE THE AMO STANDARDIZATIO COLLECT INFORMA ASSOCIATION AN H, GOVERNMENTAL RIT OF COOPERATI ANDED DISTRIBUTI	DUNT AND IMPROVE THE C N OF ELECTRICAL, MEDIC TION RELATING TO THE I D TO THE PUBLIC TO APP DEPARTMENTS AND AGE ON AMONG THE MEMBERS	AL IMAGING, RADIATION T NDUSTRIES AND TO DISSEN EAR FOR THE MEMBERS OF NCIES IN REGARD TO MATT OF THE ASSOCIATION IN ICIENCY OF THE USE OF EL	ERVICE PRODUCTS TO THE PUHERAPY, AND RADIOPHARMANINATE SUCH INFORMATION THE ASSOCIATION BEFORE, ABERS AFFECTING THE INDUSTRIFE ATTAINMENT OF IMPROVECTRICAL, MEDICAL IMAGING	CEUTICAL PRODUCTS TO THE MEMBERS OF AND TO COOPERATE LIES TO PROMOTE A ED PRODUCTS,
2	the prior Form 990	or 990-EZ?	rogram services during the ye	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sched	ule O		
3	services?		significant changes in how it o	conducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Schedule C)		
4	expenses Section		anizations are required to repo	three largest program services, a ort the amount of grants and alloc	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(APPROXIMATELY 50 D	DIFFERENT CATEGORIES) ACTIVITI		CTURES ONE OR MORE PRODUCTS WITH OMOTION OF VOLUNTARY PRODUCT STAI PRODUCT SAFETY	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	AND REGULATIONS D	EVELOPS AND PUBLISHES NEMA ST	ANDARDS ENSURES PROPOSED STAI	O ASSOCIATION MEMBERS AND STAFF ON NDARDS DO NOT CONFLICT WITH EXIST: BACK TO MEMBERS ON LOCAL ISSUES	
4c	(Code) (Expenses \$) (Revenue \$)
		NAGEMENT SERVICES - (EXCLUDES		ERS OPERATES A CENTRAL AGENCY FOR DICAL IMAGING, RADIATION THERAPY A	
	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$	<u> </u>
	PUBLIC AFFAIRS - LEG	GAL ACTIVITIES INCLUDE GOVERNM ATION WORK WITH STAFF EXECU	ENT RELATIONS, PUBLIC RELATIONS,	ENERGY POLICY AND PROGRAMS, AND VERNMENT AND PUBLIC RELATION NEED	
4.	O +				
4d	(Expenses \$	rvices (Describe in Schedule	O) g grants of \$	\/Payanua #	,
_		<u> </u>	y yrants or p) (Revenue \$)
4e	Total program ser	vice expenses 🟲			

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l No
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		'''
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
. 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L 8	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		No
L 9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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		No
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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		1	1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

-	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 72		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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		No
	If "Yes," enter the name of the foreign country ▶			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	11 163, to fine 3a of 3b, and the organization metrorin 0000-1"	5c		_
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	74 Test, indicate the number of forms of 202 med during the year 1 1 1 1			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response of	r note to any	line in this Part VI							.マ

Se	ection 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			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
6.	ection B. Policies (This Section B requests information about policies not required by the Internal R		in Cod	۵ ۱
36	ection B. Poncies (This Section B requests information about policies not required by the Internal K	event	ie cou	c.)
36	Ection B. Poncies (This Section B requests information about poncies not required by the Internal R	event	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KEVIN CAREY 1300 N 17TH STREET ROSSLYN, VA 22209 (703) 841-3200

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours		tion (han d n is l	ne l both	oox, an c			(C Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)) o	rganizati relate organiza	ed
												\perp		
												\perp		
												-		
												-		
												+		
												+		
1b	Sub-Total							<u> </u>				+		
C	Total from continuation sheet	s to Part VII, S	ection A	٠.				Þ						
d	Total (add lines 1b and 1c) .						•	Þ		3,143,195		0		476,900
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp												
	compensation from the organiz	ation Report co	mpens	ation	for t	he c	alenda	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	
	N	ame and business	address							Des	cription of services		Comper	

(A) Name and business address	(B) Description of services	(C) Compensation
POWELL TATE 700 THIRTEENTH STREET NW WASHINGTON DC 20005	PROFESSIONAL SERVICES	1,085,575
KELLY DRYE & WARREN LLP 3050 K STREET NW SUITE 400 WASHINGTON DC 20007	LEGAL SERVICES	550,985
ALSTON & BIRD LLP 950 F STREET NW WASHINGTON DC 20004	PROFESSIONAL SERVICES	480,000
HOGAN LOVELL US LLP 555 13TH STREET NW WASHINGTON DC 20004	PROFESSIONAL SERVICES	334,642
KOUTOUPES CONSULTING LLC 1341 G STREET NW SUITE 1100 WASHINGTON DC 20005	CONSULTING SERVICES	325,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►11

		Check if Schedi	ule O contains a respor	<u>nse or note to any lir</u>	ne in this Part VIII	<u> </u>	<u> </u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	ь		es 1b					
Gra	c	Fundraising eve	ents 1c					
ifts, ar A	d	Related organiz	rations 1d					
mij.	e	f All other contributions, gifts, grants, and 1f		283,625				
Contributions, Gifts, Grants and Other Similar Amounts	f							
tributic Other		Similar amounts no	ot included above					
a di	g	1a-1f \$						
Contand	h	Total. Add lines	s 1a-1f	· · · •	283,625			
en l	2-	MEMBER CUTE DUE	-	Business Code				
even	2a b	MEMBERSHIP DUES SPECIAL ASSESSME		900099	15,709,154	15,709,154		
or GE ∣	c	MEETINGS		900099	7,981,238 337,999	7,981,238		337,999
7. M.C	d	MANAGEMENT SER	VICES	900099	150,113	150,113		337,333
ъ E	e	CONTRACT REVEN	UE	900099	106,532	106,532		
Program Serwice Revenue	f	All other progra	am service revenue		75,492	73,953	1,539	
Ř	g	Total. Add lines	s 2a-2f	►	24,360,528			
	3		ome (including dividen		222,751			222,751
	4		ar amounts)		,			,
	5	Royalties		🕨	1,135,905			1,135,905
	_		(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incoi	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	6,046,559					
		assets other than inventory						
	b	Less cost or other basis and	5,832,031					
	С	sales expenses Gain or (loss)	214,528					
	d	Net gain or (los	s)		214,528			214,528
άs	8a	Gross income f events (not inc						
Other Revenue		\$						
ě		of contributions See Part IV, lin	reported on line 1c)					
4			а					
Ě	b c		penses b (loss) from fundraising	ovents -				
			rom gaming activities	events : :				
		See Part IV, lin	e 19					
	Ь	Less direct ex	penses b					
			· (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
		recums and and	a					
	b		oods sold b					
	С		(loss) from sales of inv					
	11a	Miscellaneous MISCELLANEO		Business Code 900099	59,254			59,254
	b	ADVERTISING		541800	16,158		16,158	·
	С							
	d		ue					
	e	Total. Add lines	s 11a-11d	🕨	75,412			
	12	Total revenue.	See Instructions .	🕨	26,292,749	24,020,990	17,697	1,970,437

101111330 (2013)
Part IX	Statement of Functional Expenses
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)
<u> </u>	

Check if Schedule O contains a response or note to any line in this Part IX						
	ot include amounts reported on lines 6b, o, 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	97,500				
2	Grants and other assistance to individuals in the United States See Part IV, line 22					
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	2,771,332				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	3,113,111				
7	Other salaries and wages	6,435,630				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	489,245				
9	Other employee benefits	717,268				
10	Payroll taxes	618,638				
11	Fees for services (non-employees)					
а	Management					
b	Legal	192,939				
С	Accounting	40,000				
d	Lobbying					
e	Professional fundraising services See Part IV, line 17					
f	Investment management fees	49,493				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,331,170				
12	Advertising and promotion					
13	Office expenses	185,980				
14	Information technology	29,895				
15	Royalties	21,815				
16	Occupancy	1,151,697				
17	Travel	1,044,220				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	986,387				
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	322,437				
23	Insurance	129,450				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)					
а	SPECIAL PROJECTS	2,465,905				
b	SPONSORSHIP	263,726				
c	MISCELLANEOUS	171,434			_	
d	FIELD REP EXPENSES	142,569				
e	All other expenses	444,916				
25	Total functional expenses. Add lines 1 through 24e	26,103,646				
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)					
		-	-	Fo	rm 990 (2013)	

Form 990 (2013)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in	this Part	:x							
					(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing				1					
	2	Savings and temporary cash investments			5,890,825	2	5,509,326				
	3	Pledges and grants receivable, net			8,150	3	13,382				
	4	Accounts receivable, net			1,017,240	4	923,654				
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete Paschedule L	art II of			5					
ets S	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L								
4ssets	7	Notes and loans receivable, net				6 7					
₫	8	Inventories for sale or use		· •		8					
	9	Prepaid expenses and deferred charges		• •	96,193		152,017				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		3,778,080	·	9	102,017				
	ь	Less accumulated depreciation	10b	795,535	462.728	10c	2,982,545				
	11	Investments—publicly traded securities			6,344,418		9,626,718				
	12	Investments—other securities See Part IV, line 11			691,375		765,328				
	13	Investments—program-related See Part IV, line 11			351,575	13	7 00,020				
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11	895,331		823,556						
					15,406,260						
	16	Total assets. Add lines 1 through 15 (must equal line 34) .					20,796,526				
	17	Accounts payable and accrued expenses		•	2,172,409		3,516,559				
	18	Grants payable		• •	0.404.040	18	7,000,004				
	19	Deferred revenue			6,184,810		7,993,961				
	20	Tax-exempt bond liabilities				20					
8	21	Escrow or custodial account liability Complete Part IV of Scho				21					
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		tees,							
<u>ia</u>		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third partie	s	1		23					
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	1,146,786	25	2,888,581						
	26	D		•	9,504,005		14,399,101				
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶			9,304,003	20	14,599,101				
ъ Ф		lines 27 through 29, and lines 33 and 34.	y and c	ompiete							
2	27	Unrestricted net assets	5,902,255	27	6,397,425						
<u>면</u>	28	Temporarily restricted net assets	, ,	28	, ,						
<u>-</u>	29	Permanently restricted net assets				29					
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h	ere ► 「	and							
5		complete lines 30 through 34.									
٥	30	Capital stock or trust principal, or current funds				30					
ψ O	31	Paid-in or capital surplus, or land, building or equipment fund				31					
	32	Retained earnings, endowment, accumulated income, or other t	unds			32					
풀	33	Total net assets or fund balances		•	5,902,255	33	6,397,425				
_	34	Total liabilities and net assets/fund balances			15 406 260	34	20 796 526				

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,2	292,749
2	Total expenses (must equal Part IX, column (A), line 25)	2		26,:	103,646
3	Revenue less expenses Subtract line 2 from line 1	3		:	.89,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		5,9	02,255
5	Net unrealized gains (losses) on investments	5		3	306,067
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,3	397,425
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:**

EIN: 13-1085700

Name: NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th person and a	ion (d nan o n is b	ne b oth ctor/	ox, u an of trus	nless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	2/1099-1413C)	related organizations
JOHN P SELLDORFF	5 00					<u> </u>				
CHAIR CHRISTOPHER B CURTIS		×		X				0	0	0
1ST VICE CHAIR	5 00	х		х				0	0	0
THOMAS S GROSS	5 00	х		х				0	0	0
2ND VICE CHAIR DONALD J HENDLER	5 00									
TREASURER		Х		Х				0	0	0
Bruno Biaslotta	5 00	х		Х				0	0	0
IMMEDIATE PAST CHAIR THEODORE D CRANDALL	1 00									
GOVERNOR		Х						0	0	0
DARYL D DULANEY GOVERNOR	1 00	х						0	0	0
JOHN W ESTEY	1 00	х						0	0	0
GOVERNOR GABRIEL GARZA	1 00	Х						0	0	0
GOVERNOR ROBERT GILLIGAN	1 00									
GOVERNOR MARK J GLIEBE	1 00	Х						0	0	0
GOVERNOR		Х						0	0	0
SUSAN W GRAHAM GOVERNOR	1 00	х						0	0	0
GREGORY B KENNY GOVERNOR	1 00	х						0	0	0
VERNON J NAGEL GOVERNOR	1 00	х						0	0	0
MICHAEL W PESSINA GOVERNOR	1 00	х						0	0	0
TIMOTHY H POWERS	1 00	х						0	0	0
GOVERNOR KENAN SAHIN	1 00	Х						0	0	0
GOVERNOR ENRIQUE O SANTACANA	1 00	х						0	0	0
GOVERNOR GREGORY M SEBASKY	1 00	х						0	0	0
GOVERNOR GREG SORENSEN MD	1 00	х						0	0	0
GOVERNOR JOHN M STROPKI	1 00	х						0	0	0
GOVERNOR MARYROSE SYLVESTER	1 00	Х						0	0	0
GOVERNOR STUART W THORN	1 00	Х						0	0	0
GOVERNOR BETH WOZNIAK	1 00	X						0	0	0
GOVERNOR MIKE WELLER	1 00									
GOVERNOR		Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	1	ntracto	rs					!	1	ı	
(A) Name and Title	(B) (C) A verage hours per week (list any hours for related (C)					nless ficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related related organizations	
MARK BULANDA	1 00	x						0	0	0	
INDIVIDUAL TRUSTEE											
DONALD FOWLER	1 00	×						0	0	0	
INDIVIDUAL TRUSTEE DAVID F FITZGIBBON	1.00	-									
	1 00	×						0	0	0	
INDIVIDUAL TRUSTEE DANIEL JONES	1 00										
INDIVIDUAL TRUSTEE	1 00	х						0	0	0	
PHILIP MEZEY	1 00										
INDIVIDUAL TRUSTEE		×						0	0	0	
DAVID NORD	1 00										
INDIVIDUAL TRUSTEE		×						0	0	0	
EVAN GADDIS	40 00			<u>,,</u>							
PRESIDENT & CEO				Х				577,089	0	33,099	
CLARK SILCOX	40 00			_				242.002	0	60.022	
SECRETARY, GENERAL COUNSEL				Х				242,883	0	69,033	
THOMAS HIXON	40 00				X			225,143	0	68,492	
VP, FINANCE & ADMIN					^			223,143	Ů	00,432	
KYLE PITSOR	40 00				х			243,592	0	43,654	
VP, GOVERNMENT RELATIONS								,		,	
AL SCOLNIK	40 00				х			207,825	0	17,089	
VP, TECH SERVICES DON LEAVENS	10.00										
	40 00				х			260,249	0	61,248	
VP AND CHIEF ECONOMIST RIC TALLEY	40 00										
	40 00				Х			263,058	0	22,062	
VP OF COMM & MARKETING GAIL RODRIGUEZ	40 00										
VP & MANAGING DIR OF MITA					Х			207,926	0	22,736	
CHARLES KONIGSBERG	40 00										
VICE PRESIDENT, STRATEGY,P					Х			189,838	0	16,311	
BRUCE SCHOPP	40 00										
MANAGER TRANS SYSTEMS						X		136,467	0	23,936	
PAUL MOLITOR	40 00							454.000		20.500	
NEMA COMMUNICATIONS						Х		161,883	0	20,680	
MARK KOHORST	40 00					х		125 224	0	24 545	
SR MGR, ENV HEALTH						^		135,224	0	24,545	
JOHN CASKEY	40 00					х		153,551	0	27,289	
ASSISTANT VP FOR OPERATION								133,331		21,203	
JAMES CREEVY	40 00					x		138,467	0	26,726	
GOVERNMENT MANAGERS											

DLN: 93493318037354

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

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

◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION 13-1085700 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ┌ No Was a correction made? 4a □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NEMAPAC	1300 NORTH 17TH ST SUITE 1752 ROSSLYN,VA 22209		0	6,500

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduses FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

23,690,392

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

		(a	ı)	(b)
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	O ther activities?			
j	Total Add lines 1c through 1i	•		
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?			
b	If "Yes," enter the amount of any tax incurred under section 4912	•		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)	(5), o	r section

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

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

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year	2a	3,752,5!	56
b	Carryover from last year	2b	139,9	22
c	Total	2c	3,892,47	78
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3,655,47	27
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	237,0!	51
5	Taxable amount of lobbying and political expenditures (see instructions)	5		_

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Return Reference	Explanation
PART I-A, LINE 1	IN 1998, THE NEMA BOARD OF GOVERNORS ESTABLISHED NEMA PAC FOR THE EXPRESS PURPOSE OF SUPPORTING INDIVIDUALS FOR THE US SENATE AND US HOUSE OF REPRESENTATIVES WHO REFLECT THE PUBLIC POLICY VALUES OF THE ASSOCIATION AND ITS MEMBERS ADDRESSING ENERGY, ENVIRONMENT, TRADE, ANTI-COUNTERFEITING, TAX, HEALTHCARE, AND OTHER ELECTRICAL INDUSTRY ISSUES NEMA PAC IS ADMINISTERED BY THE NEMA PAC BOARD OF GOVERNORS, WHO DETERMINE WHICH CANDIDATES TO SUPPORT BASED ON THE FOLLOWING CRITERIA -THE CANDIDATE HAS AGENDA THAT SUPPORTS ELECTRICAL INDUSTRY ISSUES, -THE CANDIDATE IS IN A CLOSE RACE, AND -THE CANDIDATE REPRESENTS A CONSTITUENCY WITH AN ELECTRICAL INDUSTRY PRESENCE NEMA PAC COLLECTS AND MAKES CONTRIBUTIONS OR OTHER EXPENDITURES FOR THE PURPOSE OF FURTHERING THE CANDIDACIES OF SUCH PERSONS, IN ACCORDANCE WITH THE FEDERAL ELECTION CAMPAIGN ACT AND OTHER APPLICABLE LAWS

1

201104410 3 (1 01111 3 3 0 01 3 3 0 12) 2 0 1 3		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318037354

OMB No 1545-0047

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Nar	me of the organization IONAL ELECTRICAL MANUFACTURERS ASSOCIATION		Emp	loyer identification	on numbe	r
1AI	IONAL ELECTRICAL MANUFACTURERS ASSUCIATION		13-	1085700		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				Complet	e if the
		(a) Donor advised funds		(b) Funds and oth	neraccou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			er purpose	┌ Yes	┌ No
aı	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forr	n 990, Part IV,	lıne 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a G	certifie	d historic structui	re	
	easement on the last day of the tax year	. quamica conscitution continuation in		T		
				Held at the Er	nd of the	Year
3	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	, ,	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register	juired after 8/1 //06, and not on a	2d			
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization du	rıng	
	the tax year ►					
	Number of states where property subject to conservati	ion easement is located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	f violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	nents (during the year		
	A mount of expenses incurred in monitoring, inspecting • \$, and enforcing conservation easement:	s durın	g the year		
	Does each conservation easement reported on line 2 (cand section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 1		┌ Yes	┌ No
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial ents	stater	ments that describ	oes	
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar As	ssets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	earch in furtheranc		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education,				ıc
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, historical following amounts required to be reported under SFAS		r finan	icial gain, provide	the	
	Revenues included in Form 990, Part VIII, line 1			► \$		
)	Assets included in Form 990, Part X			► \$		

Part	••• Organizations Maintaining Col	llections of Art,	Hist	tori	cal T	<u>reası</u>	ires, or C	<u>)the</u>	<u>r Similar i</u>	Asse	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, ch	eck	any of	the foll	lowing that	are a	significant (use of	its	
а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	n how	the	y furth	er the (organızatıoı	ı's ex	cempt purpos	se in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t	o be maintained as i	part o	fthe	organ	ızatıon	's collection	n?			Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answere	ed "Y	es" to Forn	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontribi	utions	or other ass	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follow	/ıng t	able		-					
										Amou	ınt	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?							Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natı	on has	been	provided in	Part	XIII			Г
Pai	t V Endowment Funds. Complete											
		(a)Current year	(b)	Prior	year	b (c) ⊺	wo years bac	k (d)	Three years ba	ck (e)Four ye	ears back
1a	Beginning of year balance					-		+		+		
Ь	Contributions							+		+		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (line	e 1 g	, colun	nn (a))	held as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ition t	hat	are hel	d and a	admınıstere	d for	the			
	organization by	_							_		Yes	No
	(i) unrelated organizations			•				•		3a(i)		
L	(ii) related organizations							•	<u> </u>	3a(ii) 3b		
ь 4	Describe in Part XIII the intended uses of th	· · · · · · · · · · · · · · · · · · ·						•		שכ		
	t VI Land, Buildings, and Equipme					n ansv	wered 'Yes	s' to	Form 990.	Part	TV. lır	ne
	11a. See Form 990, Part X, line 1			gai	nzacio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		101111 330,	rare	± • ,	
	Description of property				Cost o		(b)Cost or obasis (oth		(c) Accumula depreciatio		(d) Bo	ok value
1a	and											
b I	Buildings		-									
c I	easehold improvements						2,104	1,673	80	0,949		2,023,724
d I	Equipment						1,23	1,756	368	3,525		863,231
e (Other			1				1,651	1 244	5 06 1		95,590
	I. Add lines 1a through 1e <i>(Column (d) must e</i>						<u> </u>	1,651		5,061		2,982,545

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organization	answered 'Yes' to Fori	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va	
(1)Financial derivatives		Cost of end-of-year i	naiket value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related. C	complete if the organization	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year i	
		,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization), Part IV, line 11d See F T	
(a) Desc	приоп		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. Complete if the org			ne 11e or 11f. See
Form 990, Part X, line 25.	(b) Pook volue		
1 (a) Description of liability	(b) Book value		
Federal income taxes			
POST-RETIREMENT BENEFITS	685,336		
DEFERRED RENT	2,203,245		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,888,581		
2. Liability for uncertain tax positions In Part XIII, provid	le the text of the footnote to th	e organization's financial	statements that

1	Total revenue, gains, and otl	her support per audited financial statements	1	26,716,213
2	A mounts included on line 1 l	but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on inve	stments 2a 306,067		
b	Donated services and use of	facilities 2b		
С	Recoveries of prior year gran	nts 2c		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	 	2e	472,957
3	Subtract line 2e from line 1		3	26,243,256
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b . 4a 49,493		
b	Other (Describe in Part XIII) 4b		
С	Add lines 4a and 4b		4c	49,493
5	Total revenue Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 12)	5	26,292,749
Part		Expenses per Audited Financial Statements With Expenses	per	Return. Complete
	-	inswered 'Yes' to Form 990, Part IV, line 12a.	_	
1	·	er audited financial statements	1	26,221,046
2		out not on Form 990, Part IX, line 25		
а		facilities		
b	•			
С	Other losses			
d	·)		
e	Add lines 2a through 2d .		2e	166,893
3	Subtract line 2e from line 1		3	26,054,153
4		90, Part IX, line 25, but not on line 1:		
а		cluded on Form 990, Part VIII, line 7b 4a 49,493		
b	Other (Describe in Part XIII)		
C			4 c	49,493
5		and 4c. (This must equal Form 990, Part I, line 18)	5	26,103,646
	XIII Supplemental In			
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b (I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
PART	X, LINE 2	NEMA IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDITHE INTERNAL REVENUE CODE (IRC) UNDER THE IRC, ADVERTISI LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO UNRELATED BUSITHERE IS NO MATERIAL NET UNRELATED BUSINESS INCOME TAX 2012 NEMA FOLLOWS ACCOUNTING STANDARDS FOR DEALING WACCOUNTING FOR INCOME TAX PROVISIONS NEMA HAS DETERM HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGAT 31, 2013 AND 2012 YEARS ENDING ON OR AFTER DECEMBER 31, 2 EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES	NG RE NESS LIABI ITH U INED IONS	VENUE EARNED, INCOME TAX LITY FOR 2013 AND NCERTAINTY IN THAT IT DOES NOT AS OF DECEMBER
	XI, LINE 2D - OTHER STMENTS	GAIN ON POST RETIREMENT BENEFITS 166,890		
	XII, LINE 2D - OTHER STMENTS	GAIN ON POST RETIREMENT BENEFITS, REDUCTION OF SALARY &	BENE	FIT EXPENSE

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493318037354

2013

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION 13-1085700 Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures region (by type) (e g , fundraising, program services, investments, grants offices in the employees, program service, describe for and investments ın region agents, and specific type of region independent service(s) in region contractors in to recipients located in the region region) (1) EAST ASIA AND THE 1 2 PROGRAM SERVICES WORKED WITH 190,661 PACIFIC VARIOUS STAKEHOLDERS TO DEVELOP ELECTRICAL PRODUCT STANDARDS, ORGANIZED AND CONDUCTED SEMINARS ON A VARIETY OF DIFFERENT SUBJECTS, AND WORKED WITH INDUSTRY PROFESSIONALS IN THE RESPECTIVE COUNTRIESON EMERGING PRODUCT TESTING AND CERTIFICATION POLICIES AND PRACTICES (2) NORTH AMERICA 1 2 PROGRAM SERVICES WORKED WITH 228,693 VARIOUS STAKEHOLDERS TO DEVELOP ELECTRICAL IP RO DUCT STANDARDS, ORGANIZED AND CONDUCTED SEMINARS ON A VARIETY OF DIFFERENT SUBJECTS, AND WORKED WITH INDUSTRY PROFESSIONALS IN THE RESPECTIVE COUNTRIESON EMERGING PRODUCT TESTING AND CERTIFICATION POLICIES AND PRACTICES PROGRAM SERVICES WORKED WITH (3) SOUTH AMERICA 69.974 1 VARIOUS STAKEHOLDERS TO DEVELOP ELECTRICAL PRODUCT STANDARDS, ORGANIZED AND CONDUCTED SEMINARS ON A VARIETY OF DIFFERENT SUBJECTS. AND WORKED WITH INDUSTRY PROFESSIONALS IN THE RESPECTIVE COUNTRIESON EMERGING PRODUCT TESTING AND CERTIFICATION POLICIES AND PRACTICES (4) (5) 3a Sub-total 489,328 **b** Total from continuation sheets 0 0 to Part I 6 c Totals (add lines 3a and 3b) 3

			ived more than \$5,0					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
			ted above that are re or counsel has pro					
3 Enter total nu	mber of other or	ganızatıons or en	tities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	ি	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	দ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	~	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	্ব	Νo

Schedule F (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 13-1085700

Name: NATIONAL ELECTRICAL MANUFACTURERS

ASSOCIATION

Schedule F (Form 990) 2013

Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493318037354 OMB No 1545-0047

Schedule I (Form 990)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

ATTONAL ELECTRICAL MAN	OFACTORERS ASSO	CIATION				13-1085700	
Part I General Inform	nation on Grants	and Assistance				'	
Does the organization main the selection criteria usedDescribe in Part IV the or	I to award the grants	orassistance?					┌ Yes ┌
		Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE CENTER FOR CAMPUS FIRE SAFETY 10 STATE STREET NEWBURYPORT, MA 01950	14-1916059	501(C)(3)	25,000				SUPPORT FOR NEMA & CCFS DATA PROJECT
(2) AUTOMATIC FIRE ALARM ASSOCIATION PO BOX 1569 JASPER,GA 30143	36-3630660	501(C)(6)	9,000				SPONSORSHIP FOR A WEBINAR ON FIRE ALARM WIRING REQUIREMENTS MADE EASY
(3) SOCIETY OF FIRE PROTECTION ENGINEERS INC 7315 WISCONSIN AVENUE SUITE 620E BETHESDA, MD 20814	04-6108834	501(C)(6)	21,000				NEMA SUPPORT OF FIRE PROTECTION ENGINEERING
(4) REGENTS OF THE UNIVERSITY 633 PENA DRIVE DAVIS,CA 95618	94-6036494	501(C)(3)	10,000				NEMA LIGHTING SYSTEMS DIVISION AFFILIATE MEMBERSHIP FOR THE CALIFORNIA LIGHTING TECHNOLOGY CENTER
(5) PRODUCT MANAGEMENT ALLIANCE 1000 POTOMAC STREET NW SUITE 500 WASHINGTON, DC 20007	46-1966440	501(C)(4)	15,000				LAMP SECTION SPONSORSHIP OF PRODUCT MANAGEMENT ALLIANCE'S 2013 ACTIVITIES
(6) AMERICAN COUNCIL FOR AN ENERGY EFFICIENT ECONOMY 529 14TH STREET NW SUITE 600 WASHINGTON, DC 20045	94-2711707	501(C)(3)	5,000				ANNUAL MEMBERSHIP IN THE ALLIES PROGRAM OF ACEEE
(7) ALLIANCE TO SAVE ENERGY PO BOX 791399 BALTIMORE,MD 21279	52-1082991	501(C)(3)	5,000				SPONSORSHIP OF 2013 EVENING WITH THE STARS DINNER
(8) NCSL FOUNDATION FOR STATE LEGISLATURE 770 EAST FIRST PLACE DENVER, CO 80230	74-2232576	501(C)(3)	7,500				2013 SPONSORSHIP OF THE NCSL FOUNDATION RENEWAL
		ı			1	İ	Ī

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				

Part IV	Supplemental Informa	tion. Provide the info	ormation required in Pa	rt I, line 2, Part III, c	olumn (b), and any other a	ddıtıonal ınformatıon.

Return Reference Explanation

Schedule I (Form 990) 2013

Additional Data

Software ID:

Software Version:

EIN: 13-1085700

Name: NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR CAMPUS FIRE SAFETY 10 STATE STREET NEWBURYPORT, MA 01950	14-1916059	501(C)(3)	25,000				SUPPORT FOR NEMA & CCFS DATA PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AUTOMATIC FIRE ALARM ASSOCIATION PO BOX 1569 JASPER,GA 30143	36-3630660	501(C)(6)	9,000				SPONSORSHIP FOR A WEBINAR ON FIRE ALARM WIRING REQUIREMENTS MADE EASY	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SOCIETY OF FIRE PROTECTION ENGINEERS INC 7315 WISCONSIN AVENUE SUITE 620E BETHESDA, MD 20814	04-6108834	501(C)(6)	21,000				NEMA SUPPORT OF FIRE PROTECTION ENGINEERING	

Form 990,Schedule 1, Pa	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REGENTS OF THE UNIVERSITY 633 PENA DRIVE DAVIS,CA 95618	94-6036494	501(C)(3)	10,000				NEMA LIGHTING SYSTEMS DIVISION AFFILIATE MEMBERSHIP FOR THE CALIFORNIA LIGHTING TECHNOLOGY CENTER		

Form 990,Schedule 1, Pa	-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PRODUCT MANAGEMENT ALLIANCE 1000 POTOMAC STREET NW SUITE 500 WASHINGTON, DC 20007	46-1966440	501(C)(4)	15,000				LAMP SECTION SPONSORSHIP OF PRODUCT MANAGEMENT ALLIANCE'S 2013 ACTIVITIES		

Form 990,Schedule I, Pai	rt II, Grants an	<u>d Other Assistance</u>	to Governments	and Organization	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COUNCIL FOR AN ENERGY EFFICIENT ECONOMY 529 14TH STREET NW SUITE 600 WASHINGTON, DC 20045	94-2711707	501(C)(3)	5,000				ANNUAL MEMBERSHIP IN THE ALLIES PROGRAM OF ACEEE

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>id Other Assistance</u>	<u>e to Governments</u>	and Organization	s in the United Sta	<u>ites </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE TO SAVE ENERGY PO BOX 791399 BALTIMORE, MD 21279	52-1082991	501(C)(3)	5,000				SPONSORSHIP OF 2013 EVENING WITH THE STARS DINNER

Form 990,Schedule I, Pa	rt II, Grants an	<u>d Other Assistance</u>	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCSL FOUNDATION FOR STATE LEGISLATURE 770 EAST FIRST PLACE DENVER,CO 80230	74-2232576	501(C)(3)	7,500				2013 SPONSORSHIP OF THE NCSL FOUNDATION RENEWAL

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DLN: 93493318037354

OMB No 1545-0047

Open to Public

Inspection

Schedule J

(Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Compensation Information

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION **Employer identification number**

		•	13-1085/00			
Pa	rt I Questions Regarding Compensati	ion			T.,	
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part		ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			1
	▼ Travel for companions	Г	Payments for business use of personal residence			1
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			1
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior t directors, trustees, officers, including the CEO/Ex			2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all used by a related organization to establish compe	That apply				
	Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	rol paymen	t?	4a		No
Ь	Participate in, or receive payment from, a supplen	nental non	qualified retirement plan?	4a		
c	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of					
а	The organization?			5a		1
Ь	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III		ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe	8		
9	If "Yes" to line 8, did the organization also follow section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Addıtıonal Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 13-1085700

Name: NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part	<u>. 11</u>	<u>- Officers, Direct</u>	<u>.ors, Trustees, Ke</u> v	<u>y Employees, and</u>	Hignest Compens	ated Employees		
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
EVAN GADDIS PRESIDENT & CEO	(I) (II)		, 	82,095	21,675 0	11,424 0	610,188 0	0 0
GENERAL COUNSEL	(I) (II)	0	0	17,764	57,609 0	11,424 0	311,916 0	0 0
THOMAS HIXON VP, FINANCE & ADMIN	(ı) (ıı)		40,000	13,908	53,354 0	15,138 0	293,635 0	0 0
KYLE PITSOR VP, GOVERNMENT RELATIONS	(I) (II)		6,275	42,331	38,643 0	5,011 0	287,246 0	0
AL SCOLNIK VP, TECH SERVICES	(ı) (ıı)) 178,014) 0	29,811	0 0	0	17,089 0	224,914 0	0 0
DON LEAVENS VP AND CHIEF ECONOMIST	(I) (II)	0	0	24,374	56,237 0	5,011 0	321,497 0	0
RIC TALLEY VP OF COMM & MARKETING	(I) (II)) 222,558) 0	0 0	1	21,675 0	387 0	285,120 0	0
GAIL RODRIGUEZ VP & MANAGING DIR OF MITA	(I) (II)	0	o o	1 ' 1	17,882 0	4,854 0	230,662 0	0 0
CHARLES KONIGSBERG VICE PRESIDENT, STRATEGY,P	(I) (II)		0 0	13,420	16,311 0	0	206,149 0	0
BRUCE SCHOPP MANAGER TRANS SYSTEMS	(I) (II)		0 0	' /	18,925 0	5,011 0	160,403 0	0
PAUL MOLITOR NEMA COMMUNICATIONS	(I) (II)		17,662	3,400	9,256 0	11,424 0	182,563 0	0
MARKKOHORST SR MGR,ENV HEALTH	(I) (II)		0,	11,290	9,878 0	14,667 0	159,769 0	0
JOHN CASKEY ASSISTANT VP FOR OPERATION	(I) (II)	0	0	15,471 0	12,622	14,667 0	180,840 0	0
JAMES CREEVY GOVERNMENT MANAGERS	(I) (II)		5,166	9,761	12,059	14,667 0	165,193 0	0

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DLN: 93493318037354

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION Employer identification number

13-1085700

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	REGULAR MEMBERS HAVE VOTING RIGHTS, AFFILIATE MEMBERS DO NOT
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS APPROVE THE ANNUAL BUDGET
FORM 990, PART VI, SECTION B, LINE 11	THE FOR 990 IS CIRCULATED AMONG ALL MEMBERS OF THE GOVERNING BOARD FOR REVIEW, COMMENT, AND APPROVAL
FORM 990, PART VI, SECTION B, LINE 12C	NEMA MONITORS FOR CONFLICTS OF INTEREST IN ITS BUSINESS RELATIONSHIPS ON A REGULAR BASIS T HROUGH THE FOLLOWING PROCESS ALL CONTRACTS MUST BE REVIEWED AND APPROVED BY NEMA'S GENERA L COUNSEL BEFORE SIGNATURE IN ADDITION, ALL CONTRACTS WITH A RISK VALUE TO NEMA ABOVE \$10 ,000 MUST BE REVIEWED, APPROVED, AND SIGNED BY NEMA'S PRESIDENT CHECK REQUESTS THAT ARE F OR NORMAL OPERATIONS DUE TO ONGOING BUSINESS RELATIONSHIPS ARE SUBMITTED FOR APPROVAL TO T HE APPROPRIATE DEPARTMENT HEAD, VICE-PRESIDENT OF FINANCE, AND THE PRESIDENT CHECK REQUES TS THAT ARE CONSIDERATION FOR A WRITTEN CONTRACTUAL OBLIGATION MUST ALSO BE APPROVED BY NE MA'S GENERAL COUNSEL
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION IS BENCHMARKED AGAINST THAT OF OTHER SIMILAR ORGANIZATIONS BY COMPARISON TO ANNUAL SURVEYS AND MARKET STUDIES AS WELL AS THE USE OF COMPENSATION CONSULTANTS THE P RESIDENT AND SENIOR MANAGEMENT'S COMPENSATION IS REVIEWED AND APPROVED BY NEMA'S COMPENSAT ION COMMITTEE AND EXECUTIVE COMMITTEE
FORM 990, PART VI, SECTION C, LINE 19	NEMA'S BY LAWS ARE AVAILABLE TO THE PUBLIC ON NEMA'S WEBSITE ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G	CONSULTANTS 7,331,170
FORM 990, PART XII, LINE 2C	NEMA'S AUDIT COMMITTEE IS RESPONSIBLE FOR SELECTING THE INDEPENDENT AUDIT FIRM ADDITIONAL LY, THE AUDIT COMMITTEE OVERSEES THE AUDIT PROCESS WHICH HAS REMAINED UNCHANGED FROM THE P REVIOUS YEARS

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Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization

NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

13-1085700

Part I Identification of Disregarded Entities Comple	ete if the organization	answered "Yes" on	Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e)	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ	izations Complete if t	he organization an	swered "Yes" (on Form 990 P	art IV	line 34 hecause it	had or	ne
or more related tax-exempt organizations during	lated Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one xempt organizations during the tax year. (b) Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) End-of-year assets Direct controlling entity Pullic charity status (if section 501(c)(3)) Direct controlling entity Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 512(13) controlled entity Yes No							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction Public charity	y status	Direct controlling	Section (13) co	n 512(ontroll
(1) NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE		VA	527			NEMA		No
1300 NORTH 17TH ST								
ROSSLYN, VA 22209								
	L	l						Ь

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.													ļ	
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity -	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop r allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or	(k) Percentage ownership
						,			Yes	No		Yes	No	
												igspace		
												\vdash		
Part IV	Identification of Related Org line 34 because it had one or mo	ore related organız							wered	d "Yes				IV,
Na	(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity entity (C corp, S corp, or trust)		y Share of income	total Share	(g) e of end- -year ssets		(h) ercentage wnership	(i) Section 51 (b)(13) controlled entity?		No.
							1			-	ĺ	Yes	•	No
												l		

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No						
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related o	organizations lis	ted in Parts II-IV?										
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No						
b	Gift, grant, or capital contribution to related organization(s)				1b		No						
C	Gift, grant, or capital contribution from related organization(s)				1c		No						
d	Loans or loan guarantees to or for related organization(s)				1d		No						
е	Loans or loan guarantees by related organization(s)				1e		No						
f	Dividends from related organization(s)				1f		No						
g	g Sale of assets to related organization(s)												
h Purchase of assets from related organization(s)													
i Exchange of assets with related organization(s)													
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No						
k Lease of facilities, equipment, or other assets from related organization(s)													
Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)													
<u> </u>													
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)													
0	Sharing of paid employees with related organization(s)				10		No						
р	Reimbursement paid to related organization(s) for expenses				1 p		No						
q	Reimbursement paid by related organization(s) for expenses				1q		No						
r	O ther transfer of cash or property to related organization(s)				1r		No						
s	Other transfer of cash or property from related organization(s)				1s		No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin (a)		(c)	(d)									
	Name of related organization	(b) Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved							
													

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013