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Fem 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

| A F | or the | 2014 calendar year, or tax year beginning and ending | | | |
|-------------------------|---------------------|--|----------------|-------------------------------|-------------------------------|
| В | heck if pplicabl | C Name of organization | DE | mployer identific | cation number |
| | Addre | ELECTRICAL TRAINING ALLIANCE | | | |
| X | Name chang | | | 53-0 | 212938 |
| |]Initial _return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | suite E T | elephone number | , |
| | Final return | 5001 HOWERTON WAY | | 301- | 715-2300 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | G G | ross receipts \$ | 25,646,450. |
| | Amen | BOWIE, MD 20713-4439 | H(a) | Is this a group re | |
| L | Application pendi | | ļ | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | Are all subordinates in | |
| | | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | | list. (see instructions) |
| | | e: WWW.ELECTRICALTRAININGALLIANCE.ORG | | Group exemption | |
| _ | | | Year of forn | nation: 1941 N | State of legal domicile: MD |
| P | art I | Summary | NA OE | ET ECMD TO | TANG |
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities EDUCATIC | N OF | ELECTRIC | LANS |
| j. | 2 | Check this box 🕨 📖 if the organization discontinued its operations or disposed of | more than | 25% of its net as | sets |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 4 |
| ಶ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 4 |
| es | I | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | | 5 | 44 |
| Ϊ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 4 |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 669,281. |
| _ | | Net unrelated business taxable income from Form 990-T, line 34 | <u></u> | 7b | 69,562. |
| | | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 te) Total revenue add lines 8 through 11 (must equal Part VIII, column (A) lines 1) Grants and similar amounts paid (Part IX, column (A), lines 1) Benefits paid to or for members (Part IX, column (A), line 4) | P | rior Year | Current Year |
| e | 8 | Contributions and grants (Part VIII, line 1h) | 1 22 | 371,750. | 380,932. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | $\frac{1}{21}$ | 504,554. | 22,273,449. |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1 | 203,763. | 134,437. |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 669,041. | 548,776. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) Alipe (2) | 22, | 749,108. | 23,337,594. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1:30 | | 75,000. | 90,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A)/ines 5-10) | 4, | 636,933. | 4,819,719. |
| Expenses | ł | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| 쯦 | l . | Total fundraising expenses (Part IX, column (D), line 25) | | 107 421 | 15 000 340 |
| _ | 1 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 187,431. | 15,999,349. |
| | 1 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 899,364. | 20,909,068. |
| <u> </u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | + | 849,744. | 2,428,526. |
| sets or | | Tabel access (Da 4 V. Las 40) | | g of Current Year 263,976. | End of Year 24,794,444. |
| Asse | 20 | Total assets (Part X, line 16) | | 021,126. | 5,681,924. |
| Net Ass | 21 | Total liabilities (Part X, line 26) | | 242,850. | 19,112,520. |
| | 22 art II | Net assets or fund balances Subtract line 21 from line 20 Signature Block | 1 10, | , 242,050. | 19,112,320. |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and si | atements a | and to the heet of m | v knowledge and helief it is |
| | | ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre | | · · | y knowledge and belief, it is |
| 11 00 | , 00110 | A direct of the control of the contr | parci nas a | #//G/ | سي/ |
| Sig | n | Signature of officer | | Date | <u> </u> |
| He | | TODD STAFFORD, EXECUTIVE DIRECTOR | | | |
| 110 | • | Type or print name and title | | | - |
| _ | | Print/Type preparer's name Preparer's signature | Date, | Check | PTIN |
| Pai | d | SUBRINA WOOD, CPA Sulring h. Word | 11/0 | 4/15 of self-employe | ₽00365899 |
| | parer | Firm's name CALIBRE CPA GROUP PLLC | | Firm's EIN | 47-0900880 |
| | Only | Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 | WEST | | |
| | • | BETHESDA, MD 20814 | _ _ | Phone no. 20 | 2-331-9880 |
| Ma | y the I | RS discuss this return with the preparer shown above? (see instructions) | | , | X Yes No |
| | 001 11-0 | | | <u> </u> | Form 990 (2014) |

| Form | | 3-0212938 | Page 2 |
|-----------|--|------------------------|-------------------|
| Rar | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| | TO DEVELOP AND STANDARDIZE TRAINING TO EDUCATE THE MEMBER | | |
| | INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS & THE NAT | | |
| | ELECTRICAL CONTRACTORS ASSOCIATION; INSURING AND PROVIDING | | |
| | ELECTRICAL CONSTRUCTION INDUSTRY WITH THE MOST HIGHLY TRA | INED AND | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | the prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | ☐Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as mi | easured by expenses | s. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | | |
| | revenue, if any, for each program service reported | , , | |
| 4a | (Code) (Expenses \$ 17,262,271. including grants of \$ 90,000.) (Revenue \$ | 21,804, | 133.) |
| | DEVELOPED AND PRESENTED ELECTRICAL APPRENTICESHIP COURSE | STUDY | |
| | MATERIALS, WORKSHOPS, PUBLICATIONS, AND CONTINUING EDUCAT | | |
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| 4b | (Code) (Expenses \$) (Revenue \$ | · |) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| <u>4e</u> | Total program service expenses ► 17, 262, 271. | | |
| 43200 | 2 | Form 9 | 990 (2014) |

Form 990 (2014) ELECTRICAL TRAINING ALLIANCE

Part IV Checklist of Required Schedules

| | | | 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 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | Х | |
| 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 | 3 | | Х |
| 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 | | х |
| E | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | |
| 5 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ٠,, |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | _8_ | | х |
| 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 | | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 9 | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | - | 2.7 | ş ×, ! |
| | as applicable | ئىنىڭ | | |
| 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 | х | |
| 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 | <u> </u> | _X_ |
| 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | х | |
| 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 | _X_ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | _ |
| | Schedule D, Parts XI and XII | 12a | Х | |
| 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | ļ |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | <u> </u> |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | ۱., |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | - | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | ^ |
| 13 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | - | \vdash | |
| | complete Schedule G, Part III | 19 | l | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | \Box |
| | | | 990 | (2014) |

Form 990 (2014) ELECTRICAL TRAININ
Part IV Checklist of Required Schedules (continued)

| | | | res | NO |
|-----|---|----------|-----|--|
| | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | х | |
| | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | 1 | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | 41 | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 1 | | |
| | Schedule K. If "No", go to line 25a | 24a | | х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 270 | | |
| · | any tax-exempt bonds? | 24c | | |
| ď | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | х |
| 26 | 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 "Yes," | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | ال سي |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 1 | | ۱., |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | - | | Х |
| 24 | contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | ^ |
| JŁ | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | X |
| 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 | X | L |
| | | Form | 990 | (2014) |

| Part V | 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 |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 95 | | | -~ \$\$\(\bar{\pi}\) -\ |
| b | Enter the number of Forms W-2G included in line 1a Enter -0· if not applicable | 1b | 0 | | , . | أَنْ مُعْدًا |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eporta | ible gaming | | | - 3 |
| | (gambling) winnings to prize winners? | | r | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | - ** | , , , |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 44 | | · | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | ms? . | - | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | s) | | | -1 1 | لانقىا |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | • | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | int)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | ļ | * * \\ \\ |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Accour | nts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | - | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer | action | ? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | he org | anızatıon solicit | | | ٠, |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | tions c | or gifts | | | |
| | were not tax deductible? | | | 6b | 217 | <u> </u> |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 3117 | X |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices | provided to the payor? | 7a | | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | as rec | quired | _ | | J., |
| | to file Form 8282? | 1 | 1 | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | <u> </u> | <u> </u> | - ^ - | ٠ - ١ |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | ct? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf | | | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file F | | · | 7g | | ├─ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization are still as a second first to the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, and or other vehicles, did the organization of cars, and or other vehicles, did the organization of cars, and organization of cars, or other vehicles, did the organization of cars, or other vehicles, did the organization of | | | 7h | - : | |
| _8_ | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer | by tr | ne | | z.4 | ăâ |
| _ | sponsoring organization have excess business holdings at any time during the year? | | | 8- | - | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 1£ | | ت. |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | - | | 9a | _ | ├─ |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | - | 9b | | 1 |
| 10 | Section 501(c)(7) organizations. Enter: | 10a | 1 | | 1 | " · |
| a h | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | 1 . | | |
| 11 | Section 501(c)(12) organizations. Enter | 100 | 1 | 1 | , | , |
| '' | Gross income from members or shareholders | 11a | t | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | 10 | | 1 | | |
| | amounts due or received from them) | 11b | | | ł | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | ? | 12a | | / |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | į | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | <u> </u> | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | <u> </u> |
| _ | Note. See the instructions for additional information the organization must report on Schedule O | | | | | |
| b | | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | 1 | ĺ | |
| c | | 13c | | 1 | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | • | 14a | | x |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu | le O | | 14b | | |
| | | | | Forn | 1 990 | (2014) |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | |
|-------|---|--------------|-------|-----------------|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | Yes | No | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | * * | , * . | | | |
| | 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 0. | , | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | <i>2</i> ° € | 3 3 4 | l | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | * | ž., | 1.7. | | | |
| | officer, director, trustee, or key employee? | 2 | | X | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | |
| - | of officers, directors, or trustees, or key employees to a management company or other person? | з | | х | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Х | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | ۲ | | | | | |
| | more members of the governing body? | 7a | | х | | | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | ۳ | | | | | |
| ~ | persons other than the governing body? | 7b | | х | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | ··- | | * 2. S. | | | |
| а | The governing body? | 8a | X | 1. July 2000. 1 | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | <u> </u> | | | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | |
| | | | Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | - 37 | | | |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | |
| | _Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, " describe | | | | | | |
| | in Schedule O how this was done | 12c | х | • | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | Z 5 | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | , | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | |
| | Other officers or key employees of the organization | 15b | Х | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | |
| | taxable entity during the year? | 16a | | X | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | |
| - | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | |
| | exempt status with respect to such arrangements? | 16b | ` | ` | | | |
| Sec | tion C. Disclosure | 1 | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | , | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılab | le | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | | | | |
| | statements available to the public during the tax year. | - " | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | |
| | MARK J. CERULLA, CPA - 301-715-2367 | | | | | | |
| | 5001 HOWERTON WAY, SUITE N, BOWIE, MD 20715-4459 | | | | | | |
| 40000 | C 44 07 14 | Form | 990 | /2014 | | | |

Form 990 (2014) 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| (A) | (B) | | _ (c | | | | (D) | (E) | (F) | |
|-------------------------------------|-------------------|--------------------------------|-------------------------|------------------|--------------|---------------------------------|----------|-----------------|---------------------------------------|--------------------|
| Name and Title | Average | (do | Post (do not check r | | | than | one | Reportable | Reportable | Estimated |
| | hours per | box | , unte | ss per | rson | s bot | n an | compensation | compensation | amount of |
| | week (list any | ⊢ | | | | 1 1 | | from the | from related organizations | other compensation |
| | hours for | drect | | | | ٩ | | organization | (W-2/1099-MISC) | from the |
| | related | lee or | stee | | | ensate | | (W-2/1099-MISC) | , | organization |
| | organizations | trus | nal tru | | loyee | οωο: e | | | | and related |
| | below | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | : | | organizations |
| (4) | line) | 프 | Ē | ŧ | Ke | 동등 | F0r | | | |
| (1) LONNIE R. STEPHENSON | 1.00 | x | | | | | | 0. | 0. | ^ |
| TRUSTEE | 1.00 | ^ | - | Н | _ | | | 0. | 0. | 0 |
| (2) JOHN M. GRAU | 1.00 | x | | li | ł | } | | 0. | 0. | 0 |
| TRUSTEE (3) JERRY WESTERHOLM | 1.00 | <u> </u> | ⊢ | - | <u> </u> | <u> </u> | | 0. | <u> </u> | 0 |
| (3) JERRY WESTERHOLM TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0 |
| (4) GEARY HIGGINS | 1.00 | 1 | - | | - | | - | · · | · · · · · · · · · · · · · · · · · · · | - 0 |
| TRUSTEE | 1.00 | X | | | l | | | 0. | 0. | 0 |
| (5) MICHAEL I, CALLANAN | 40.00 | <u> </u> | ┢ | | _ | | | | 0. | 0 |
| EXECUTIVE DIRECTOR (JAN-OCT 2014) | 40.00 | ┨ | | \mathbf{x} | | | | 225,095. | 0. | 78,763 |
| (6) TODD STAFFORD | 40.00 | ┢ | ⊢ | Λ | | | | 223,033. | | - 70,703 |
| EXECUTIVE DIRECTOR (AS OF NOV 2014) | | | | х | | | | 168,068. | 0. | 71,921 |
| (7) JAMES BOYD | 40.00 | \vdash | - | | | ┢ | | | | , , |
| ASST. EXECUTIVE DIRECTOR | | 1 | | | | x | i | 163,591. | 0. | 66,179 |
| (8) MARTY RIESBERG | 40.00 | | | | | | | · | | • |
| DIRECTOR | | 1 | | | | x | | 154,218. | 0. | 69,352 |
| (9) WILLIAM BALL | 40.00 | <u> </u> | T | T | | \vdash | | | | i |
| DIRECTOR | | 1 | ŀ | | | X | | 154,158. | 0. | 56,075 |
| (10) PALMER HICKMAN | 40.00 | П | П | | | | | | | |
| DIRECTOR | | 1 | | | | Х | | 152,456. | 0. | 69,150 |
| (11) STEVE ANDERSON | 40.00 | | Π | | | | | | | |
| DIRECTOR | | | | | | Х | | 149,475. | 0. | 62,281 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | ↓ | \vdash | _ | $ldsymbol{oxed}$ | <u> </u> | <u> </u> | <u> </u> | | | |
| | | 1 | 1 | | | | | | | |
| | | | 1 | <u> </u> | | Ц. | <u> </u> | <u>L</u> . | <u> </u> | |

432007 11-07-14

| Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | J HI | gne | <u>st C</u> | compensated Employe | es (continuea) | | | |
|---|------------------------|--------------------------------|-----------------------|---------|-------------|---------------------------------|--------------|---------------------------|--------------------|--------------|------------------|---------------------------------------|
| (A) (B) | | | (C) | | | | | (D) (E) | | | (F | -) |
| Name and title | Average | (40 | | Posi | | | one | Reportable | Reportable | | Estim | nated |
| | hours per | box, | , unle: | ss per | rson | ıs bot | h an | compensation | compensation | n | amou | ınt of |
| | week | ⊢ | cer an | d a d | recto | x/trus | tee) | from | from related | [;] | oth | ner |
| | (list any | ector | | | | | | the | organization | | compe | |
| | hours for related | or die | يو ا | | | ate | | organization | (W-2/1099-MIS | 3C) | from | |
| | organizations | ustee | truste | | e. | beds | | (W-2/1099-MISC) | | | organi and re | |
| | below | ual tr | Ironal | | ploye | yee yee | L | | | | organiz | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Кеу етрюуее | Highest compensated employee | Former | | | | o gam | Lations |
| · | | ╀═╌ | - | ۲ | <u>×</u> | | - | | | $-\dagger$ | | |
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| | |] | 1 | | | | l | | | | | |
| 1b Sub-total | | | | | | | > | 1,167,061. | | 0. | 473 | ,721. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | ightharpoons | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,167,061. | <u> </u> | 0. | <u>473</u> , | ,721. |
| 2 Total number of individuals (including but n | ot limited to th | nose | liste | ed al | bov | e) w | ho r | received more than \$100 | 0,000 of reportab | le | | |
| compensation from the organization | | | | | | | | | | | | 10 |
| | | | | | | | | | | 1 | | es No |
| 3 Did the organization list any former officer, | director, or tr | uste | e,-k€ | ey er | nplo | oyee | , or | highest compensated e | mployee on | | i i | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | the organization | | | ل در اس_ |
| and related organizations greater than \$15 | | | | | | | | | | | 4 2 | Κ |
| 5 Did any person listed on line 1a receive or a | • | | | | | • | relat | ted organization or indiv | idual for services | , | | نــــــــــــــــــــــــــــــــــــ |
| rendered to the organization? If "Yes," com | plete Schedul | le J i | for s | uch | pers | son | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | npens | ation from | m |
| the organization Report compensation for | the calenda <u>r y</u> | /ear | end | ıng v | vith | or w | /ithii | r | year | | | |
| (A) Name and business | addraga | | | | | | | (B) Description of | conucos | _ | (C) Compensa | ation |
| | | | | | | | | Description of s | services | <u> </u> | Uniperisa | ation |
| AMERICAN TECHNICAL PUBLIS | | T T | - | n 4 4 | - 7 | | | DDINMING CED | WT OF | 1 | 050 | 111 |
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| UNIVERSITY OF MICHIGAN 627 OXFORD ROAD, ANN ARBO | OD MT | ло· | 1 0 | 1 | | | | CONFERENCE F | משתזווסם | 1 | 265 | ,391. |
| OAI VAROAD ACAD, AMM AAD | OIL' HIT . | ±Ο. | Τυ, | - | | | | CONTRACTOR E | TOATDEK | | , 200, | , J J I • |

432008 11-07-14

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Form **990** (2014)

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1,101,383.

31

PRINTING SERVICE

PRINTING SERVICE

CENGAGE LEARNING

5 MAXWELL DRIVE, CLIFTON PARK, NY 12065

4801 VIEWPOINT PLACE, CHEVERLY, MD 20781

\$100,000 of compensation from the organization

2 Total number of independent contractors (including but not limited to those listed above) who received more than

| Ŗai | i t v | 1111 | Check if Schedule O conta | | or note to any lin | e in this Part VIII | | | |
|--|-------|------|--|-------------------|--------------------|--|---|---|---|
| ; s | ; | | , , , | ums a response | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ats st | 1 | а | Federated campaigns | 1a | | | | ~ « | ; , , |
| 탾힀 | | b | Membership dues | 1b | | | | | |
| Am' | | С | Fundraising events | 1c | | ~ | | - | |
| 돌声 | | d | Related organizations | 1d | | | * | ` | |
| S, E | | е | Government grants (contributi | ions) 1e | | | | | |
| rör | | f | All other contributions, gifts, grant | ts, and | | \$ 3' | | , . | |
| ₽ĕ | | | similar amounts not included above | ve 1f | 380,932. | , *, *, *, ^. | | | * * |
| Contributions, Gifts, Grants and Other Similar Amounts | | g | Noncash contributions included in lines | 1a-1f \$ | | & & & & & & & & & & & & & | 4 4 | | |
| S ခ် | | h | Total. Add lines 1a-1f | | <u> </u> | 380,932. | | | ** , , * , * , * |
| | | | | | Business Code | 4 | | | |
| 8 | 2 | а | TRAINING MATERIALS | | 900099 | 19,909,345. | 19,909,345. | | |
| ا و چَ | | b | CLASSES & SEMINARS | | 900099 | 1,694,823. | 1,694,823. | | |
| الم تر | | С | TRAINING TOOLS, CLOTHIN | NG AND OTHE | 900004 | 669,281. | | 669,281. | |
| Program Service Revenue | | d | | | | | | | |
| 9 | | е | | | | | | | |
| <u>-</u> | | f | All other program service reve | nue | | | | | |
| | | g | Total. Add lines 2a-2f | | | 22,273,449. | * | | • |
| | 3 | | Investment income (including | dıvıdends, intere | est, and | | | | 1 |
| | | | other sımılar amounts) | | • | 100,149. | | | 100,149. |
| | 4 | | Income from investment of tax | x-exempt bond p | oroceeds > | | | | |
| | 5 | | Royalties | | <u> </u> | 348,811. | | | 348,811. |
| | | | | (i) Real | (ii) Personal | | , , , , | ş * * | |
| | 6 | а | Gross rents | | | | . * * * * * * * * * * * * * * * * * * * | , 500 ° ° | 1 4 1 1 1 1 1 |
| | | b | Less rental expenses | | | , , | | | |
| | | С | Rental income or (loss) | | L | * | | | |
| | | | Net rental income or (loss) | | <u> </u> | | | <u> </u> | |
| | 7 | а | Gross amount from sales of | (i) Securities | (ii) Other | \$, . ! * \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | |
| | | | assets other than inventory | 2,343,144. | | | · · · · · | | |
| | | b | Less: cost or other basis | | | v - ` | | 1 1 1 1 2 1 2 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | and sales expenses | _2,308,856. | | 1. \$ | × , , , | \$ | · · · · · · · · · · · · · · · · · · · |
| | | | Gain or (loss) | 34,288. | 1 | | | | 24 200 |
| | | | Net gain or (loss) | | D | 34,288. | * * | * * 4 1 | 34,288. |
| ne | 8 | а | Gross income from fundraising | · . | | ., | | | |
| Revenue | | | including \$ | of | | | | i ' | * |
| | | | contributions reported on line | • | | , , | , | | |
| Other | | _ | Part IV, line 18 Less direct expenses | a b | | | | | |
| ŏ | | | Net income or (loss) from fund | _ | | | | | |
| | ۱ | | Gross income from gaming ac | - | | | | | |
| | ٦ | a | Part IV, line 19 | a | | , | | | |
| | | h | Less: direct expenses | b | | | | | |
| | | | Net income or (loss) from garr | _ | L | | - | | |
| | 10 | | Gross sales of inventory, less | _ | | | | | |
| | 'Ŭ | u | and allowances | а | | | | | |
| | | b | Less: cost of goods sold | b | | | | | |
| | | | Net income or (loss) from sale | _ | | | - | | - |
| | _ | Ť | Miscellaneous Revenu | - | Business Code | | | | |
| | 11 | a | SPONSORSHIPS | - | 900099 | 163,375. | 163,375. | | |
| | ١., | ь | MISCELLANEOUS | | 900099 | 36,590. | 36,590. | | |
| | | c | | | | <u> </u> | | | |
| | | d | All other revenue | | | | <u> </u> | | |
| | | e | Total. Add lines 11a-11d | | | 199,965. | | | 1 |
| | 12 | | Total revenue. See instructions. | | > | 23,337,594. | 21,804,133. | 669,281. | 483,248. |
| 43200 | | | | | - | • | · · · · · · · · · · · · · · · · · · · | • | Form 990 (2014) |

Form 990 (2014) ELECTRICAL TRAINING Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | ner organizations must c | omplete column (A) | |
|----------|--|----------------------------|------------------------------|---------------------------------------|----------------------------------|
| | Check if Schedule O contains a respon | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | - |
| | and domestic governments. See Part IV, line 21 | | | , , , , , , , , , , , , , , , , , , , | |
| 2 | Grants and other assistance to domestic | | | , · | , , |
| | individuals See Part IV, line 22 | 90,000. | 90,000. | (1) (1) | * *** |
| 3 | Grants and other assistance to foreign | | | | 1 |
| | organizations, foreign governments, and foreign | | | | 3.4 |
| | individuals. See Part IV, lines 15 and 16 | | | (| |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 542 040 | 407 006 | 125 060 | |
| _ | trustees, and key employees | 543,848. | 407,886. | 135,962. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| - | persons described in section 4958(c)(3)(B) | 2,603,895. | 1,858,581. | 745,314. | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include | 2,000,090. | 1,000,001. | (40,014) | |
| 0 | section 401(k) and 403(b) employer contributions) | 857,495. | 598,336. | 259,159. | |
| 9 | Other employee benefits | 588,373. | 412,428. | 175,945. | |
| 10 | Payroll taxes | 226,108. | 150,797. | 75,311. | |
| 11 | Fees for services (non-employees) | <u>-,</u> | | , _ , | |
| а | Management | | | | |
| b | Legal | 170,248. | 170,248. | | - |
| С | Accounting | 64,017. | 64,017. | | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | 1.18 | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 100 700 | | 100 700 | |
| 12 | Advertising and promotion | 189,728. | AC EC0 | 189,728. | <u></u> |
| 13 | Office expenses | 471,820. 656,828. | 46,568. | 425,252. ——656-,828- | - |
| 14_ | Information_technology | 3,135. | 3,135. | 030-,-020-• | |
| 15 | Royalties | 572,683. | 355,472. | 217,211. | |
| 16 | Occupancy | 20,957. | 333,472. | 20,957. | |
| 17 18 | Travel Payments of travel or entertainment expenses | 20,337. | | 20,3370 | |
| .0 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 183,672. | - | 183,672. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 341,421. | 273,238. | 68,183. | |
| 23 | Insurance | 158,219. | | 158,219. | |
| 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) | ` | 4., | | |
| | amount, list line 24e expenses on Schedule 0.) | 4 00- | 4 00= | | |
| а | UBIT | 1,205. | 1,205. | | |
| b | MATERIALS AND PRODUCTS | 8,081,377. | 8,081,377. | | |
| C | NATIONAL TRAINING INSTICULASSES, COURSES AND SE | 2,345,089. 1,296,968. | 2,345,089. 1,296,968. | | |
| d | | 1,441,982. | 1,106,926. | 335,056. | <u> </u> |
| е 25 | All other expenses | 20,909,068. | 17,262,271. | 3,646,797. | 0. |
| 25 26 | Joint costs. Complete this line only if the organization | 20,505,000. | 1,202,211. | 3,040,757. | • |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |
| 43201 | 0 11-07-14 | | | | Form 990 (2014) |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 7,090,301. 5,035,895. 1 Cash · non-interest-bearing 69,120. 1,472,648. 2 Savings and temporary cash investments 2 938,507. 436,129. Pledges and grants receivable, net 3 2,229,927. 2,296,414. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 269,001. 276,050 7 Notes and loans receivable, net 4,229,510. 3,007,483. Inventories for sale or use 8 2,825,148. 580,204. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 6,715,550. 10a basis Complete Part VI of Schedule D 6,417,277. 4,736,912. 1,978,638. 10b 10c b Less: accumulated depreciation 881,593. 931,001. 11 Investments - publicly traded securities 11 1,345,195. 0. 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments · program-related. See Part IV, line 11 3,946,097. 14 14 Intangible assets 15,754. 28,254. 15 Other assets See Part IV, line 11 15 24,263,976. 1,457,936. 794,444. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,085,405. 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 3,552,681. 3,406,340. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 10,509. 190,179. Schedule D 25 5,021,126. 5,681,924. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 18,304,343 18,676,391. Unrestricted net assets 27 938,507. 436,129. 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 19,242,850. 19,112,520. 33 Total net assets or fund balances 24,263,976. 24,794,444. Total liabilities and net assets/fund balances Form 990 (2014)

| Form | 990-(2014) ELECTRICAL TRAINING ALLIANCE | 53- | -021293 | 8 Pag | e 12 | | | |
|------|---|----------|--------------|--------------------|-------------|--|--|--|
| Ŗa | rt XI Reconciliation of Net Assets | _ | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 37,59 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 09,06 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 28,52 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 42,85 | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 14,30 | <u>05.</u> | | | |
| 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 | -2,5 | 73,16 | <u>61.</u> | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | | |
| | column (B)) | 10 | 19,1 | 12,52 | <u> 20.</u> | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | l <u>i</u> , | C. | ." (t | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | 1 | | | |
| 2a | , , , | | 2a | 4 | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | - | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1 | | احضي | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2t | X | Ex Sun - | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis | · · | | | | | |
| | consolidated basis, or both | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | ، ک | \$ 7.7 | - ! | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ie audit | | - x | ika. | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | ! ^ | | | | |
| _ | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | | | | |
| Зa | 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | | | | |
| | Act and OMB Circular A-133? | | 3a | ⁴ | Х | | | |
| O | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ıırea au | | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | m 990 (2 | 004-41 | | | |
| | | | For | () DEC III | ZU14) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

| | | | | INING ALLIAN | | | | 53-0212938 |
|----------|----------|------------------------------------|---|---|---------------|---------------|-------------------------------|-------------------------------------|
| Pa | rt I | Reason for Public C | Charity Status (A | All organizations must co | mplete thi | s part) Se | e instructions. | |
| he | organ | ization is not a private found | | | | | | |
| 1 | | A church, convention of chi | | | | | (A)(i). | |
| 2 | \sqcap | A school described in secti | · | | | | N70-7- | |
| 3 | 一 | A hospital or a cooperative | | • | ction 170 | (b)(1)(A)(iii | 1 | |
| 4 | 一 | A medical research organiza | | | | | • | er the hospital's name |
| _ | | city, and state | ation operated in cor | ijanotion with a nospital | described | 11130000 | T TOOLOGI TACAMATA | are nospitars name, |
| 5 | | An organization operated for | ar the benefit of a col | llogo or unworsity owner | d or operat | od by a go | wommontal unit docor | abod in |
| J | | - ' | | nege of difficulty owner | or operat | ed by a gc | verimental unit desci | ibed iii |
| _ | | section 170(b)(1)(A)(iv). (C | | | 4: 47 | 0/61/41/41/ | - 4 | |
| ъ - | = | A federal, state, or local gov | - | | | | | |
| 1 | ш | An organization that normal | - | ntial part of its support f | rom a gov | emmentai | unit or from the genera | al public described in |
| _ | | section 170(b)(1)(A)(vi). (Co | | | | | | |
| 8 | | A community trust describe | | | • | | | |
| 9 | LX. | An organization that normal | • • • • | • | • | | • | - |
| | | activities related to its exem | • | · | | | • • | <u>-</u> |
| | | income and unrelated busing | | (less section 511 tax) from | om busine | sses acqu | red by the organizatio | n after June 30, 1975 |
| | | See section 509(a)(2). (Cor | • | | | | | |
| 10 | \vdash | An organization organized a | - | | | | | |
| 11 | لــــا | An organization organized a | · · · · · · · · · · · · · · · · · · · | = | | | | |
| | | more publicly supported or | - | | | | | Check the box in |
| | | lines 11a through 11d that | • | | | • | • | |
| а | <u> </u> | | ınızatıon operated, s | upervised, or controlled | by its sup | ported org | anızatıon(s), typıcally t | by giving |
| | | the supported organization | • • • | | a majority o | of the direc | ctors or trustees of the | supporting |
| | _ | organization You must c | omplete Part IV, Se | ections A and B. | | | | |
| b | ـــا | ☐ Type II. A supporting org. | anization supervised | l or controlled in connec | tion with it | s supporte | ed organization(s), by h | naving |
| | | control or management o | f the supporting orga | anization vested in the s | ame perso | ns that co | ntrol or manage the si | upported |
| | r | organization(s) You mus | t complete Part IV, | Sections A and C. | | | | |
| C | : L | ☐ Type III functionally inte | grated. A supporting | g organization operated | in connec | tion with, a | and functionally integra | ated with, |
| | | <u>ts_supported_organization</u> | n(s)_(see_instructions | s)You.must complete I | Part IV, Se | ctions A, | D, and E | |
| d | L | ☐ Type III non-functionally | , integrated. A supp | orting organization oper | ated in co | nnection w | ith its supported orga | nızatıon(s) |
| | | that is not functionally int | egrated The organiz | zation generally must sa | tisfy a dist | ribution red | quirement and an atte | ntiveness |
| | _ | requirement (see instruct | ions). You must con | nplete Part IV, Sections | s A and D, | and Part | V. | |
| e | . L | ☐ Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | Type I, Type II, Type I | II |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organiz | zation | | |
| f | Ent | er the number of supported o | organizations | | | | | |
| <u>c</u> | | vide the following information | | | . | | | |
| | 1 | (i) Name of supported | (ii) EIN | (III) Type of organization (described on lines 1-9 | (IV) Is the o | | (v) Amount of monetary | 1 |
| | | organization | | above or IRC section | governing | | support (see Instructions) | other support (see Instructions) |
| | | | | (see instructions)) | Yes | No | | in our detication by |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
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| | | | | | | | | |
| | | | | | 1 | | | |
| T-4 | -1 | | ì | Į. | 1 | i l | | F |

| Part II | Support | Schedule | e for Organiz | ations Described | in Sections 1 | 70(b)(1)(A)(iv) and | 170(b)(1)(A)(vi) |
|---------|---------|----------|---------------|------------------|---------------|---------------------|------------------|

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

| Sec | tion A. Public Support | | | | | | |
|------|---|---|---------------------------------------|---------------------------|-----------------------------|---|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | , , | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | · | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> |
| | The portion of total contributions | , v 2 2 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , "9 | | , , | | |
| | by each person (other than a | , . , . | | i i | , , | · . · · · · · · · · · · · · · · · · · · | |
| | governmental unit or publicly | | | \$ * | | * | |
| | supported organization) included | | 1 | | 19 3 7. 4 | | |
| | on line 1 that exceeds 2% of the | 3 * ~ \$ * * | , | , 1 | 11.00 | ak A drie . T | |
| | amount shown on line 11, | | | | 1 100 | | |
| | column (f) | | | * | | "." ; | |
| 6 | Public support. Subtract line 5 from line 4 | | | | 3 4 3 5 5 | * | |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | \$ (\$\$ * · · | 14 × 1 / 4 . | () 4 km x 14 x 14 | ₹~ A | , , | |
| 12 | Gross receipts from related activities, | etc (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stor | here | | | | | <u> ▶□</u> |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2014 (| | | column (f)) | | 14 | % |
| 15 | Public support percentage from 2013 | 3 Schedule A, Part | II, line 14 | | | 15 | <u>%</u> |
| 16a | 33 1/3% support test - 2014. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this box | and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | 1 | | | ▶□ |
| b | 33 1/3% support test - 2013. If the | organization did no | ot check a box on | line 13 or 16a, and | line 15 is 33 1/3% | or more, check the | s box |
| | and stop here. The organization qua | lifies as a publicly: | supported organiz | ation | | | ▶ L |
| 17a | 10% -facts-and-circumstances tes | t - 2014. If the org | janization did not d | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% o | or more, |
| | and if the organization meets the "fac | cts-and-circumstan | ces" test, check t | his box and stop h | i ere. Explain in Pa | rt VI how the organi | zation |
| | meets the "facts-and-circumstances" | test The organiza | ition qualifies as a | publicly supported | d organization | | ▶□ |
| t | 10% -facts-and-circumstances tes | t - 2013. If the org | janization did not d | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is 1 | 0% or |
| | more, and if the organization meets t | he "facts-and-circu | ımstances" test, c | heck this box and | stop here. Explair | ın Part VI how the | |
| | organization meets the "facts-and-cire | | _ | • | | | ▶∐ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17t | o, check this box a | and see instructions | <u> </u> |
| | | | | | Sche | edule A (Form 990 e | or 990-EZ) 2014 |

Schedule A (Form 990 or 990-EZ) 2014 ELECTRICAL TRAINING ALLIANCE

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

| 500 | tion A. Public Support | elow, please comp | olete Part II.) | | _ | | |
|---------------|--|--|--------------------------------------|--------------------------------------|----------------------------|---|------------|
| | | 1 | | 4) 2010 | ()) 0040 | | 40.7.1 |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | 655 350 | 1054510 | 1724722 | 271 750 | 200 020 | F117303 |
| | include any "unusual grants") | 675,370. | 1954519. | 1734732. | 371,750. | 380,932. | 5117303. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 20233896. | 18468293. | 18468293. | 21463092. | 22233418. | 100866992 |
| 3 | Gross receipts from activities that | Ī | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | , | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 20909266. | 20422812. | 20203025. | 21834842. | 22614350. | 105984295 |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | 0. |
| _ | amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | Ž * 3 * | l | * | | | 105984295 |
| | Public support (Subtract line 7c from line 6) | <u> </u> | <u>L</u> | | | * | 103304233 |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (6) 2012 | (d) 2012 | (e) 2014 | (f) Total |
| | | (a) 2010 20909266. | 20422812 | (c) 2012 20203025 | (d) 2013 21 8 3 4 8 4 2 | 22614350 | 105984295 |
| | Amounts from line 6 Gross income from interest, | 200000 | 20422012. | 20203023. | 21034042. | 22014330. | 103704273 |
| iua | dividends, payments received on securities loans, rents, royalties and income from similar-sources | _214-,-7-8-1-• | _258 ,- 3 1.7. | -6-26- , 4-1-0- | -540-155. | 466,375. | 2106038. |
| | Unrelated business taxable income | | | <u> </u> | , | , | |
| ~ | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| _ | Add lines 10a and 10b | 214,781. | 258 317. | 626,410. | 540 155. | 466,375. | 2106038. |
| | Net income from unrelated business activities not included in line 10b, | | 230,3170 | 020,1101 | 310,133. | 100,0731 | 51000301 |
| | whether or not the business is regularly carried on | 8,734. | 8,910. | 4,806. | 4,457. | 4,648. | 31,555. |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 22,295. | 15,795. | 22,248. | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 21155076. | 20705834. | 20856489. | 22657128. | 23285338. | 108659865 |
| | First five years. If the Form 990 is fo | or the organization' | s first, second, thi | rd, fourth, or fifth to | ax vear as a section | n 501(c)(3) organiz | zation. |
| | check this box and stop here | | ,, , | -, · · · · · · · · · · · · · · · · · | , | | ▶ □ |
| Sec | ction C. Computation of Pub | lic Support Pe | rcentage | | | | |
| | Public support percentage for 2014 (| | | column (fi) | | 15 | 97.54 % |
| | Public support percentage from 2013 | | = | column (ijj | | 16 | 97.82 % |
| $\overline{}$ | ction D. Computation of Inve | | | | | 1 10 1 | 3,102 70 |
| | | | _ _ | | | 47 | 1.94 % |
| | Investment income percentage for 20 | • | | ne 13, column (1)) | | 17 | 4 55 |
| | Investment income percentage from | | | | - 4F | 18 | |
| 19a | 33 1/3% support tests - 2014. If the | • | | | | | |
| b | more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the | e organization did r | not check a box or | n line 14 or line 19a | a, and line 16 is me | ore than 33 1/3%, | |
| | line 18 is not more than 33 1/3%, ch | eck this box and s | top here. The org | anızatıon qualıfies | as a publicly supp | orted organization | • ▶∐ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19 | a, or 19b, check tl | his box and see in | structions | |

Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing |
|---|--|

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation of thistoric and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part vi what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | | Yes | No |
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Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

emergency temporary reduction (see instructions)

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Org | anizations (continued) | |
|----------|--|--|---|-------------------|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | • | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | าร | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (pnor IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which to | he organization is responsiv | e | |
| | (provide details in Part VI) See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| C4 | on E. Distribution Allocations (one instructions) | Excess Distributions | Underdistributions | Distributable |
| Secti | on E - Distribution Allocations (see instructions) | | Pre-2014 | Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | ¥ . , | "\$ _{ | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | , |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014 | 2-q 1 1, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
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| d | , | , , , , , , , , , , , , , , , , , , , | ** | |
| е | From 2013 | | | o ti tama |
| f | Total of lines 3a through e | | , , , , , , , , , , , , , , , , , , , | , , , |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2014 distributable amount | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | |
| i_ | Carryover from 2009 not applied (see instructions) | 2 | \$ * | // %· / \$ |
| <u>j</u> | Remainder Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | <u>jania Mund</u> | | fine distribution |
| | line 7: \$ | × 40° | | |
| a | Applied to underdistributions of prior years | | | ^ |
| <u>b</u> | Applied to 2014 distributable amount | | - | |
| c | Remainder Subtract lines 4a and 4b from 4 | | | 2 % 7 7 5 |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any Subtract lines 3g and 4a from line 2 (if amount | , . | | 1 2 |
| | greater than zero, see instructions) | | | |
| 6 | Remaining underdistributions for 2014 Subtract lines 3h | • | | |
| | and 4b from line 1 (if amount greater than zero, see |) . ' | · | |
| | instructions) | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| | and 4c | | | |
| _8_ | Breakdown of line 7 | | | |
| a | | | | |
| b | <u> </u> | | | |
| С | | | | |
| | Excess from 2013 | | | |
| e | Excess from 2014 | | | |

Schedule A (Form 990 or 990-EZ) 2014

| hedule A | (Form 990 or 990-EZ) 2014 ELECTRICAL | TRAINING | ALLIANCE | | 53-0212938 | Pag |
|----------|---|---------------------|--------------------------|---------------------------------------|----------------------------|-----|
| Part VI | Supplemental Information. Provide th | e explanations requ | ired by Part II, line 10 | , Part II, line 17a or | 17b; and Part III, line 1: | 2. |
| | Also complete this part for any additional inform | mation (See instruc | tions). | | | |
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SCHEDULE D

(Førm 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No 1545-0047 Open to Public Inspection &

Name of the organization

ELECTRICAL TRAINING ALLIANCE

Employer identification number 53-0212938

| 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation day of the tax year. | and other accounts |
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| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation day of the tax year. | 0.0.0 |
| day of the tax year. A Total number of conservation easements 2a | n easement on the last |
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| 4 Number of states where property subject to conservation easement is located ▶ | ming the tax |
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| violations, and enforcement of the conservation easements it holds? | Yes No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) | |
| and section 170(h)(4)(B)(ii)? | Yes No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and | |
| include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's | |
| conservation easements | s accounting for |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar | Assets. |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 8 | , 1000101 |
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance | a shoot works of art |
| historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser | |
| the text of the footnote to its financial statements that describes these items | vice, provide, in Fait XIII, |
| | post works of art. historical |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance she treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, prov | |
| | nge the following amounts |
| relating to these items: | |
| (i) Revenue included in Form 990, Part VIII, line 1 | • |
| | • |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide | |
| the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | • |
| a Revenue included in Form 990, Part VIII, line 1 | |
| b Assets included in Form 990, Part X | • |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

| | | CAL TRAINI | | | | | | | <u> 12938</u> | |
|---------|---|---------------------------|-------------|----------------|-----------------------|-----------|--|--------------|--|-------------|
| Par | t III Organizations Maintaining C | collections of A | rt, Hist | orical Tr | easures, o | r Othe | er Simil | ar Asse | ts(continu | ed) |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, checl | any of the | following that | t are a s | ignificant | use of its | collection | rtems |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | ╵╚ | Loan or excl | hange progra | ıms | | | | |
| b | Scholarly research | е | | Other | | | | • • • | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ney further t | ne organizatio | on's exe | mpt purp | ose in Par | t XIII | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, hi | storical trea | sures, or othe | er sımıla | r assets | _ | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | | _ Yes | No_ |
| Par | | | ete if the | organizatıo | n answered " | Yes" to | Form 990 | D, Part IV, | line 9, or | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for | contribution | s or other ass | sets not | tincluded | <u> </u> | ٦ | — 1 |
| | on Form 990, Part X? | | | | | | | | J Yes | ∟ No |
| þ | If "Yes," explain the arrangement in Part XIII | and complete the fo | ollowing t | table: | | | | ſ | | |
| | | | | | | | <u> </u> | | Amount | |
| С. | Beginning balance | | | | | | 1c | | | |
| đ | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | 1e | | | |
| f o- | Ending balance | 000 Dart V Iva | 01 5 | | | | 1f | L | 1 | T 1 |
| | Did the organization include an amount on F | | | | | | - | L | ∐ Yes | ⊢ No |
| | If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete | | | | • | | | | | |
| l a | Endowment rands. Complete | - | | rior year | (c) Two year | | | years back | (a) Four | ears back |
| 40 | Paginning of year halance | (a) Current year | (0) - | Tior year | (c) Two years | 3 Dack | (a) Tillee | years back | (e) rour y | Cars back |
| | Beginning of year balance Contributions | | | | | | | | | |
| | | | | | | | | | + | |
| c C | Net investment earnings, gains, and losses | | | | | + | | | | |
| đ | Grants or scholarships Other expenditures for facilities | | | | | | | | | |
| е | · | | | | | | | | | |
| | and programs Administrative expenses | | | | 1 | | | | | |
| g | End of year balance | | | | † - · · · · · · | | | | 1 | |
| 2 | Provide the estimated percentage of the cur | rent vear end balan | ce (line 1 | a column (| a)) held as | | <u></u> | | 1 | |
| a | Board designated or quasi-endowment | Tom your one bulan | % | 9, 001011111 (| a), ricia as | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| | Temporarily restricted endowment | · | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sho | | | | | | | | | |
| За | Are there endowment funds not in the posse | | zation the | at are held a | and administe | red for t | the organ | ization | | |
| | by | ŭ | | | | | ŭ | | [· | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organization | s listed as required | on Sche | dule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | e organization's end | owment | funds. | | | | | | |
| Pa | t VI Land, Buildings, and Equip | nent. | | | | | | | _ | |
| | Complete if the organization answere | ed "Yes" to Form 99 | 0, Part I\ | /, line 11a S | See Form 990 | , Part X, | , line 10 | | | |
| | Description of property | (a) Cost or basis (invest | | . , | t or other (other) | | Accumula epreciation | | (d) Book | value |
| 1a | Land | | | | | | | | | |
| | Buildings | | | 4,08 | 39,650. | | | | | ,650. |
| | Leasehold improvements | | | 67 | 70,688. | | 374,2 | | | ,399. |
| | Equipment | | | 1,83 | 32,116. | 1, | 483,1 | 100. | | ,016. |
| | Other | | | 12 | 23,096. | | 121,2 | 249. | | .,847. |
| | I. Add lines 1a through 1e (Column (d) must | equal Form 990, Par | t X, colu | mn (B), lıne | 10c) | | | > | 4,736 | ,912. |
| | | | | | | | | | | |

Schedule D (Form 990) 2014

| Schedule D (Form 990) 2014 ELECTRICAL | TRAINING A | LLIANCE | 53 | -0212938 | Page 3 |
|---|--|---------------------------------------|------------------------|---------------------------------------|-------------|
| Part VII Investments - Other Securities. | | | - | | |
| Complete if the organization answered "Yes | | line 11b. See Form 990, F | Part X, line 12. | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va | aluation: Cost or en | d-of-year market | value |
| (1) Financial derivatives | | | | | |
| (2) Closely-held equity interests | | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | • | | | | |
| Part VIII Investments - Program Related. | | | | | |
| Complete if the organization answered "Yes | | | | 4 26 | |
| (a) Description of investment | (b) Book value | (c) Method of Va | aluation. Cost or en | d-or-year market | value |
| (1) | | _ | | | |
| (2) | | | | | |
| (3) | | | | ·· ·· · · · · · · · · · · · · · · · · | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | - | | - | | |
| (7) | | | | | |
| (8) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | 1 | } : : : | * * * * | |
| Part IX Other Assets. | | | <i>y</i> · , , , , , , | , , & , t | ×× |
| Complete if the organization answered "Yes | s" to Form 990. Part IV | . line 11d See Form 990. | Part X. line 15 | | |
| | a) Description | , | | (b) Book v | alue |
| (1) | | | | | |
| (2) | | · · · · · · · · · · · · · · · · · · · | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. | line 15) | | <u> </u> | . [| |
| Complete if the organization answered "Yes | s" to Form 990, Part IV | , line 11e or 11f See Form | n 990, Part X, line 25 | 5 | |
| 1. (a) Description of liability | | (b) Book value | | | |
| (1) Federal income taxes | | | j | | , |
| (2) CAPITAL LEASE OBLIGATION | | 190,179. | 1 | | |
| (3) | | | 1 | | |
| (4) | · · · · · · · · · · · · · · · · · · · | | 1 | | |
| (5) | | | 1 | | |
| (6) | | · · · · · · · · · · · · · · · · · · · | 1 | | - |
| (7) | | | 1 | | |

Schedule D (Form 990) 2014

(8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

190,179.

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

THE ALLIANCE ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING
STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE
CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD
OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DE-RECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ALLIANCE

PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED

10-01-14

SCHEDULE F (Ferm 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www in

Open to Public Inspection',

| Name of the organization | | | | WWW.IIS.907/I | Employer identif | ication number |
|---|---|---|--|-------------------------------------|---|--|
| ELECTRICAL TRAI | NING ALL | IANCE | | | 53-021293 | 18 |
| | | | tside the United States. Compl | ete if the organ | | |
| Form 990, Part IV | | | | oro ii ti to organ | | |
| | | n maintain recor | ds to substantiate the amount of its gr | ants and other | assistance. | |
| | _ | | the selection criteria used to award th | | | Yes No |
| 2 For grantmakers. Desc United States. | ribe in Part V the | e organization's | procedures for monitoring the use of it | ts grants and o | ther assistance out | side the |
| 3 Activities per Region. (TI | he following Part | I, line 3 table ca | an be duplicated if additional space is | needed.) | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If acti is a pro describe | vity listed in (d) gram service, e specific type ce(s) in region | (f) Total expenditures for and investments in region |
| | | | | | | |
| CENTRAL AMERICA AND | | | | BERMUDA TRA | | |
| THE CARIBBEAN - | 0 | 0 | TRAINING MATERIALS | MATERIAL SA | ALES \$12,437 | 12,437. |
| NORTH AMERICA - | | | 1 | | | |
| CANADA AND MEXICO | | | | | | |
| BUT NOT THE UNITED | | | | CANADA TRAI | INING | |
| STATES | 0 | 0 | TRAINING MATERIALS | MATERIALS S | SALES \$55,785 | 55,785. |
| | | | | | | |
| | | | | | | <u> </u> |
| | | | | | | |
| | | | | | | |
| | | | | ! | | |
| | | | | | | |
| 3 a Sub-total | 0 | 0 | | | | 68,222. |
| b Total from continuation sheets to Part I | C | 0 | | | | 0. |
| c Totals (add lines 3a | | 1 | | | | 1 |

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

Schedule F (Form 990) 2014

| 1 a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount 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, FM appraisal, other) |
|---------------------------------------|--|------------|----------------------|--------------------------|---------------------------------|---|--|---|
| | | | | | | | | |
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| | : | | | | | | | |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by |
|---|---|
| | the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

| Schedule F (Form 990) 2014 | ELECTRICAL TR | AINING A | LLIANCE | | <u> 3-0212938</u> | | • Page | | | |
|------------------------------------|---|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|--|--|--|--|
| Part III Grants and Other Assistan | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 | | | | | | | | | |
| Part III can be duplicated if | additional space is neede | | | | | | | | | |
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) | | | |
| | | | | | | | | | | |
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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, do not file with Form 990)

Schedule F (Form 990) 2014

Yes X No

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

| Name of | f the organization | | | | | • | | Employer identification number |
|---------|---|----------------------|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| | | | G ALLIANCE | | | | | 53-0212938 |
| Part I | General Information on Grants a | | | | | | | |
| 1 D | oes the organization maintain records | to substantiate the | e amount of the grants | or assistance, the | grantees' eligibilit | y for the grants or ass | sistance, and the selec | etion |
| | iteria used to award the grants or assi | | | | | | | X Yes No |
| | escribe in Part IV the organization's pro | | | | | | | ···· |
| Part II | draints and other Assistance to | | | | | anization answered "\ | es" to Form 990, Parl | t IV, line 21, for any |
| | recipient that received more than | | | | | (f) Method of | T | T |
| 1 (a | Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | | |
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| | | | | | | | | |
| 3 Er | nter total number of section 501(c)(3) a nter total number of other organization For Paperwork Reduction Act Notice | s listed in the line | 1 table | l ne line 1 table | <u> </u> | | | Schedule I (Form 990) (2014) |

Page 2

| (a) Type of grant or assistance | (b) Number recipients | | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|-----------------------|----------------------------|---------------------------------------|--|--|
| | | | | | |
| L SCHOLARSHIP AWARD | | 28 90,000 | . 0. | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information | required in Part | , line 2, Part III, columi | n (b), and any other a | dditional information. | |
| ART I, LINE 2: | | | | | |
| OMINEES MUST ALSO DISPLAY A POS | ITIVE AT | TITUDE TOWAR | RDS THE IBE | W/NECA, BE IN | |
| HE TOP 20% OF THEIR CLASS, AND | SHOULD H | VE THE POTE | ENTIAL TO B | E A FUTURE | |
| NDUSTRY LEADER (I.E., APPRENTIC | | | | | |
| LSO PREFERRED THAT THE APPRENTIC | | | - 1 - 1 | | |
| LASSROOM AND ON THE JOB. | | | | | |
| THE SCHOLARSHIP RECIPIENTS ARE C | HOSEN BY | A SELECTION | 1 COMMITTEE | MADE UP OF | |
| LECTRICAL TRAINING ALLIANCE AND | UL REPRI | ESENTATIVES; | WINNERS A | RE ANNOUNCED | |
| T THE NATIONAL TRAINING INSTITU | re (NTI) | IN AUGUST. | SINCE THE | SCHOLARSHIP | |
| 32102 10-15-14 | | 39 | - | | Schedule I (Form 990) (20 |

| Part IV Supplemental Information | 53-0212938 Page |
|---|---------------------------------------|
| COVERS BOOKS FOR THE REMAINDER OF THE STUDENT'S APPRENTICES | HID PREVIOUS |
| | HII, IKEVIOOS |
| WINNERS ARE NOT ELIGIBLE FOR NOMINATION AGAIN. | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ELECTRICAL TRAINING ALLIANCE

Questions Regarding Compensation

Employer identification number 53-0212938

| | | | Yes | No |
|----|---|--------------|--|----------------------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | , , |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items | ,• | . 3 | |
| | First-class or charter travel Housing allowance or residence for personal use | • | 1, 1 | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | × × | , ₂ , , | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | * | ٠ <u>٠</u> ٠ | 1 |
| | | | ^ | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | ~ | * * | < |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | ~ | ,25 |
| | CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to | | | , , ; |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | , | Ì |
| | Compensation committee Written employment contract | | \$, | 2 |
| | Independent compensation consultant Compensation survey or study | | 1 | * ** |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | 100 |
| | | ^~ .; | | , , |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | 1 | .3 | |
| | organization or a related organization: | ~~ | | £ . |
| | Receive a severance payment or change-of-control payment? | 4a | <u> </u> | X |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | `` _ | | 7 . 1 . 3 |
| | | 3 * | | 42 |
| _ | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | l` * { | * |
| 5 | For persons-listed-in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| _ | contingent on the revenues of | - | | х |
| | The organization? | 5a | | $\frac{\Lambda}{X}$ |
| D | Any related organization? If "Yes" to line 5a or 5b, describe in Part III | 5b | ļ | ^ |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | , ; |
| U | contingent on the net earnings of | ĺ | | |
| 2 | The organization? | 6a | | x |
| | Any related organization? | 6b | - | X |
| ~ | If "Yes" to line 6a or 6b, describe in Part III | - | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | 1 | | |
| • | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | 1 | $\tilde{\mathbf{x}}$ |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| - | initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | 8 | - | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | - <u>*</u> - | | - - |
| - | Regulations section 53 4958-6(c)? | 9 | | ^ |
| _ | negulations section 33 4936-0(c)? | 9 | | |

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

Schedule J (Form 990) 2014

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 (ji) 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 of W-2 | | and/or 1099-MISC compensation | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation in column (B) |
|-------------------------------------|------|--------------------------|-----|-------------------------------|---|-----------------------------------|---------------------------------------|------------------------------------|---|
| | | (i) Base compensation | ļ | Bonus & ncentive | (iii) Other reportable compensation | compensation | Conomic | (5)() (5) | reported as deferred in prior Form 990 |
| (1) MICHAEL I. CALLANAN | (1) | 225,095. | i i | 0. | 0. | 63,015. | 15,748. | 303,858. | 0. |
| | (ii) | 0. | | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) TODD STAFFORD | (i) | 168,068. | | 0. | 0. | 50,497. | 21,424. | 239,989. | 0. |
| EXECUTIVE DIRECTOR (AS OF NOV 2014) | (ii) | 0. | T | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JAMES BOYD | (i) | 163,591. | | 0. | 0. | 50,431. | 15,748. | 229,770. | 0. |
| ASST. EXECUTIVE DIRECTOR | (ii) | 0. | Ī | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) MARTY RIESBERG | (1) | 154,218. | | 0. | 0. | 47,928. | 21,424. | 223,570. | 0. |
| DIRECTOR | (ii) | 0. | | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) WILLIAM BALL | (i) | 154,158. | | 0. | 0. | 47,911. | 8,164. | 210,233. | 0. |
| DIRECTOR | (ii) | 0. | | 0. | 0. | 0. | 0. | l | 0. |
| (6) PALMER HICKMAN | (i) | 152,456. | | 0. | 0. | 47,410. | 21,740. | 221,606. | 0. |
| DIRECTOR | (ii) | 0. | | 0. | 0. | 0. | 0. | | 0. |
| (7) STEVE ANDERSON | (1) | 149,475. | Ì | 0. | 0. | 46,533. | 15,748. | 211,756. | 0. |
| DIRECTOR | (ii) | 0. | | 0. | 0. | 0. | 0. | 0. | 0. |
| | (1) | | | | | | | | |
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| | (ii) | | | | | | <u> </u> | <u></u> | L |

| Schedule J (Form 990) 2014 | ELECTRICAL | TRAINING | ALLIANCE | 53-0212938 | Page 3 |
|---------------------------------------|-------------------------|----------------------|--|---|-----------|
| Bort III Supplemental Information | | | | | |
| Provide the information, explanation, | or descriptions require | ed for Part I, lines | a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, ar | nd for Part II Also complete this part for any additional information | • |
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SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

| Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/for | | pen to Public Ispection |
|---|--------------|----------------------------|
| | | ification number |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI | SSION: | |
| HIGHLY SKILLED WORKFORCE POSSIBLE. | | |
| | . | |
| FORM 990, PART VI, SECTION A, LINE 4: | | |
| THE ORGANIZATION CHANGED ITS NAME FROM NATIONAL JOIN APPRE | NTICESHI | P AND |
| TRAINING COMMITTEE FOR THE ELECTRICAL INDUSTRY TO ELECTRIC | AL TRAIN | ING |
| ALLIANCE. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 11: | | - |
| FORM 990 IS SENT TO THE COMPTROLLER FOR REVIEW, QUESTIONS, | AND COM | MENTS. |
| THE EXECUTIVE DIRECTOR IS THE NEXT REVIEWER. THE FORM IS T | HEN PROV | IDED TO |
| THE FULL BOARD BEFORE IT IS FILED. | | |
| | | |
| FORM 990, PART VI, SECTION B, LINE 12C: | | |
| EACH DIRECTOR IS REQUIRED TO GET APPROVAL FROM THE EXECUTI | VE DIREC | TOR |
| BEFORE AGREEING TO PARTICIPATE IN ANY ORGANIZATION THAT MA | Y CONFLI | CT WITH |
| ETA. ANY BREACH OF THIS POLICY IS EVALUATED BY THE BOARD O | F TRUSTE | ES AND |
| APPROPRIATE ACTION IS TAKEN. | | |
| | _ | |
| FORM 990, PART VI, SECTION B, LINE 15: | | |
| THE BOARD OF TRUSTEES APPROVES COMPENSATION FOR THE EXECUT | IVE DIRE | CTOR |
| AFTER PERFORMING AN ANNUAL PERFORMANCE EVALUATION AND ANAL | YZING | |
| COMPENSATION STUDIES PERFORMED BY INDEPENDENT ORGANIZATION | ß. | |
| | | |

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

| Name of the organization | Employer idea | Page 2 ntification number |
|---|---------------|------------------------------|
| ELECTRICAL TRAINING ALLIANCE | 53-02 | 12938 |
| INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE | GENERAL | PUBLIC. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | | |
| IMPAIRMENT LOSS | | 2,573,161. |
| FORM 990, PART XII, LINE 2C: | | |
| THE BOARD OF TRUSTEES OVERSEES THE SELECTION OF THE INDEP | ENDENT | |
| AUDITORS. | | |
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