COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Energy and Mineral Resources Oversight Hearing on the "Obama Administration's Actions against the Spruce Coal Mine: Canceled Permits, Lawsuits and Lost Jobs"

June 1, 2012

For Individuals:	
1. Name:	
2. Address:	
3. Email Address:	
4. Phone Number:	
* * * * *	
For Witnesses Representing Organizations:	
1. Name: Ross Eisenberg	
2. Name of Organization(s) You are Representing at the Hearing:	
National Association of Manufacturers	
3. Business Address:	
733 10 th Street, NW, Suite 700 Washington, DC 20001	
4. Business Email Address: [Information redacted for privacy]	
5. Business Phone Number: [Information redacted for privacy]	

Name/Organization: Ross Eisenberg, National Association of Manufacturers
Title/Date of Hearing: "Obama Administration's Actions against the Spruce Coal Mine: Canceled Permits, Lawsuits and Lost Jobs" / June 1, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Juris Doctor, Washington & Lee University School of Law, 2002

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member, State Bar of the District of Columbia

Member, State Bar of Maryland

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

VP, Energy and Resources Policy, National Association of Manufacturers, May 2012-present

Counsel, Environment & Energy, U.S. Chamber of Commerce, March 2007-May 2012

Associate (environmental law and litigation), Greenberg Traurig LLP, September 2002-March 2007

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None in my own name. For NAM grant info, see response to question (h).

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

Petition of the Chamber of Commerce of the United States of America for EPA to Conduct its Endangerment Finding Proceeding On The Record using Administrative Procedure Act §§ 556 and 557, filed June 23, 2009 (filed on behalf of the U.S. Chamber of Commerce)

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: Ross Eisenberg, National Association of Manufacturers
Title/Date of Hearing: "Obama Administration's Actions against the Spruce Coal Mine: Canceled Permits, Lawsuits and Lost Jobs" / June 1, 2012

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Vice President, Energy and Resources Policy (May 2012-present)

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Litigation:

Chamber of Commerce v. NLRB, No. 1:11cv-02262-JEB (D.D.C.) (NRLB ambush elections rule)

NAM v. NLRB, No. 1:11-cv-01629-ABJ (D.D.C.) (NRLB posting requirement under NLRA) (on appeal to D.C. Cir.)

NAM v. EPA, No. 10-1044 (D.C. Cir.) (EPA's endangerment finding, Clean Air Act)

NAM v. EPA, No. 10-1127 (D.C. Cir.) (EPA's Reconsideration Rule/STR, Clean Air Act)

NAM v. EPA, No. 10-1166 (D.C. Cir.) (EPA's light-duty motor vehicle rule, Clean Air Act)

NAM v. EPA, No. 10-1218 (D.C. Cir.) (EPA's Tailoring Rule, Clean Air Act)

NAM v. EPA, Nos. 10-1177 through 1180 (D.C. Cir.) ("Grounds Arising After" challenges to EPA's 2002 PSD and NSR Rule, EPA's 1978 Part 51 PSD Implementation Rule, EPA's 1978 Part 52 PSD Rule, and EPA's 1980 PSD Rule, Clean Air Act)

NAM v. EPA, No. 10-60748 (5th Cir.) (EPA decision on Texas flexible permits, Clean Air Act)

Texas v. EPA, No. 10-60614 (D.C. Cir.) (EPA decision on Texas flexible permits, Clean Air Act)

Ozone NAAQS Litigation Group v. EPA, No. 08-1204 (D.C. Cir.) (EPA ozone regulation, Clean Air Act)

SIP/FIP Advocacy Group v. EPA, Nos. 11-1041 and 11-1077 (D.C. Cir.) and SIP/FIP Advocacy Group v. EPA, No. 10-60961 (5th Cir.) (EPA Action to Ensure Authority to Issue Permits Under the Prevention of Significant Deterioration Program to Sources of Greenhouse Gas Emissions: Finding of Substantial Inadequacy and SIP Call, Clean Air Act)

American Forest & Paper Ass'n v. EPA, No. 11-1123 (D.C. Cir.) (EPA's NHSM Rule, Clean Air Act)

American Forest & Paper Ass'n v. EPA, No. 11-1124 (D.C. Cir.) (EPA's Boiler MACT rule, Clean Air Act)

American Forest & Paper Ass'n v. EPA, No. 11-1125 (D.C. Cir.) (EPA's CISWI Rule, Clean Air Act)

American Petroleum Institute v. Kempthorne, No. 1:08:cv-01496 (D.D.C.) (Alaska Gap in polar bear rule, Administrative Procedure Act).

NAM v. Taylor (D.D.C. 2008) (HLOGA challenge, Honest Leadership and Open Government Act of 2007, 28 U.S.C. Secs. 2201 & 2202)

National Association of Home Builders v. OSHA, No. 09-1053 (D.C. Cir.) (OSHA's per-employee citation authority, Occupational Safety and Health Act)

Petitions:

Petition for Administrative Reconsideration and for Amendment of the Industrial Boiler MACT, Industrial Boiler GACT, and CISWI Rules (EPA) (Clean Air Act)

Petition for Administrative Stay Pending Reconsideration of the Industrial Boiler MACT and CISWI Rules (EPA) (Clean Air Act)

Petition for Stay of Stationary Source Greenhouse Gas Regulation Pursuant to the Tailpipe Rule, the PSD Interpretative Rule, and Tailoring Rule (EPA) (Clean Air Act)

Petition to Reconsider, Rescind, and/or Revise EPA's Prevention of Significant Deterioration Regulations (EPA) (Clean Air Act)

Petition to Reconsider Action to Ensure Authority to Issue Permits Under the Prevention of Significant Deterioration Program to Sources of Greenhouse Gas Emissions: Finding of Substantial Inadequacy and SIP Call (EPA) (Clean Air Act).

Petition to Consumer Product Safety Commission to delay the effective date of the lead content limits in Section 101 of the 2008 Consumer Product Safety Improvement Act (CPSC, 2008 Consumer Product Safety Improvement Act)

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

NAM's three most recent public IRS Form 990s are attached.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2010 calendar year, or tax year beginning and ending		
В	Check if applicable	C Name of organization	D Employer identifi	cation number
_		NATIONAL ASSOCIATION OF MANUFACTURERS		
L	Addres	S OF THE UNITED STATES OF AMERICA		
L	Name change		13-1	084330
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si		
	Termin ated	1 1331 PENNSTHVANTA AVENUE, NW 000	202-	637-3000
L	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	34,931,240.
	Applica tion pendin	WASHINGTON, DC 20004-1790	H(a) Is this a group re	
	perium	F Name and address of principal officer: JOHN ENGLER	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
				list. (see instructions)
		e: ▶ WWW.NAM.ORG	H(c) Group exemptio	
			ear of formation: 1905 N	A State of legal domicile: NY
Pa		Summary		
ė	1	Briefly describe the organization's mission or most significant activities: TO ENHAN	CE THE COMPET	TTIVENESS
Governance		OF MANUFACTURERS BY SHAPING A LEGISLATIVE AN		
ēr		Check this box 🕨 📖 if the organization discontinued its operations or disposed of n		
હુ		Number of voting members of the governing body (Part VI, line 1a)		221
જ		Number of independent voting members of the governing body (Part VI, line 1b)		220
ijes		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		164
Activities &		Total number of volunteers (estimate if necessary)		0.
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 34		
		2 17 17 17 17 17 17 17 17 17 17 17 17 17	Prior Year 6,314,362.	Current Year 5,866,399.
ine	1	Contributions and grants (Part VIII, line 1h)	27,976,475.	28,800,859.
Revenue	1	Program service revenue (Part VIII, line 2g)	258,940.	223,393.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	27,302.	40,589.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,577,079.	34,931,240.
		Forth and similar amounts paid (Part IV, solumn (A), line 12)	100,000.	100,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,008,203.	18,751,986.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
per	h	Fotal fundraising expenses (Part IX, column (D), line 25)	<u> </u>	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,495,098.	15,248,926.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,603,301.	
		Revenue less expenses. Subtract line 18 from line 12	4,973,778.	
o se		10.00.000 Superiodor Gubridor into 10 Horri into 12	Beginning of Current Year	End of Year
and	20	Fotal assets (Part X, line 16)	23,503,222.	28,078,644.
Ass	21	Fotal liabilities (Part X, line 26)	27,401,680.	28,255,104.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	-3,898,458.	-176,460.
Pá	art II	Signature Block		
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Her	re	RICHARD KLEIN, CHIEF FINANCIAL OFFICER Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d		if self-employe	ed
	parer	Firm's name JOHNSON LAMBERT & CO. LLP	Firm's EIN	
	Only	Firm's address 700 SPRING FOREST ROAD, STE 115		
	-	RALEIGH, NC 27609	Phone no. 9	19-719-6400
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)	'	X Yes No

Exempt Organization Declaration and Signature for Form **8453-EO** OMB No. 1545-1879 **Electronic Filing** For calendar year 2010, or tax year beginning , 2010, and ending 2010 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Department of the Treasury Internal Revenue Service See instructions. Name of exempt organization NATIONAL ASSOCIATION OF MANUFACTURERS Employer identification number OF THE UNITED STATES OF AMERICA 13-1084330 Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here ▶ ____ b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4a Form 990-PF check here ▶ 5a Form 8868 check here ▶ b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) Part II Declaration of Officer I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial Institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990 EZ/990 PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign Here Signature of officer Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature Firm's name (or yours if self-employed), address, and ZiP code	JOHNSON .	LAMBERT &		3/1/ LP	Check if also paid preparer	Check if self-emplo	yed	PC 105 9 9 4 1 2 - 144 6 7 7 9
Under penalt Declaration of		RALEIGH	TA PROPERTY AND ADDRESS OF THE PARTY OF THE				desi or my know	Phone no. 919	-719-6400 , they are true, correct, and complete
Paid	Print/Type prepare		Preparer's sig	10.		Date	Ch	eck if f- employed	PTIN
Prepar Use Or	nly						Fi	rm's EIN 🕨	
	Firm's address						P	none no.	

Product: Exempt Category:

Name: National Association of Manufacture IRS Center: Ogden e-Postmark: 10/17/2011 1:43:33 PM

FEIN: 13-1084330

Notification:

Fiscal Year 1/1/2010 Fiscal Year12/31/2010

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	10/18/2011	Upload Started			
	10/18/2011	Released for Transmission - Validation in Progress			System
	10/18/2011	Ready to transmit - Validation Complete			
	10/18/2011	Transmitted to FD	563708201129107dee00		
	10/18/2011	Accepted by FD on 10/18/2011			

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ightharpoonup If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization **Employer identification number** NATIONAL ASSOCIATION OF MANUFACTURERS print OF THE UNITED STATES OF AMERICA 13-1084330 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date fo filing your 1331 PENNSYLVANIA AVENUE, NW, NO. 600 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WASHINGTON, DC 20004-1790 Enter the Return code for the return that this application is for (file a separate application for each return) Application Application Return Return is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 80 Form 990-EZ 03 Form 4720 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 TIMOTHY ROGERS -1331 PENNSYLVANIA AVENUE NW STE 600 The books are in the care of **WASHINGTON**, DC 20004 Telephone No. ► 202-637-3000 FAX No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this . If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2010 or $_$, and ending ☐ tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ∴ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)								
If you are filing for an Additional (Not Automatic) 3-Month E	extension, o	complete only Part II and check this b	ох	***************************************				
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form	8868.				
If you are filing for an Automatic 3-Month Extension, complete the second								
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no o			_			
Name of exempt organization Type or Name OF ASSOCIATION OF MAN			Emp	loyer identia catio				
MATIONAL ASSOCIATION OF MAR		URERS						
OF THE UNITED STATES OF AMI			1	3-1084 330				
extended Number, street, and room or suite no. If a P.O. box,				30				
due date for 1331 PENNSYLVANIA AVENUE, 1	_							
return. See City, town or post office, state, and ZIP code. For a	foreign add	dress, see instructions.						
WASHINGTON, DC 20004-1790								
Enter the Return code for the return that this application is for (file a separa	ate application for each return)	*******	*************				
	1			7.00	To I			
Application	Return	Application			Test			
Is For	Code	Is For			Return			
Form 990	01				Code			
Form 990-BL	02	Form 1041-A			100			
Form 990-EZ	03	Form 4720			08			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)								
Form 990-T (trust other than above)	06	Form 8870						
STOP! Do not complete Part II if you were not already grant	ed an autor	matic 3-month extension on a previou	ısly file	ed Form 8868	12			
		31 PENNSYLVANIA AVEN	IUE	NW STE 600	-			
• The books are in the care of WASHINGTON, DO	2000							
Telephone No. ► 202-637-3000		FAX No. ▶						
If the organization does not have an office or place of business.	ess in the Ui	nited States, check this box	******	*************				
 If the organization does not have an office or place of business. If this is for a Group Return, enter the organization's four dig box If it is for part of the group, check this box 	it Group Ex	emption Number (GEN) If the	is is fo	r the whole group, ch	neck th:			
			memb	ers the extension is	ior IIIS			
4 I request an additional 3-month extension of time until	MOAFM	2211 207 2011.		10	<u> </u>			
5 For calendar year $\frac{2010}{1}$, or other tax year beginning		, and ending						
6 If the tax year entered in line 5 is for less than 12 months,	check reas	son:	Final r	eturn				
Change in accounting period								
7 State in detail why you need the extension	אמשמת	DE A COMPTEME AND A						
ADDITIONAL TIME IS NEEDED TO	PREPA	RE A COMPLETE AND AC	CUR	ATE RETURN				
			_					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less any						
nonrefundable credits. See instructions.			8a	\$	0.			
b If this application is for Form 990-PF, 990-T, 4720, or 606	-				<u> </u>			
tax payments made. Include any prior year overpayment	allowed as	a credit and any amount paid						
previously with Form 8868.			8b	\$	0.			
c Balance due. Subtract line 8b from line 8a. Include your		th this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See ins		117 10 11	8c	\$	0.			
Sigi	nature ar	nd Verification						
Under penalties of perjury, I declare that I have examined this form, inclit is true, correct, and complete, and that I am authorized to prepare this	uding accom form.	panying schedules and statements, and to th	e best o	f my knowledge and belie	ıf,			
Signature Voters / exe Title V	CPA		Date	7/14/11				
				Form 890				
				Form 8868 (Rev.	1-2011)			

NATIONAL ASSOCIATION OF MANUFACTURERS

OF THE UNITED STATES OF AMERICA 13-1084330 Form 990 (2010) Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: THE MISSION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS ("NAM") IS TO BE THE VOICE FOR ALL MANUFACTURING IN THE UNITED STATES. TO INFORM LEGISLATORS, THE ADMINISTRATION, THE MEDIA, POLICY INFLUENCERS AND THE PUBLIC ABOUT MANUFACTURING'S VITAL LEADERSHIP IN INNOVATION, JOB Did the organization undertake any significant program services during the year which were not listed on Ves X No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.) (Expenses \$ including grants of \$) (Revenue \$ (Code: POLICY & EXTERNAL AFFAIRS DIVISION: REPRESENTS AND COORDINATES ASSOCIATION COMMITTEES, SUBCOMMITTEES, AND TASK FORCES ON REGULATORY AND LEGISLATIVE ISSUES. (Code:) (Expenses \$ including grants of \$) (Revenue \$ MARKETING & MEMBERSHIP DIVISION: RECRUITS AND RETAINS MEMBERS COORDINATES MEMBER RELATIONS AT LOCAL AND NATIONAL LEVEL. NUMEROUS MEETINGS, SELLS PUBLICATIONS TO MEMBERS AND NONMEMBERS.) (Expenses \$ including grants of \$) (Revenue \$ COMMUNICATION DIVISION: A CLEARINGHOUSE OF INFORMATION FOR MEMBERS, PUBLISHES NEWSLETTERS TO MEMBERS, AND MANAGES WEBSITE.

) (Revenue \$

(Expenses \$

Other program services. (Describe in Schedule O.)

Total program service expenses

including grants of \$

13-1084330

OF THE UNITED STATES OF AMERICA

Pa	rt IV Checklist of Required Schedules			9-
	The office will be a constant of the quine a constant of		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	INO
•	If "Yes," complete Schedule A	1		x
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			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ė		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	٣		
J	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	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	-		
Ü		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	۰		
9	III III III III III III III III III II	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		
10		10		x
11	If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
"				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f		116		
•	the organization's separate or consolidated infancial 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	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
ıza	Schedule D, Parts XI, XII, and XIII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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
14a b		144		 ^
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
.0	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		
10	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,"	10		
19		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a		+
J	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	operate one of mere hoopitale made attach addition introductional statements (300 instructions)			i

Part IV Checklist of Required Schedules (continued)

	one state of the quality contained	ı —		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	۱.,	v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			х
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Only of the K. K. K. N. N. N. S.	24a		х
b	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	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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?	-00		
٠.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	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		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	53							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1	lc	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 2	.64							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	з	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	З	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	la		Х				
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	ā		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5	ic						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible?	6	ia	Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6	b)	Х					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	_	'a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	'b						
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	'e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		'g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	-C? 7	'n						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	? [-{	8						
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the organization make any taxable distributions under section 4966?)a						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9	b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		_						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	2a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	44	3a						
а	Note. See the instructions for additional information the organization must report on Schedule O.	···· <u>'</u> `	Ja						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans								
^									
	Did the constitution and the facility of the f	1,	4a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	····	4a 4b						
U	11 100, That is mod a 1 offit 720 to report these payments: 11 110, provide an explanation in concease 0	1-	'n						

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA 13-1084330 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 221 1a Enter the number of voting members of the governing body at the end of the tax year 220 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? X 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a Х governing body? **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Х 12c Does the organization have a written whistleblower policy? X 13 13 Does the organization have a written document retention and destruction policy? X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TIMOTHY ROGERS - 202-637-3000

1331 PENNSYLVANIA AVENUE NW STE 600, WASHINGTON. 20004

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

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

X

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

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

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

(A)	(B)			(0	C)		(D)	(E)	(F)
Name and Title	Average			Pos			 Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer Officer		Highest compensated employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOHN ENGLER								_	
CHIEL EXECUTIVE OFFICER	35.00	Х		Х			1,147,859.	0.	289,348.
MICHAEL E. CAMPBELL								_	
CHAIRMAN	1.00	Х		Х			0.	0.	0.
MARY ANDRINGA	1	l							•
VICE CHAIRMAN	1.00	Х		Х			0.	0.	0.
KARLA F. AARON	1 00								0
BOARD MEMBER	1.00	Х					0.	0.	0.
GERARD M. ANDERSON	1 00	3,5						0	0
BOARD MEMBER	1.00	Х					0.	0.	0.
LORI ANDERSON	1 00	, v					0.	0.	0
BOARD MEMBER	1.00	Х					0.	0.	0.
GREGORY J. ARNOLD BOARD MEMBER	1.00	x					0.	0.	0.
STAN A. ASKREN	1.00	^					0.	0.	0.
BOARD MEMBER	1.00	х					0.	0.	0.
ALEX M. AZAR									
BOARD MEMBER	1.00	Х					0.	0.	0.
GREG BABE									
BOARD MEMBER	1.00	Х					0.	0.	0.
BRENT BAGLIEN									
BOARD MEMBER	1.00	Х					0.	0.	0.
TIM BAILEY									
BOARD MEMBER	1.00	Х					0.	0.	0.
CHARLENE T. BEGLEY	1						_	_	_
BOARD MEMBER	1.00	Х					0.	0.	0.
WILLIAM H. BELDEN									
BOARD MEMBER	1.00	X					0.	0.	0.
MICHAEL L. BENNETT	1 00	,,							•
BOARD MEMBER	1.00	X	<u> </u>		_	-	0.	0.	0.
	I	l	1		1		1		
ROLF BIEKERT	1 00	1 37	1					/\ /\ I	^
BOARD MEMBER ROLAND W. BOLES	1.00	Х					0.	0.	0.

	UNITED ST	ΓA'	re:	5 (ΟF	Αl	1EI	RICA	13-1084	330	Pa	age 8
Part VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	١			ition			Reportable	Reportable	Es	timate) d
	hours per	(c	heck	call t	that	app	ly)	compensation	compensation	l	nount	of
	week (describe	ρį						from	from related		other	
	hours for	direc				- - -		the organization	organizations (W-2/1099-MISC)		pensa om th	
	related	trustee or director	ıstee			ensate		(W-2/1099-MISC)	(***2/1099*****130)		anizat	
	organizations	Itrus	nal tri		oyee	dwo		(** 27 1000 111100)			d relat	
	in Schedule	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizati	ons
	O)	밀	su	JJ0	Key	Hig	-					
GREGORY H. BOYCE												
BOARD MEMBER	1.00	Х						0.	0.			0.
JOSEPH BREUNIG												
BOARD MEMBER	1.00	Х						0.	0.			0.
ANGELO BRISIMITZAKIS												
BOARD MEMBER	1.00	Х						0.	0.			0.
WILLIAM A. BUCKNER									_			_
BOARD MEMBER	1.00	Х						0.	0.			0.
MICHAEL J. BULLINGER									_			_
BOARD MEMBER	1.00	Х						0.	0.			0.
RONALD D. BULLOCK									_			_
BOARD MEMBER	1.00	Х						0.	0.			0.
CHARLES E. BUNCH		l										_
BOARD MEMBER	1.00	X						0.	0.			0.
BARRY CALDWELL	1	l										•
BOARD MEMBER	1.00	Х						0.	0.			0.
LEONARD J. CALI	1 00	l										^
BOARD MEMBER	1.00	_						0.	0.			0.
1b Sub-total								1,147,859.	0.		9,3	
c Total from continuation sheets to Par	t VII, Section A							3,453,079.	0.	29	8,6	28.
d Total (add lines 1b and 1c)						<u> </u>		4,600,938.	0.	58	7,9	76.
2 Total number of individuals (including b		nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 in reportable			1
compensation from the organization	<u> </u>											51
											Yes	No
3 Did the organization list any former office												
line 1a? If "Yes," complete Schedule J f										3		X
4 For any individual listed on line 1a, is the	•							•	•		37	
and related organizations greater than										4	X	
5 Did any person listed on line 1a receive					,		elat	ed organization or indiv	idual for services			77
rendered to the organization? If "Yes," o	complete Schedul	e J t	or s	uch	pers	on .				5		X
Section B. Independent Contractors												

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
TARGET ENTERPRISES LTD, 16501 VENTURA		
BLVD, STE 515, ENCINO, CA 91436	MEDIA ADS & SERVICES	3,748,483.
HERALD GROUP, LLC, 1120 G STREET NW, STE		
600, WASHINGTON, DC 20005	CONSULTANTS	247,122.
BAKER BOTTS, LLP		
PO BOX 201626, HOUSTON, TX 77216	LEGAL FEES	200,805.
DIGITARIA INTERACTIVE, INC.		
533 F STREET, 3RD FL, SAN DIEGO, CA 92101	WEBSITE CONSULTANTS	196,510.
COVE STRATEGIES		
PO BOX 1678, ALEXANDRIA, VA 22314	CONSULTANTS	165,000.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 in compensation from the organization > 7		

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part VII Section A. Officers, Directors, True	stees. Kev Ei								rees (continued)	1 330
(A)	(B)		- ,))		-	(D)	(E)	(F)
Name and title	Average hours	(c		Pos	ition that apply)			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DAVID CAMPBELL										_
BOARD MEMBER	1.00	Х						0.	0.	0
SUSAN CAPPS MORRIS									_	_
BOARD MEMBER	1.00	Х						0.	0.	0
RED CAVANEY									_	_
BOARD MEMBER	1.00	Х	_	<u> </u>				0.	0.	0
A. BRUCE CLARKE	4 00								_	•
BOARD MEMBER	1.00	Х						0.	0.	0
GILLES COLAS	1 00	,,							0	0
BOARD MEMBER	1.00	Х						0.	0.	0
KEN W. COLE BOARD MEMBER	1.00	x						0.	0.	0
CHRISTOPHER M. CONNOR	1.00	^						0.	0.	U
BOARD MEMBER	1.00	X						0.	0.	0
JOHN W. CONWAY	1.00							0.	0.	0
BOARD MEMBER	1.00	X						0.	0.	0
LEN COOPER	1.00	123							<u> </u>	-
BOARD MEMBER	1.00	x						0.	0.	0
DAVID M. CORDANI										
BOARD MEMBER	1.00	x						0.	0.	0
MARK A. CORDOVA										
BOARD MEMBER	1.00	X						0.	0.	0
STEPHEN A. COSSE'										
BOARD MEMBER	1.00	X						0.	0.	0
MARY FRANCES COX										
BOARD MEMBER	1.00	X						0.	0.	0
PAUL CUNNINGHAM										
BOARD MEMBER	1.00	X						0.	0.	0
WILLIAM G. CURRIE									_	_
BOARD MEMBER	1.00	X						0.	0.	0
WALTER P. CZARNECKI										_
BOARD MEMBER	1.00	X						0.	0.	0
RICHARD E. DAUCH	1 00								•	•
BOARD MEMBER	1.00	X	_	_				0.	0.	0
PETER DAVIDSON	1 00	\ _v						0.	0.	0
BOARD MEMBER DARL DAVIDSON	1.00	┝		\vdash	\vdash		\vdash	0.	0.	0
BOARD MEMBER	1.00	v						0.	0.	0
BRUCE DAVIS	1.00	┝					\vdash	0.	0.	0
	1.00	x						0.	0.	0
Total to Part VII, Section A, line 1c	1.00	<u> </u>	<u> </u>			<u> </u>	<u> </u>	0.	0.	

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

13-1084330

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Officer STEVEN J. DEMETRIOU 1.00 | X 0. 0. 0. BOARD MEMBER ROBERT D. DIXON 1.00 Х BOARD MEMBER 0. 0. 0. MARK T. DOBBINS 1.00 X 0. 0. 0. BOARD MEMBER WILLIAM H. DOWNEY 0. 1.00 X 0. 0. BOARD MEMBER BRETT S. DUNGAN 1.00 Х 0. 0. BOARD MEMBER 0. ARTHUR J. DYER 1.00 X 0. 0. 0. BOARD MEMBER THOMAS V. EASTERDAY BOARD MEMBER 1.00 X 0. 0. 0. JOHN J. ENGEL BOARD MEMBER 1.00 | X 0. 0. 0. SHELDON R. ERIKSON 1.00 x 0. BOARD MEMBER 0. 0. JOHN A. FEES 1.00 x 0. 0. 0. BOARD MEMBER THOMAS J. FELMER 1.00 Х 0. BOARD MEMBER 0. 0. JOHN J. FERRIOLA Х 1.00 0. 0. 0. BOARD MEMBER FRED FESTA 1.00 x 0. 0. BOARD MEMBER 0. GREGORY D. FLACK 1.00 | X 0. 0. 0. BOARD MEMBER RUSSELL M. FLAUM 1.00 | x 0. 0. 0. BOARD MEMBER WILLIAM C. FOOTE 1.00 X BOARD MEMBER 0. 0. 0. JIM FUCHS 1.00 x 0. 0. 0. BOARD MEMBER WALTER J. GALVIN BOARD MEMBER 1.00 | X 0. 0. 0. MICHAEL R. GAMBRELL 1.00 X 0. 0. 0. BOARD MEMBER DAVID L. GARIN 1.00 x 0. 0. 0. BOARD MEMBER Total to Part VII, Section A, line 1c

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

13-1084330

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Officer of the other of the oth WILLIAM E. GASKIN 1.00 | X 0. 0. 0. BOARD MEMBER RICHARD GIMMEL 0. 1.00 Х BOARD MEMBER 0. 0. SHERMAN J. GLASS BOARD MEMBER 1.00 X 0. 0. 0. DANIEL GLIER 0. 1.00 X 0. 0. BOARD MEMBER CLARENCE GOODEN 1.00 Х 0. 0. BOARD MEMBER 0. JAMES E. GREEN BOARD MEMBER 1.00 X 0. 0. 0. DREW GREENBLATT BOARD MEMBER 1.00 X 0. 0. 0. GENE GSELL BOARD MEMBER 1.00 Х 0. 0. 0. KIRK S. HACHIGIAN Х 0. BOARD MEMBER 1.00 0. 0. TIM HANLEY 1.00 x 0. 0. 0. BOARD MEMBER MICHAEL S. HANLEY 1.00 Х 0. BOARD MEMBER 0. 0. ROGER A. HANNAY Х 1.00 0. 0. 0. BOARD MEMBER STEPHANIE HARKNESS 1.00 x 0. 0. BOARD MEMBER 0. R. KEITH HARRISON 1.00 X 0. 0. 0. BOARD MEMBER CARL HAUSMANN 1.00 | x 0. 0. 0. BOARD MEMBER CURT HEBERT 1.00 X BOARD MEMBER 0. 0. 0. HERBERT L. HENKEL Х 1.00 0. 0. 0. BOARD MEMBER ROBERT K. HENRY BOARD MEMBER 1.00 X 0. 0. 0. TED M. HENRY 1.00 X 0. 0. 0. BOARD MEMBER WILLIAM V. HICKEY 1.00 x 0. 0. 0. BOARD MEMBER Total to Part VII, Section A, line 1c

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

13-1084330

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Officer of the other of the oth BARBARA C. HIGGENS 1.00 | X 0. 0. 0. BOARD MEMBER JOHN P. HILER 0. 1.00 Х BOARD MEMBER 0. 0. RANDALL G. HOFFMAN 1.00 X 0. 0. 0. BOARD MEMBER ALAN M. HOLADAY 0. 1.00 X 0. 0. BOARD MEMBER R. DAVID HOOVER 1.00 Х 0. BOARD MEMBER 0. 0. JERRY HOWARD BOARD MEMBER 1.00 X 0. 0. 0. MARY L. HOWELL 0. BOARD MEMBER 1.00 X 0. 0. HANNES HUNSCHOFSKY BOARD MEMBER 1.00 X 0. 0. 0. KEVIN J. HUNT Х 0. BOARD MEMBER 1.00 0. 0. GARY D. HUSS 1.00 x 0. 0. 0. BOARD MEMBER COLLIE L. HUTTER 1.00 Х 0. BOARD MEMBER 0. 0. WILLIAM B. INGLEE Х 1.00 0. 0. 0. BOARD MEMBER AL JENNINGS 1.00 x 0. 0. BOARD MEMBER 0. KELLIE JOHNSON BOARD MEMBER 1.00 X 0. 0. 0. J. BRADLEY JOHNSTON Х 1.00 0. 0. 0. BOARD MEMBER PAUL W. JONES 1.00 X BOARD MEMBER 0. 0. 0. JILL JONES Х 1.00 0. 0. 0. BOARD MEMBER DANIEL JUNEAU 0. BOARD MEMBER 1.00 X 0. 0. HANNAH KAIN 1.00 X 0. 0. 0. BOARD MEMBER PAMELA KAN 1.00 Х 0. 0. 0. BOARD MEMBER Total to Part VII, Section A, line 1c

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part VII Section A. Officers, Directors, Tru	ıstees. Kev Eı	olam	ovee	s. a				Compensated Employ		4330
(A)	(B)		<i>-</i>))			(D)	(E)	(F)
Name and title	Average hours	(c	heck	Pos	ition		ıly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
D.T. (DEE) KAPUR		l								
BOARD MEMBER	1.00	Х						0.	0.	0 .
CHRISTOPHER J. KEARNEY	1	l								•
BOARD MEMBER	1.00	Х						0.	0.	0
TIMOTHY J. KEATING	1 00	,,							_	0
BOARD MEMBER	1.00	Х						0.	0.	0
GAGE A. KENT BOARD MEMBER	1.00	x						0.	0.	0 .
PATRICK J. KIELY	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
PETER D. KINNEAR	1:00	123							•	
BOARD MEMBER	1.00	x						0.	0.	0.
LUTHER C. KISSAM		 							•	
BOARD MEMBER	1.00	x						0.	0.	0.
WARD KLEIN										
BOARD MEMBER	1.00	X						0.	0.	0.
LEWIS KLING										
BOARD MEMBER	1.00	X						0.	0.	0.
LINDA KNOLL										
BOARD MEMBER	1.00	Х						0.	0.	0 .
JOHN J. KORALESKI									_	
BOARD MEMBER	1.00	Х						0.	0.	0
AELRED J. KURTENBACH	1 00								_	0
BOARD MEMBER	1.00	Х						0.	0.	0
THOMAS R. LALLA	1 00	\ _v						0.	0.	0
BOARD MEMBER JOHN C. LANDGRAF	1.00	^						0.	0.	0 .
BOARD MEMBER	1.00	v						0.	0.	0.
EDWIN LANGE	1.00								0.	0 .
BOARD MEMBER	1.00	x						0.	0.	0.
ALAN F. LAPOINT	1,00									
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
STEPHEN F. LEER										
BOARD MEMBER	1.00	X						0.	0.	0.
GARALD LETENDRE										
BOARD MEMBER	1.00	Х	L		L	L	L	0.	0.	0.
W. KIRK LIDDELL										
BOARD MEMBER	1.00	Х						0.	0.	0.
MICHAEL C. LINN								_	ا ۔	
BOARD MEMBER	1.00	X						0.	0.	0.

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

00 00 00 00 00			(C Posi) ition			Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
000000000000000000000000000000000000000	X X X X X X X X X X X X X X X X X X X	heck	all t	that	арр		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
00 00 00 00 00	x x x x	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
00	x x x							0.	0
00	x x x							0.	0
00	x x								
00	x x							•	•
00	x x						0.	0.	0
00	x x						_	0	0
00	х						0.	0.	0
00	х						0.	0.	0 .
00							0.	0.	0 .
00							0.	0.	0 .
	₩						0.	0.	
	1 X						0.	0.	0 .
00	1						0.	•	
00	$ _{\mathbf{x}}$						0.	0.	0.
	 								
00	x						0.	0.	0.
	†							•	
00	x						0.	0.	0.
00	X						0.	0.	0
00	X						0.	0.	0
00	X						0.	0.	0
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	+	\vdash			-		0.		0.
0 0	$ _{\mathbf{x}}$						n .	0.1	0 .
	+						-		
00	$ _{\mathbf{X}}$						0.	0.	0.
	00 00 00 00 00	00 X	00 x 00 x 00 x 00 x 00 x	00 X 00 X 00 X 00 X 00 X	00 x 00 x 00 x 00 x 00 x 00 x	00 X 00 X 00 X 00 X 00 X 00 X	00 X 00 X 00 X 00 X 00 X 00 X	00 x 0.	00 X 0. 0. 00 X 0. 0.

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

13-1084330

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Officer of the other of the oth SAMUEL J. MITCHELL 1.00 | X 0. 0. 0. BOARD MEMBER PATRICK J. MOORE 0. 1.00 Х BOARD MEMBER 0. 0. RONALD M. MOOUIST 1.00 X 0. 0. 0. BOARD MEMBER DAVID C. MORAN 0. 1.00 X 0. 0. BOARD MEMBER MICHAEL G. MORRIS 1.00 Х 0. BOARD MEMBER 0. 0. THOMAS MURPHY 0. BOARD MEMBER 1.00 X 0. 0. KENNETH MURTHA 0. BOARD MEMBER 1.00 X 0. 0. ALBERT MYRES BOARD MEMBER 1.00 Х 0. 0. 0. JACK NELSON Х 0. 1.00 0. 0. BOARD MEMBER RICHARD C. NEUFFER 1.00 x 0. 0. 0. BOARD MEMBER LARRY NICHLOLS 1.00 Х 0. BOARD MEMBER 0. 0. DOUGLAS R. OBERHELMAN Х 1.00 0. 0. 0. BOARD MEMBER ZIAD S. OJAKLI 1.00 x 0. 0. BOARD MEMBER 0. JEROME D. OKARMA 1.00 X 0. 0. 0. BOARD MEMBER PETER M. PEREZ Х 1.00 0. 0. 0. BOARD MEMBER NICHLAS T. PINCHUK 1.00 X BOARD MEMBER 0. 0. 0. RICE POWELL Х 1.00 0. 0. 0. BOARD MEMBER JAMES E. PRESS 0. BOARD MEMBER 1.00 X 0. 0. BRUCE W. PULKKINEN 1.00 X 0. 0. 0. BOARD MEMBER A. F. RAIMONDO 1.00 x 0. 0. 0. BOARD MEMBER Total to Part VII, Section A, line 1c

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

13-1084330

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Officer of the other of the oth GARY L. RAINWATER 1.00 | X 0. 0. 0. BOARD MEMBER ALFRED M. RANKIN 1.00 Х BOARD MEMBER 0. 0. 0. RICHARD K. REECE 1.00 X 0. 0. 0. BOARD MEMBER ROBERT K. REEVES 0. 1.00 X 0. 0. BOARD MEMBER NATALE RICCIARDI 1.00 Х 0. 0. BOARD MEMBER 0. TIMOTHY RING 0. BOARD MEMBER 1.00 X 0. 0. THOMAS J. RIORDAN BOARD MEMBER 1.00 X 0. 0. 0. JEANNINE M. RIVET BOARD MEMBER 1.00 Х 0. 0. 0. MARK A. ROCHE Х 0. 1.00 0. 0. BOARD MEMBER THOMAS J. SABATINO 1.00 x 0. 0. 0. BOARD MEMBER WILLIAM J. SANDBROOK 1.00 Х 0. BOARD MEMBER 0. 0. RON SAXTON Х 1.00 0. 0. 0. BOARD MEMBER MATT SCHLAPP 1.00 x 0. 0. BOARD MEMBER 0. LOUIS L. SCHORSCH 1.00 X 0. 0. 0. BOARD MEMBER RICK SCHOSTEK 1.00 | x 0. 0. 0. BOARD MEMBER MARY E. SCHROEDER 1.00 X BOARD MEMBER 0. 0. 0. DEAN C. SIMONE Х 1.00 0. 0. 0. BOARD MEMBER WALLACE E. SMITH BOARD MEMBER 1.00 X 0. 0. 0. NORRIS P. SNEED 1.00 X 0. 0. 0. BOARD MEMBER NICK STANAGE 1.00 x 0. 0. 0. BOARD MEMBER Total to Part VII, Section A, line 1c

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

13-1084330

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (B) (E) Position Reportable Name and title Average Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Officer of the other of the oth W. FLETCHER STEELE BOARD MEMBER 1.00 | X 0. 0. 0. AL STIMAC 0. 1.00 Х BOARD MEMBER 0. 0. TERRENCE D. STRAUB 1.00 X 0. 0. 0. BOARD MEMBER JOHN M. STROPKI 0. 1.00 X 0. 0. BOARD MEMBER LEE J. STYSLINGER Х 1.00 0. 0. BOARD MEMBER 0. MICHAEL SURFACE 0. BOARD MEMBER 1.00 X 0. 0. GREGORY T. SWIENTON 0. BOARD MEMBER 1.00 X 0. 0. GLEN E. TELLOCK BOARD MEMBER 1.00 Х 0. 0. 0. WARD J. TIMKEN Х 1.00 0. 0. 0. BOARD MEMBER JOSEPH TISONE 1.00 x 0. 0. 0. BOARD MEMBER R. CHARLES VERMERRIS Х 0. BOARD MEMBER 1.00 0. 0. GARY VEURNIK 0. Х 1.00 0. 0. BOARD MEMBER PAUL VIKNER 1.00 x 0. 0. BOARD MEMBER 0. FRANK W. WAGNER 1.00 X 0. 0. 0. BOARD MEMBER TIMOTHY R. WALLACE Х 0. 0. 0. BOARD MEMBER 1.00 WILLIAM G. WALTER 1.00 X BOARD MEMBER 0. 0. 0. DONALD WELCH Х 1.00 0. 0. 0. BOARD MEMBER THOMAS M. WELSH 0. BOARD MEMBER 1.00 X 0. 0. SANDRA WESTLUND-DEENIHAN 1.00 X 0. 0. 0. BOARD MEMBER CHUCK WETHERINGTON 1.00 x 0. 0. 0. BOARD MEMBER Total to Part VII, Section A, line 1c

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

13-1084330

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (F) (B) (D) (E) Reportable Name and title Average Position Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation ndividual trustee or director (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization Highest compensated nstitutional trustee and related Key employee organizations Officer of the other of the oth DONALD M. WHITESIDE 1.00 | X 0. 0. 0. BOARD MEMBER RICHARD L. WILKEY 1.00 Х BOARD MEMBER 0. 0. 0. RANDY MULLETT 1.00 x 0. 0. 0. BOARD MEMBER PHILIP S. MULLIN 0. 1.00 X 0. 0. BOARD MEMBER BRUCE MYERS 1.00 Х 0. BOARD MEMBER 0. 0. MARY E. PILLE 0. 1.00 X 0. 0. BOARD MEMBER CHRISTOPHER C. WOMACK 0. BOARD MEMBER 1.00 X 0. 0. JOHN K. WOODWORTH BOARD MEMBER 1.00 | X 0. 0. 0. KAREN BUCHWALD WRIGHT 1.00 | X 0. 0. 0. BOARD MEMBER WILLIAM D. ZOLLARS 1.00 x 0. 0. 0. BOARD MEMBER MIKE WILLIAMS 1.00 Х 0. BOARD MEMBER 0. 0. DELLA H. WILLIAMS Х 1.00 0. 0. 0. BOARD MEMBER JAMES M. WISEMAN 0. 1.00 x 0. BOARD MEMBER 0. DENNIS H. TREACY 1.00 X 0. 0. 0. BOARD MEMBER DONALD W. SEALE 1.00 | x 0. 0. BOARD MEMBER 0. JAY TIMMONS 35.00 Х 514,696. 0. 23,993. EXEC. VP LEANNE WILSON 35.00 Х 0. 337,350. 27,986. CHIEF OPERATING OFFICER RICHARD KLEIN TREASURER 35.00 Х 307,033. 0. 15,375. DANA COLE Х 35.00 210,857. 0. 19,370. SECRETARY JEFFREY PIERCE 35.00 Х 277,344. 0. 28,553. VP - FIELD SALES Total to Part VII, Section A, line 1c

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

	MILED S.								13-100	4330
Part VII Section A. Officers, Directors, Tr		mple	oyee			ligh	est		ees (continued)	
(A) Name and title	(B) Average hours	(с	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ARIC NEWHOUSE	25.00				l			060 165	•	10 600
SVP - POLICY	35.00	_			Х			260,167.	0.	19,600
ANN HEINS	35 00				\ \			244 244	0	22 006
VP - FIELD MEMBERSHIP MAUREEN DAVENPORT	35.00				Х			244,244.	0.	23,896
MAUREEN DAVENPORT SVP - COMMUNICATIONS	35.00				х			252,243.	0.	33 197
RYAN MODLIN	33.00	<u> </u>			₽			232,243.	0.	33,187
VP - GOVT RELATIONS	35.00					Х		209,882.	0.	16,688
FRANKLIN VARGO	33.00							203,002.	<u> </u>	10,000
VP - IEA	35.00					х		215,084.	0.	13,692
EMILY DEROCCO										
PRESIDENT - MI	0.10					Х		207,616.	0.	24,019
DOROTHY COLEMAN										
VP - TAX	35.00					Х		203,062.	0.	26,108
GEORGE TANGEN										
REGIONAL MANAGAER	35.00					Х		213,501.	0.	26,161
Total to Part VII, Section A, line 1c								3,453,079.		298,628

13-1084330

Part VIII Statement of Revenue (D) (B) (A) (C) Revenue excluded from Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above | 1f | 5,866,399g Noncash contributions included in lines 1a-1f: \$ 5,866,399. h Total. Add lines 1a-1f . Business Code Program Service Revenue 2 a MEMBER DUES 900099 27648666. 27648666. 900099 420,488. 420,488. b AFFILIATION FEES c MEETINGS 900099 284,673. 284,673. 900099 d SPONSORSHIPS 225,000. 225,000. 900099 193,015. 193,015. e MEMBER PROGRAMS 29,017. 29,017. 511120 f All other program service revenue 28800859. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 223,393. 223,393. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses **c** Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 40,589 40,589. b **d** All other revenue 40,589 e Total. Add lines 11a-11d Total revenue. See instructions. 34931240. 488,982. 28575859.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k))
organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k)
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k)
the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k)
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16
organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k)
See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k)
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k)
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k)
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k)
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages
persons described in section 4958(c)(3)(B) 7 Other salaries and wages
7 Other salaries and wages 11,803,795. 8 Pension plan contributions (include section 401(k)
8 Pension plan contributions (include section 401(k)
and section 403(b) employer contributions) 523,378.
9 Other employee benefits 1,257,007.
10 Payroll taxes 939,894.
11 Fees for services (non-employees):
a Management
b Legal 847,232.
c Accounting 57,901.
d Lobbying
e Professional fundraising services. See Part IV, line 17
f Investment management fees
g Other 1,610,417.
Advertising and promotion 3,818,735.
1, 189, 274.
I4 Information technology 171,731.
15 Royalties
2,506,699.
752,894.
18 Payments of travel or entertainment expenses
for any federal, state, or local public officials
9 Conferences, conventions, and meetings 743,024.
20 Interest
Payments to affiliates 181,138.
22 Depreciation, depletion, and amortization 244,244.
23 Insurance 180,613.
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line
24f amount exceeds 10% of line 25, column (A)
amount, list line 24f expenses on Schedule 0.)
a ADDITIONAL PENSION EXPE 1,745,317. b FAS 158 ADJ TO ACC PENS 783,004.
c SUBSCRIPTIONS 214,147.
MEMBER GULL D. DUEG. 122, 247
TD 2 TN TNC
42.051
' ' '
Joint costs. Check here Life following SOP
98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising
Solicitation Form 990

13-1084330 Page **11**

orm 990		<u> </u>	T2-	1084330 Page 11
Part X	Balance Sheet		, ,	
		(A) Beginning of year		(B) End of year
				· ·
1	Cash - non-interest-bearing	833,344. 5,807,530.	1	8,065,854
2	Savings and temporary cash investments	3,007,330.	2	1,001,807
3	Pledges and grants receivable, net	2,030,826.	3	1,474,483
4	Accounts receivable, net	4,030,040.	4	1,4/4,403
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II		_	
	of Schedule L		5	
6	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			
ہے اع	employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net		7	
- I	Inventories for sale or use	163,196.	8	192,362
9	Prepaid expenses and deferred charges	103,130.	9	172,302
108	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,649,189.			
١.		582,834.	10c	416,509
	1	12,950,280.	11	15,337,923
11	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	12,550,200	12	13,331,323
13	Investments - other securities. See Part IV, line 11		13	
14	T T T T T T T T T T T T T T T T T T T		14	
15	Intangible assets Other assets See Part IV line 11	1,135,212.	15	1,589,706
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	23,503,222.	16	28,078,644
17	Accounts payable and accrued expenses	1,125,961.	17	1,067,407
18	Grants payable		18	2,00,,20,
19	Deferred revenue	13,420,410.	19	14,557,672
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities 22	highest compensated employees, and disqualified persons. Complete Part II			
دّ	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	12,855,309.		12,630,025
26	Total liabilities. Add lines 17 through 25	27,401,680.	26	28,255,104
	Organizations that follow SFAS 117, check here			
န္မ	lines 27 through 29, and lines 33 and 34.			
ğ 27	Unrestricted net assets	-6,659,860.	27	-3,153,413
<u>g</u> 28	Temporarily restricted net assets	2,761,402.	28	2,976,953
29	Permanently restricted net assets		29	
בַּ	Organizations that do not follow SFAS 117, check here and			
5	complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances 24 25 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Paid-in or capital surplus, or land, building, or equipment fund		31	
ਚ 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	-3,898,458.		-176,460
34	Total liabilities and net assets/fund balances	23,503,222.	34	28,078,644

Form **990** (2010)

NATIONAL ASSOCIATION OF MANUFACTURERS

Form 990 (2010)

OF THE UNITED STATES OF AMERICA

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 2 3 4 5 6	34 34 -3 2	, 93 , 10 83 , 89	1,2 0,9 0,3 8,4 1,6	
Ра	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Г			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				v
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

Form **990** (2010)

13-1084330 Page **12**

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number

13-1084330

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(6) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.						
Special	Rules						
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, utions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or cruelty to children or animals. Complete Parts I, II, and III.					
	contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. led, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Name, audiess, and Zir + 4	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3			Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Aggregate contributions \$ 295,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6			Person X Payroll

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		<u>50,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		<u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$\$	Person X Payroll

Page 3 of 9 of Part I

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d) Type of contribution
No. 13	Name, address, and ZIP + 4	\$ 85,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	\$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$ 2,260,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$ 27,500.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 5 of 9 of Part I

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
25		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$ <u>1,200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
31		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Aggregate contributions \$ 6,786.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35		\$ 7,108.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
38		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
39		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
40		\$5,000•	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42		\$\$, 5,000.	Person X Payroll

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
44		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
48			Person X Payroll

Page 9 of 9 of Part

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
50		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
51		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Hume, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organization		ty Tax), or Form 990-E	z, Part V, line 35a (Prox	y rax), men
Nar	me of organization NATIONA	L ASSOCIATION OF	' MANUFACTUR	ERS Em	ployer identification number
		UNITED STATES OF			13-1084330
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organic Political expenditures Volunteer hours	·······		>	
Pá	art I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	<u> </u>	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5 	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV.				
Pá	art I-C Complete if the org	ganization is exempt und	der section 501(c)	, except section 50	1(c)(3).
	Enter the amount directly expende		•		\$
2	Enter the amount of the filing organ		•		
	exempt function activities				\$
3	Total exempt function expenditures			· ·	
	line 17b			P	\$
	Did the filing organization file Form				
5	,				
	made payments. For each organization contributions received that were properties of the contributions are contributed as a contribution of the contributions are contributed as a contribution of the contribu	•			•
	political action committee (PAC). If				rate segregated fulld of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
			1		

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

Schedule C (Form 990 or 990-EZ) 2010

NATIONAL ASSOCIATION OF MANUFACTURERS

Schedule C (Form 990 or 990-EZ) 2010 OF THE UNITED STATES OF AMERICA 13-1084330 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group. A Check B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ່ Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (b) 2008 (a) 2007 (c) 2009 (d) 2010 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

13-1084330 Page 3

Schedule C (Form 990 or 990-EZ) 2010 OF THE UNITED STATES OF AMERICA 13-108433 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(:	a)	(k)
		,	ĺ		
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(=)		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(2)	on 501(c)	(5), or se	ection	
	501(c)(6).				
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			37	<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	on F01/o\	3	X	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				
	"Yes."	ı ı ııı-A, ıı	116 0 13 6	IIISWEIEU	
_			1	32,959	254
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).		'	52,555	7,254.
2	expenses for which the section 527(f) tax was paid).	Cai			
_			2a	8 679	9,929.
	Current year				L,024.
	Carryover from last year			10,260	
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			10,546	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		 `	10,510	77501
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4	-286	5,008.
5	Taxable amount of lobbying and political expenditures (see instructions)				,,,,,,,
	t IV Supplemental Information		0		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B	line 1i Als	o complete	this part
	ny additional information.	ia i ait ii b,		o, complete	tino part
101 4	y additional morniation.				
_					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

 $\begin{array}{c} \text{Employer identification number} \\ 13-1084330 \end{array}$

Pa	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or A	CCOL	unts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.			
			(a) Donor advised funds	(k	o) Fur	nds and other accounts
1	Total	number at end of year				
2		egate contributions to (during year)				
3		egate grants from (during year)				
4		egate value at end of year				
5		ne organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d fund	ds	
_		ne organization's property, subject to the organization's	_			Yes No
6		ne organization inform all grantees, donors, and donor ac				
•		paritable purposes and not for the benefit of the donor or				
					•	Yes No
Pa	rt II	Conservation Easements. Complete if the organization				
1		ose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	,		_
•	. G. P	Preservation of land for public use (e.g., recreation or ed	`	oricall	v imn	ortant land area
		Protection of natural habitat	Preservation of a certific			
		Preservation of open space	Troodivation of a continu	ou m	310110	oli dotal o
2	Com	plete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	f a co	nserv	ation easement on the last
_		f the tax year.		ı u 00	11001 V	ation describing on the last
	uuy c	The tax year.		1		Held at the End of the Tax Year
а	Total	number of conservation easements		ı	2a	
h		acreage restricted by conservation easements			2b	
c		per of conservation easements on a certified historic stru			2c	
q		per of conservation easements included in (c) acquired a				
u		in the National Register		Ŭ	2d	
3		per of conservation easements modified, transferred, rele		 วrgan		n during the tax
•	year		sacca, extinguismou, en terminatea by the e	or garr	izatio	in daning the tax
4	•	per of states where property subject to conservation eas	ement is located			
5		the organization have a written policy regarding the peri				
Ŭ		ions, and enforcement of the conservation easements it				Yes No
6		and volunteer hours devoted to monitoring, inspecting, a				
7		unt of expenses incurred in monitoring, inspecting, and e				
8		each conservation easement reported on line 2(d) above				Ψ
•		ection 170(h)(4)(B)(ii)?				Yes No
9		rt XIV, describe how the organization reports conservation				
Ŭ		de, if applicable, the text of the footnote to the organization				
		ervation easements.	on a mandar statements that describes th	ic org	jarnza	nor a accounting for
Pa		Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner S	Simi	lar Assets.
		Complete if the organization answered "Yes" to Form 9	-			
1a	If the	organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent an	nd bal	ance sheet works of art.
		rical treasures, or other similar assets held for public exh	•			•
		ext of the footnote to its financial statements that describ		,	•	,, , , , , , , , , , , , , , , , , , , ,
b		organization elected, as permitted under SFAS 116 (AS		and ba	alanc	e sheet works of art. historical
		ures, or other similar assets held for public exhibition, ed	•			
		ng to these items:	,		,	. 9
		evenues included in Form 990, Part VIII, line 1			•	\$
						\$
2		organization received or held works of art, historical trea				·
_		ollowing amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	ا ۱۰۰۰-		-
а		nues included in Form 990, Part VIII, line 1			•	\$
b		s included in Form 990, Part X				\$
~						T

NATIONAL ASSOCIATION OF MANUFACTURERS

Schedule D (Form 990) 2010

OF THE UNITED STATES OF AMERICA

13-1084330 Page 2

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	<u>ar Asse</u>	ts (conti	nued)
3	Using the organization's acquisition, accessi	ion, and other record	ds, check	any of the	following tha	t are a s	ignificant ι	use of its	collectio	n items
	(check all that apply):									
а	Public exhibition	c	ı 🗆 L	oan or exc	hange progra	ams				
b	Scholarly research	e	· 🗌 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			J				, ,	,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	ontribution	ns or other as	sets not	included			
	on Form 990, Part X?		-						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV									
-	roo, explain and amangement and arrival	and complete the re							Amount	
c	Beginning balance						1c		, arroarr	•
	Additions during the year									
	Distributions during the year									
f										
	Ending balance	orm 000 Part V line					''		Yes	□ No
									J 162	
	If "Yes," explain the arrangement in Part XIV T V Endowment Funds. Complete in		newered "	Ves" to Fo	rm 000 Part	IV line 1	10			
. u	Eliaswiicht ands Complete			ior year	(c) Two year			ears hack	(a) Four	veare hack
4.	Deginning of year balance	(a) Current year	(b) Pr	ior year	(C) TWO year	3 Dack	(a) Three y	ears back	(e) i oui	y cars back
	Beginning of year balance									
b	Contributions									
С.	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year		as:							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
		%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	ind administe	red for t	he organiz	ation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	nent. See Form 990	D, Part X,	line 10.						
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumulate preciation	:d	(d) Bool	k value
1a	Land									
	Buildings									
	Leasehold improvements			1,28	4,426.	1,:	161,01	18.	12	3,408.
	Equipment				4,763.		071,60			3,101.
	Other				-		•	$\neg \vdash$		-
	I. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	10(c).)			▶	41	6,509.
	z · · · ·	•								

Schedule D (Form 990) 2010

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA 13-1084330 Page 3 Schedule D (Form 990) 2010 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H) **(I)** Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2)(3)(4)(5) (6)(7)(8) (9)(10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value INVESTMENT IN MSI 15,000. (1) DEFERRED COMP ASSETS 1,574,706. (2)(3)(4) (5) (6)(7)(8)(9) (10)1,589,706. Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) DEFERRED RETIREMENT	2,153,141.	
(3) ACCRUED POST-RETIREMENT BENEFIT	498,387.	
(4) ACCRUED COMPENSATION	2,262,548.	
(5) ACCRUED PENSION LIABILITY	7,715,949.	
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	12,630,025.	
FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's finance. 1. FIN 48 (ASC 740).	cial statements that reports the organization	n's liability for uncertain tax pos

NATIONAL ASSOCIATION OF MANUFACTURERS

Schedule D (Form 990) 2010

OF THE UNITED STATES OF AMERICA

13-1084330 Page 4

Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited F	inancial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				
Pa	rt XII Reconciliation of Revenue per Audited Financial Stater	ments With R	evenue per	Return	
1	Total revenue, gains, and other support per audited financial statements			. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			. 4c	
5					
Pa	rt XIII Reconciliation of Expenses per Audited Financial State				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities			\dashv	
b	Prior year adjustments			\dashv	
С				\dashv	
	Other (Describe in Part XIV.)	2d		_	
е	Add lines 2a through 2d				
3	Subtract line 2e from line 1			. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIV.)	4b		_	
	Add lines 4a and 4b				
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			. 5	
	rt XIV Supplemental Information	.4.111.15	A. David IV. Bases	dle enel Ole De	4.1/ E 4. D-4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co RT X, LINE 2: MANAGEMENT HAS CONCLUDED TE				iation.
	II II III II IIIIIII III CONCEDDED II		DDOCINII	011 11110	
PRO	OPERLY MAINTAINED ITS EXEMPT STATUS AND T	HAT THER	E ARE NO	UNCERT	AIN TAX
PO	SITIONS AS OF DECEMBER 31, 2010.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NATIONAL ASSOCIATION OF MANUFACTURERS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2010)

OF THE UN	NITED STAT	ES OF AMERI	[CA				13-1084330
Part I General Information on Grants a	and Assistance						
Does the organization maintain records criteria used to award the grants or assi	istance?						tion X Yes No
Describe in Part IV the organization's pr Part II Grants and Other Assistance to						/	N/ E 04 fav
Part II Grants and Other Assistance to recipient that received more than		-				•	· · · · —
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MANUFACTURING INSTITUTE 1331 PENNSYLVANIA AVE NW, STE 600 WASHINGTON, DC 20004	52-1073576	501(C)(3)	100,000.	0.			GENERAL SUPPORT
,							
2 Enter total number of section 501(c)(3) a	and government o	rganizations					1 .
3 Enter total number of other organization							>

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

Page 2

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	'				
Part IV Supplemental Information. Complete this part to prov	I I ide the informatio	n required in Part I	I , line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: GRANTS	S ARE MAD	E TO THE 1	MANUFACTURI	NG INSTITUTE.	
WHICH IS CLOSELY RELATED TO NAM.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

OMB No. 1545-0047

. Inspection

Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u> </u>
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u> </u>
	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		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		├─
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9	I	1

13-1084330

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	incentive reportable		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i)	847,859.	300,000.	0.	289,348.	0.	1,437,207.	0.
1 JOHN ENGLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	455,073.	59,623.	0.	14,210.	9,783.	538,689.	0.
2 JAY TIMMONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	297,601.	39,749.	0.	14,399.	13,587.	365,336.	0.
3 LEANNE WILSON	(ii)	0.	0.	0.	0.	0.	0.	0.
. DICHADD MIRIN	(i)	272,453.	34,580.	0.	14,210.	1,165.	322,408.	0.
4 RICHARD KLEIN	(ii)	188,228.	22,629.	0.	12,502.	6,868.	230,227.	0.
5 DANA COLE	(i) (ii)	0.	0.	0.	0.	0,000.	0.	0.
5 DIMIT COLL	(i)	137,361.	139,983.	0.	15,443.	13,110.	305,897.	0.
6 JEFFREY PIERCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	239,867.	20,300.	0.	19,600.	0.	279,767.	0.
7 ARIC NEWHOUSE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	162,159.	82,085.	0.	17,028.	6,868.	268,140.	0.
8 ANN HEINS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	232,555.	19,688.	0.	19,600.	13,587.	285,430.	0.
9 MAUREEN DAVENPORT	(ii)	0.	0.	0.	0.	0.	0.	0.
DVAN MODITM	(i)	193,694.	16,188.	0.	16,688.	0.	226,570.	0.
10 RYAN MODLIN	(ii)	0. 197,681.	0. 17,403.	0.	13,692.	0.	0. 228,776.	0.
11 FRANKLIN VARGO	(i)	197,001.	17,403.	0.	13,692.	0.	220,770.	0.
11 I KANKUIN VAKGO	(ii) (i)	207,616.	0.	0.	16,574.	7,445.	231,635.	0.
12 EMILY DEROCCO	(ii)	0.	0.	0.	0.	0.	0.	0.
12 2212 2 2210 000	(i)	186,779.	16,283.	0.	14,572.	11,536.	229,170.	0.
13 DOROTHY COLEMAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	94,770.	118,731.	0.	12,574.	13,587.	239,662.	0.
14 GEORGE TANGEN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
15	(ii)							
	(i)							
16	(ii)							

13-1084330

Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information. PART I, LINE 1A: CEO IS PERMITTED TO TRAVEL FIRST CLASS. ALL VICE PRESIDENTS AND ABOVE ARE PERMITTED TRAVEL FOR SPOUSE TO ONE BOARD MEETING PER YEAR. ALL BENEFITS ARE TAXABLE TO THOSE RECEIVING THEM. PART I, LINE 4B: JOHN ENGLER, 457 PLAN, \$275,000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

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

CONDUCIVE TO US ECONOMIC GROWTH AND TO INCREASE UNDERSTANDING AMONG

POLICYMAKERS, THE MEDIA AND THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF

MANUFACTURING TO AMERICA'S ECONOMIC FUTURE AND LIVING STANDARDS.

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

OPPORTUNITY, TECHNOLOGICAL PROGRESS AND ECONOMIC SECURITY. TO BE

RESPECTED, FOCUSED, AND NONPARTISAN IN ACHIEVING AN ECONOMIC

ENVIRONMENT THAT ENCOURAGES THE EXPANSION OF MANUFACTURING IN THE

UNITED STATES AND STRENGTHENS OUR GLOBAL LEADERSHIP.

FORM 990, PART VI, SECTION A, LINE 2: SINCE THE NAM'S BOARD IS OVER 200

AND ITS MEMBERS REPRESENT ALL TYPES OF MANUFACTURING FROM SMALL TO LARGE,

WE ASSUME THAT DIRECTORS MAY HAVE FAMILY AND/OR BUSINESS RELATIONSHIPS WITH

OTHER DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6: THE DUES-PAYING MEMBERSHIP OF NAM
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: THE DUES-PAYING MEMBERSHIP OF NAM HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: BOARD DECISIONS ARE SUBJECT TO APPROVAL OF THE MEMBERSHIP.

Employer identification number 13-1084330

PREPARED BY THE NAM CONTROLLER AND IN CONSULTATION WITH OUR ACCOUNTING

FIRM. DRAFTS WERE REVIEWED AND APPROVED BY THE NAM CHIEF FINANCIAL OFFICER.

THE ISSUE OF APPROPRIATE BOARD REVIEW WAS ADDRESSED BY THE CHAIRMAN AND

VICE CHAIRMAN OF THE NAM BOARD. THEIR REVIEW TOOK INTO CONSIDERATION THE

GOAL OF DISCLOSURE AND OVERSIGHT BY THE GOVERNING BODY CONSISTENT WITH THE

INTENT AND SPIRIT IMPLIED IN QUESTION 11. IT WAS DECIDED THAT BECAUSE THE

NAM BOARD CONSISTS OF OVER 200 MEMBERS, AND THAT THE FINANCE COMMITTEE

PURSUANT TO THE NAM CONSTITUTION IS CHARGED WITH EXERCISING GENERAL

SUPERVISION OVER THE FINANCIAL AFFAIRS OF THE ASSOCIATION, THAT THE FINANCE

COMMITTEE SHOULD AND WOULD REVIEW THE 990. ACCORDINGLY, THE NAM FINANCE

COMMITTEE DID RECEIVE AND REVIEW COPIES OF THE 2010 FORM 990 AND

ACCOMPANYING SCHEDULES BEFORE IT WAS FILED AND THEN REPORTED THAT IT HAD

DONE SO TO THE FULL BOARD. HOWEVER, PURSUANT TO THE SPECIFIC INSTRUCTIONS

FOR THIS OUESTION, THE NAM HAS ANSWERED "NO".

FORM 990, PART VI, SECTION B, LINE 15: THE NAM'S COMPENSATION COMMITTEE,

MADE UP OF BOARD MEMBERS, ANNUALLY DETERMINES THE CEO'S COMPENSATION. THE

PROCESS INCLUDES REVIEWING DATA FROM OTHER LIKE ASSOCIATIONS, THIRD PARTY

CONSULTANTS AND OTHER INDUSTRY DATA. THE COMMITTEE SETS THE ANNUAL SALARY

AND ANY BONUS COMPENSATION AND PROVIDES DOCUMENTATION OF THEIR DECISIONS.

IN ADDITION TO THE ANNUAL PERFORMANCE APPRAISAL SYSTEM, OFFICERS' ANNUAL

COMPENSATION IS APPROVED BY THE NAM COMPENSATION COMMITTEE. THE COMMITTEE

REVIEWS DATA FROM VARIOUS SOURCES, INCLUDING OTHER LIKE ASSOCIATIONS, THIRD

PARTY CONSULTANTS, AND OTHER INDUSTRY DATA. THIS DATA HELPS TO DETERMINE

THE COMPENSATION AND THE COMMITTEE PROVIDES DOCUMENTATION OF THEIR

DECISIONS. ALL OTHER KEY EMPLOYEES RECEIVE ANNUAL EVALUATIONS AND

COMPENSATION ADJUSTMENTS ARE MADE ACCORDINGLY.

Name of the organization			TION OF MAN		TURERS	Employer identification number 13-1084330
FORM 990, PART	VI, SECTI	ON C, I	INE 19: GO	OVERN]	ING DOCUMENT	S, CONFLICT OF
INTEREST POLIC	Y, AND FIN	IANCIAL	STATEMENTS	ARE	MADE AVAILA	BLE UPON REQUEST.
FORM 990, PART	XI, LINE	5, CHAN	IGES IN NET	ASSI	ETS:	
NET UNREALIZED	GAINS ON	INVESTM	IENTS:			1,408,128.
457(F) FORFEIT	URE					1,483,542.
TOTAL TO FORM	990, PART	XI, LIN	IE 5			2,891,670.
FORM 990, PART	VII					
HOURS PER WEEK	DEVOTED T	O RELAT	ED ORGANIZ	CITAL	1 S	
JOHN ENGLER	1.0	HRS PER	WEEK	THE	MANUFACTURI	NG INSTITUTE
EMILY DEROCCO	35.0	HRS PER	WEEK	THE	MANUFACTURI	NG INSTITUTE

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► See separate instructions.

OMB No. 1545-0047 2010 Open to Public Inspection

NATIONAL ASSOCIATION OF MANUFACTURERS Name of the organization OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

ete if the organization answered "Ye	es" to Form 990, Part IV, line 33	3.)					
(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco			assets Direct contro entity		9
zations (Complete if the organizatio	on answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one	or more r	related tax-exer	mpt	
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section			(f) et controlling entity		g) 512(b)(13) rolled ity?
			501(c)(3))			Yes	No
EDUCATIONAL FOUNDATION	DISTRICT OF COLUMBIA	501(C)(3)	7	NAM			Х
\dashv							
	(b) Primary activity	(b) (c) Legal domicile (state of foreign country) teations (Complete if the organization answered "Yes" to Form 990 (b) (c) Legal domicile (state of foreign country) (b) (c) Legal domicile (state of foreign country)	Primary activity Legal domicile (state or foreign country) Total incomplete if the organization answered "Yes" to Form 990, Part IV, line 34 by the primary activity (b) Primary activity Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country)	(b) Legal domicile (state or foreign country) Leations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one legal domicile (state or foreign country) (b) (c) (d) (e) Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country)	(b) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Total income End-of-year assets End-of-year assets Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete in the complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more in the complete in the	(b)	(b) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (d) End-of-year assets Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) (d) End-of-year assets Direct controlling entity (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		portion- cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ing ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
MANUFACTURERS SERVICES INC 04-3769589							
1331 PENNSYLVANIA AVENUE NW STE 600	OFFERING NAM MEMBERS						
WASHINGTON, DC 20004	LOW-COST SERVICES	DC	N/A	C CORP	20,504.	75,901.	100%

Schedule R (Form 990) 2010

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions v						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to other organization(s)				1b	Х	
С	Gift, grant, or capital contribution from other organization(s)				1c		X
d	Loans or loan guarantees to or for other organization(s)				1d		X
е	Loans or loan guarantees by other organization(s)				1e		X
f	Sale of assets to other organization(s)				1f		X
g	Purchase of assets from other organization(s)				1g		Х
	Exchange of assets				1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)				1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		X
k	Performance of services or membership or fundraising solicitations for other organiza	ation(s)			1k	Х	
	Performance of services or membership or fundraising solicitations by other organiza				11		X
	Sharing of facilities, equipment, mailing lists, or other assets				1m	Х	
	Sharing of paid employees				1n	Х	
0	Reimbursement paid to other organization for expenses				10		X
	Reimbursement paid by other organization for expenses				1p	Х	
q	Other transfer of cash or property to other organization(s)				1q		X
	Other transfer of cash or property from other organization(s)				1r		X
	If the answer to any of the above is "Yes," see the instructions for information on who						
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) I	MANUFACTURERS SERVICES, INC.		0.				
(2)							
(3)							
(4)							
(5)							
,							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	Are all prection organized	d) partners 501(c)(3)	(e) Share of end-of- year assets	Dispr tion	f) opor- nate	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or
or entity		country)	organiz Yes		year assets	Yes	tions?	of Schedule K-1 (Form 1065)	Yes	
		7	162	NO		162	NO	(1 01111 1000)	162	NO

Schedule R (Form 990) 2010

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Schedule R	(Form 990) 2010	OF THE	ONTTED	STATES	OF P	AMERICA	13-1084330	Page 5
Part VII	(Form 990) 2010 Supplemental II	nformation						
	Complete this part to	provide additional	information fo	r responses to	questio	ns on Schedule R (see in	structions).	
							•	

Department of the Treasury

Return C. Organization Exempt From L. come Tax

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

Open to Public

OMB No. 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending Check If applicable: C Name of organization D Employer identification number use IRS NATIONAL ASSOCIATION OF MANUFACTURERS Address change label or OF THE UNITED STATES OF AMERICA print or Name change Doing Business As 13-1084330 Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Specific 1331 PENNSYLVANIA AVENUE. NW l600 202-637-3000 Instruc-Amended City or town, state or country, and ZIP + 4 34,577,079. G Gross receipts \$ Applica-WASHINGTON, DC 20004-1790 H(a) is this a group return pending F Name and address of principal officer: JOHN ENGLER Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes Tax-exempt status: X 501(c) (6 (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.NAM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 1905 M State of legal domicile: NY Trust Association Other -Part I Summary Briefly describe the organization's mission or most significant activities: TO ENHANCE THE COMPETITIVENESS Governance OF MANUFACTURERS BY SHAPING A LEGISLATIVE AND REGULATORY ENVIRONMENT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 219 Number of independent voting members of the governing body (Part VI, line 1b) 218 Activities & Total number of employees (Part V, line 2a) 174 5 Total number of volunteers (estimate if necessary) 0 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 0. Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 2,076,744. Contributions and grants (Part VIII, line 1h) 6,314,362. Program service revenue (Part VIII, line 2g) 27,934,548. 27,976,475. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -4.053.55<mark>4</mark>. 10 258,940. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,783. 27,302. 25,980,521. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 34,577,079. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 100,000. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,245,722. 18,008,203. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 21,456,875. 11,495,098. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 39,702,597. 29,603,301. Revenue less expenses. Subtract line 18 from line 12 -13,722,076. 4,973,778. ₽ Beginning of Current Year **End of Year** 19,953,299. 20 Total assets (Part X, line 16) 23,503,222. 30,538,926. 21 Total liabilities (Part X, line 26) 27,**4**01,680. 22 -10,585,627. Net assets or fund balances. Subtract line 21 from line 20 ... -3,898,458. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Date RICHARD KLEIN, CHIEF FINANCIAL OFFICER Type or print name and title Preparer's identifying number (see instru**#01** 059941 Preparer's Paid selfsignature employed Preparer's Firm's name (or JOHNSON LAMBERT & CO. LLP EIN ▶ **Use Only** yours if 700 SPRING FOREST ROAD, STE 115 RALEIGH, NC 27609 Phone no. ▶ 919-719-6400

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

Form 8403-EC	Exept U	rganization Decia Electronic	tration and Sig Filing	natu. e for		OMB No. 1545-1679
	For calendar year 2009, or tax ye	ar beginning	, 2009 and ending		. 2D	
Department of the Treasury	For use wit	th Forma 990, 990-EZ,	990-PF, 1120-PO	_, and 8868		2009
Internal Revenue Survice		See instruct	lons.			
ivame or exempt organi	zation NATIONAL ASS	OCIATION OF	MANUFACTU	RERS		dentification number
	OF THE UNITE	D STATES OF	AMERICA		13-	1084330
Part I Type of	Roturn and Return Info	ormation (Whole Dol	lars Only)			
Check the box for the re	turn for which you are using th	is Form 8453-EO and e	nter the applicable	amount, if any	from the re	sturn. If you check the hor
on line 1a, 2a, 3a, 4a, o	5a below and the amount on t	that line for the return f	or which you are file	no this form wa	s biank, the	en leave ine the 2k ab 4l
or 5 b, whichever is appl	icable, blank (do not enter -0-).	If you entered -0- on the	e return, then enter	-0- on the appli	cable line b	elow. Do not complete
nore than one line in Pa	ert J					Total Be field domplets
fa Form 990 check he		, if any (Form 990, Par	t VIII, column (A), lir	ne 12)	1b	3457707
la Form 990-EZ checi	there 🏲 🔔 b Total reve	enue, if any (Form 990-	EZ, line 9)		2b	
Sa Form 1120-POL ch	eck here 💌 🔔 b Total ta	x (Form 1120-POL, line	22)		3b	
la Form 990-PF check	here 💌 📖 b Tax base	d on investment incon	ne (Form 990-PF, P.	art VI, line 5)	4b	
5a Form 8868 check he	ere 🗦 📖 b Balance due	(Form 8868, line 3c) 🛫	·····	************************	5b	
Part II Declara	tion of Officer					
Lauthoriza the	U.S. Treasury and its designate	ad Cianadal Assatta t	W-1			
executed the each cally as specifically aderparatiles of perjury, I deck atemients and to the best of my schools return. I consent to elic	s return is being filed with a star- lectronic disclosure consent or identified in Part I above) to the sre that I am an officer of the above names knowledge and belief, they are true, corre w my Intermediate service provider, trans- asson for rejection of the transmission, (b):	oritained within this retter selected state agency of organization and that I have elect, and complete. I further decomitter, or electronic return ong an indication of any minute offs.	urn allowing disclos /(les). Examined a copy of the organic feat the amount in Feat feat feat feat feat feat feat feat f	ure by the IRS of the	of this Form ctronic return a unt shown on t o the IRS and t re return or refu	n 990/990-EZ/990-PF und accompanying schedules and the copy of the organization's
lere Signature	of officer	Date	<u> </u>	Title	. 2.1172110	IND OFFICER
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1100		
art III Declarat	ion of Electronic Return	Originator (ERO	and Paid Pres	1270 7 /cap incl	vi sotion al	····
nowledge. If I am only a sturn. The organization o ed with the IRS, and hav or Business Returns. If I occompanying schedules	wed the above organization's no collector, I am not responsible officer will have signed this form we followed all other requirement am also the Paid Preparer, undurant statements, and to the bear I information of which I have an	for reviewing the return to before I submit the ret ats in Pub. 4163, Mode er penalties of perjury I est of my knowledge ar	and only declare to um. I will give the o mized e-file (MeF) in declare that I have	hat this form ac officer a copy of information for A examined the	curately ref all forms an authorized l above organ	flects the data on the nd information to be RS e-file Providers pization's return and
K.		Date	Check it	Check	[ERO	's SSN or PTIN
RO's signature	Jan /a.	Inliu.	also paid preparer	X if sett-		201059941
SB Firm's name (or	JOHNSON LAMB	ERT & CO. LI	P	CEAU	EIN 52	
nly yours if self-employe address, and ZIP cod	700 SPRING F	OREST ROAD,	STE 115		Phone no.	2 2 2 0 7 7 7
		27609		1	4	719-6400
der penalties of parjury. I declar	s that I have examined the above return a	nd accomponying schedules a	nd statements, and to the	hest of my knowled		
claration of preparer is based or	all information of which the preparer has	any knowledge	Principality for Principality		_ —	see, see est, and combien
ا ماما			Date	Check if self-	Prep	arer's SSN or PTIN
aid Preparer's signature	<u> </u>			employed		
se Only Firm's name (EIN	
address, and					Phone no.	
	10000		- N	1.		
A For Privacy Act and Pr	nerwork Reduction Act Notice, se	e the instructions		11		5am 9452 50 (4500)

Form **8868** (Rev. April 2009)

(HeV, April 2009)
Department of the Treasury
Internal Revenue Service

Appl. Ation for Extension of Time > File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

	f you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		
	f you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the		
D0	not complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed F	Form 8868.
P	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
Ac	orporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	molat	•
_	t / only	uribier	•
	other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a		
to f	ile income tax retums.	an exte	ension of time
not (not you	ctronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensed below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or composite or composite or composite or composite the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic w.irs.gov/efile and click on e-file for Charities & Nonprofits.	nically onsoli	if (1) you want the additional
Тур	e or Name of Exempt Organization	Em	ployer identification number
prir			•
Filet	OF THE UNITED STATES OF AMERICA		13-1084330
	late for Number, street, and room or suite no. If a P.O. box, see instructions,		
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions. WASHINGTON, DC 20004-1790		
Che	ck type of return to be filed (file a separate application for each return):		
X	Form 990 Form 990-T (corporation) Form 4	720	
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5		
	Form 990-EZ Form 990-T (trust other than above) Form 6		
	Form 990-PF	870	
• If	THE ASSOCIATION - 1331 PENNSYLVANIA AVENDED THE ASSOCIATION - 1331 PENNSYLVANIA AVENDED THE BOOKS are in the care of WASHINGTON, DC 20004 elephone No. 202-637-3000 FAX No. The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the state is for part of the group, check this box and attach a list with the names and EINs of all	is is fo	or the whole group, check this
	and attach a list with the harries and Eins of an	merni	Ders the extension will cover.
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto AUGUST 16, 2010 , to file the exempt organization return for the organization named at the control of the c		The extension
	is for the organization's return for: X calendar year 2009 or		
	tax year beginning, and ending		- -3
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		<u> </u>
	nonrefundable credits. See instructions.	3a	s
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
C	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	111(0)	
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	See instructions.	3c	s N/A
Caut	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form		
- es 44 L	erii ii job ero gorig to mene en electronic idina mitrateasi alut tilis form 0000, see form 0453-EO and form	00/3-	to for payment instructions.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

	- 0000 (Part 4 0000)			
	n 8868 (Rev. 4-2009)			Page 2
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ох		▶ X
Not	e. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	d Form	8868.	
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Pa	art II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no content in the content	eoples	needed).	
Туря	Name of Exempt Organization	Emp	loyer ide	ntification number
prin	NATIONAL ASSOCIATION OF MANUFACTURERS	١.		
File b	OF THE UNITED STATES OF AMERICA	1 1	3-108	34330
exten	ded Number, street, and room or suite no. If a P.O. box, see instructions.	For	RS use on	ily
return				
	ck type of return to be filed (File a separate application for each return):	_		
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	□ Fo	om 5227	Form 8870
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		om 6069	
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8	868.
	TIMOTHY ROGERS - 1331 PENNSYLVANIA AVEN	UE	NW ST	E 600 -
• TI	he books are in the care of WASHINGTON, DC 20004			_
	elephone No. ► 202-637-3000 FAX No. ►			
• If	the organization does not have an office or place of business in the United States, check this box			
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi	is is for	the whole	group, check this
box				
4	request an additional 3-month extension of time until NOVEMBER 15, 2010.		_	
5	For calendar year 2009, or other tax year beginning, and ending,			
6	If this tax year is for less than 12 months, check reason: Initial return		Change in	accounting period
7	State in detail why you need the extension			
	ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND AC	CUR	ATE R	ETURN.
		 ,		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
_	nonrefundable credits. See instructions.	8a	\$	···
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
_	previously with Form 8868.	8b	\$	
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			37/5
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	8c	\$	N/A_
Inder	Signature and Verification penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	h* - *	and the second	d
t is tru	periaties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ie, correct, and complete, and that I am authorized to prepare this form.	Dest of	my knowle	age and belief,
Signat	ure b Can lac Title CP	Date	82	1200
			Form	8868 (Rev. 4-2009)

NATIONAT ASSOCIATION OF MANUFACTUR Form 990 (2009) OF THE √ITED STATES OF AMERICA 13-1084330 Page 2 Part III | Statement of Program Service Accomplishments SEE SCHEDULE O FOR CONTINUATION Briefly describe the organization's mission: THE MISSION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS ("NAM") IS TO BE THE VOICE FOR ALL MANUFACTURING IN THE UNITED STATES. TO INFORM LEGISLATORS, THE ADMINISTRATION, THE MEDIA, POLICY INFLUENCERS AND THE PUBLIC ABOUT MANUFACTURING'S VITAL LEADERSHIP IN INNOVATION, Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported, (Code:) (Expenses \$ including grants of \$) (Revenue \$ POLICY & EXTERNAL AFFAIRS DIVISION: REPRESENTS AND COORDINATES ASSOCIATION COMMITTEES, SUBCOMMITTEES, AND TASK FORCES ON REGULATORY AND LEGISLATIVE ISSUES. (Code:) (Expenses \$ including grants of \$) (Revenue \$ MARKETING & MEMBERSHIP DIVISION: RECRUITS AND RETAINS MEMBERS, COORDINATES MEMBER RELATIONS AT LOCAL AND NATIONAL LEVEL. NUMEROUS MEETINGS, SELLS PUBLICATIONS TO MEMBERS AND NONMEMBERS. (Code:) (Expenses \$ including grants of \$) (Revenue \$ COMMUNICATION DIVISION: A CLEARINGHOUSE OF INFORMATION FOR MEMBERS, DITELT CHES NEWSLETTERS TO MEMBERS AND MANAGES WEBSITE

TODDIDING NEW	JELITERO TO IMPREDIRO, I	MID THENTICED WEDDITT		
	_			
		_		_
				
				
Other program services. (D	escribe in Schedule O.)			
(Expenses \$	including grants of \$) (Revenue \$)	
Total program service ex				

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		X
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 public office? If "Yes," complete Schedule C, Part I				3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Sch	edule i	C, Par	t#	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(6						Ι
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				_5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	the rig	ht to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete to	Schedu	ıle D, i	Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space),					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, Schedule D, Part III				8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X						
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedul	le D, Pa	art IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-end if "Yes," complete Schedule D, Part V				10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, V	II, VIII,	IX, or			v	
•	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," comple				11	X	
	Part VI.	te Schi	eauie i	J,			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	of its t	otal			Ų.	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	of its 1	total			0 0	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	report	ed in		0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X, line 25	art X.					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	addres	ses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.					j	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co	mplete					
	Schedule D, Parts XI, XII, and XIII.				12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X		- 3		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
	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, fundrais				- 1		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization						
	or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				ľ		
	located outside the United States? If "Yes," complete Schedule F, Part III				16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services or						37
40	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 the part of the service of the ser						77
10	1c and 8a? If "Yes," complete Schedule G, Part II				18	-	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If complete Schedule G, Part III				10		х
20	Did the organization operate one or more hospitals? If "Yes, " complete Schedule H			····· }	19 20	\rightarrow	$\frac{\mathbf{x}}{\mathbf{x}}$

Part IV | Checklist of Required Schedules (continued)

11		Т	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the]	103	"
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	├	Α.
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
		23	x	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	123		
	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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		22
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	\vdash	
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
	dismostification and district the constitution of the state of the sta	25a		Ī
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	208		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	School de l. Bert l	25b		ľ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV		, y	
	instructions for applicable filing thresholds, conditions, and exceptions):			8
а	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		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, 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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		- 1	
	If "Yes," complete Schedule R, Part V, line 2	35	Х	
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ĺ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	ΧL	

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 54			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
_	(gambling) winnings to prize winners?	1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 174			
L.			X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	•		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	-	_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		_
-144	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:	70		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			a l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		1	
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_ `		
_	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	+	
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	7h		-
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	, 1		
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			·, ·· ···
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders	74		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

13-1084330

Page 6

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.

	tion A. Governing Body and Management					1,,	Τ
1a	Enter the number of voting members of the governing body	l 1a	I	219		Yes	No
b	Enter the number of voting members that are independent			218			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh		any other				
	officer, director, trustee, or key employee?			- 1	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t suponision	······ }	~	122	┢
	of officers, directors or trustees, or key employees to a management company or other person?	io dite	r aupei visioi i		3		x
4	Did the organization make any significant changes to its organizational documents since the prior Fe	orm 996) was filed?	······	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	rts?	, was mear	······	5		X
6	Does the organization have members or stockholders?				6	Х	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers	of the	······	Ť		
	governing body?				7a	x	1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			- 0	
	by the following:		-	1			
а	The governing body?				8a	Х	
Ь	Each committee with authority to act on behalf of the governing body?			·····	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the	····· [
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with those of the organization?		***************************************		10b		
11	belone thing the forms						Х
11A	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	The state of the s				12a	Х	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?		rise		12b		x
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes, " c					_
13	in Schedule O how this is done			1	l2c		<u> </u>
14	Does the organization have a written whistleblower policy?				13	X	
	Does the organization have a written document retention and destruction policy?				14	X	
13	Did the process for determining compensation of the following persons include a review and approve	d by inc	lependent			1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					. 1	
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	••••	• • • • • • • • • • • • • • • • • • • •		5a	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		******************	1	5b	4	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen		.			1	
					_	- 1	X
	taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	usto ita	narticination		6a		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the orga				- 1	1	
	exempt status with respect to such arrangements?	IIIZGEIO		1	6b	1	
Sect	ion C. Disclosure		***********	•	<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)	(3)s only) avai	lable for	r	_	
	public inspection. Indicate how you make these available. Check all that apply.	7	. ,				
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict o	f interest poli	cy, and	finan	cial	
:	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books an	d recor	ds of the orga	anization	1: 🕨		
	TIMOTHY ROGERS - 202-637-3000				_		
	1331 PENNSYLVANIA AVENUE NW STE 600, WASHINGTON, DO	2	0004				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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)	1		((C)	,		(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(cl	heck	all 1	that	app	ıly)	compensation	compensation	amount of
	per	횽						from	from related	other
	week	Ē				豆		the organization	organizations (W-2/1099-MISC)	compensation from the
		stee	ruste		23	Bellsa		(W-2/1099-MISC)	(17 27 1000 10100)	organization
	!	la tr	i Denoi		ploye	tcom ree	١.	'	ι,	and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
JOHN ENGLER		-				-				
PRESIDENT	35.00	X		x				1,057,279.	0.	289,210.
MICHAEL E. CAMPBELL								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
BOARD MEMBER	1.00	X						0.	0.	0.
MARY ANDRINGA										
BOARD MEMBER	1.00	X						0.	0.	0.
KARLA F. AARON										
BOARD MEMBER	1.00	X						0.	0.	0.
GERARD M. ANDERSON										_
BOARD MEMBER	1.00	Х				L		0.	0.	0.
LORI ANDERSON								_		
BOARD MEMBER	1.00	Х	Щ		_	Ш		0.	0.	0.
STAN A. ASKREN	1 00									
BOARD MEMBER	1.00	Х		_				0.	0.	0.
ALEX M. AZAR	1 00	,,						ا ہِ ا		•
BOARD MEMBER GREG BABE	1.00	X			\dashv	Ш		0.	0.	0.
BOARD MEMBER	1.00	x						٥.ا	0.	0.
BRENT BAGLIEN	1.00		\dashv	\dashv	\dashv			· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>
BOARD MEMBER	1.00	x						o.	0.	0.
TIMOTHY E. BAILEY	1.00		\dashv	\dashv	\dashv			· ·	•	<u></u>
BOARD MEMBER	1.00	$ \mathbf{x} $		ı	ŀ			0.	0.	0.
CHARLENE T. BEGLEY			\dashv	\dashv	\dashv			•		
BOARD MEMBER	1.00	x						0.	0.	0.
WILLIAM H. BELDEN		\dashv	一	\neg	\dashv			- 1		
BOARD MEMBER	1.00	x				ľ		0.	0.	0.
MICHAEL L. BENNET	_			\neg	\neg					
BOARD MEMBER	1.00	x			- 1			0.	0.	0.
JACQUES BESNAINOU	_		\Box	\Box	\Box					
BOARD MEMBER	1.00_	X						0.	0.	0.
ROLF BIEKERT			\exists							
BOARD MEMBER	1.00	X		\Box				0.	0.	0.
ROLAND W. BOLES		[_		<u>-</u>
BOARD MEMBER	1.00	X						0.	0.	0.

Page 7

OF THE NITED STATES OF AMERICA Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Name and title Position Reportable Reportable Estimated Average (check all that apply) hours compensation compensation amount of per from from related other Individual trustee or directo organizations compensation week the organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations TOM BOTTS 1.00|x0. 0. 0. BOARD MEMBER GREGORY H. BOYCE 1.00 | X 0. 0. BOARD MEMBER 0. JOSEPH BREUNIG 0. BOARD MEMBER 1.00 X 0. 0. ANGELO BRISIMITAKIS 1.00 | X 0. 0. BOARD MEMBER 0. ROBERT E. BRUNNER BOARD MEMBER 1.00 | X0. 0. 0. WILLIAM A. BUCKNER BOARD MEMBER 1.00 | X 0. 0. 0. MICHAEL J. BULLINGER 1.00 | X 0. 0. BOARD MEMBER 0. RONALD D. BULLOCK 1.00 | X 0. 0. 0. BOARD MEMBER CHARLES E. BUNCH 0. BOARD MEMBER 1.00 | X 0. 0 THOMAS A. BURKE 1.00 0. BOARD MEMBER 0. 0.

	compensation from the organization			52
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes," complete Schedule J for such person	5		X

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable

4,387,583.

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
TARGET ENTERPRISES	ADVERTISING SERVICES	
1601 VENTURA BLVD, #515, ENCINO, CA 91436	& MEDIA BUYS	4,400,000.
DIGITARIA INTERACTIVE, INC., 533 F STREET,		
3RD FLOOR, SAN DIEGO, CA 92101	WEBSITE DESIGN	102,367.
		<u></u>
A Table of the State of the Sta	<u> </u>	

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

574,859.

1b Total

NATION ASSOCIATION OF MANUFACTUP SOFTHE WITED STATES OF AMERICA

AITED STATES OF AMERICA 13-1084330 Page 9 Form 990 (2009) Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue fts, grants 1a 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 6,314,362 g Noncash contributions included in lines 1a-1f; \$ ▶ 6,314,362. h Total. Add lines 1a-1f Business Code 2 a MEMBER DUES 900099 26772039. 26772039. Program Service Revenue **b** AFFILIATION FEES 900099 420,288. 420,288. c SPONSORSHIPS 900099 314,677. 314,677. 263,193. d MEETINGS 900099 263,193. e MEMBER PROGRAMS 900099 169,261. 169,261. 511120 37,017. 37,017. f All other program service revenue 27976475. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 258,940 other similar amounts) 258,940. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Other Part IV, line 18 _____ a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 27,302. 27,302. C d All other revenue 27,302. e Total. Add lines 11a-11d 34577079. 27976475. Total revenue. See instructions. 286,242. 12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) Management and general expenses (**D)** Fundraising (B) Do not include amounts reported on lines 6b, Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 100,000. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 3,832,770. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,643,318. Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 684,026. 949,529. Other employee benefits 898,560. Payroll taxes 10 Fees for services (non-employees): Management 44,191. Legal 57.768. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 1,470,001. Other _____ 4,488,270. Advertising and promotion 12 1,292,720. 13 Office expenses 147,957. 14 Information technology 15 Royalties 2,766,879. 16 Occupancy 697,187. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 920,723. Conferences, conventions, and meetings 19 20 Interest 165,175. 21 Payments to affiliates 300,054. Depreciation, depletion, and amortization 22 161,634. 23 Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 2,321,219. ADDITIONAL PENSION EXPE MEMBERSHIP DUES 275,711. **SUBSCRIPTIONS** 171,397. C 26,723. TAXES -3,847,515. FAS 158 ADJ TO ACC PENS 35,004. All other expenses 29,603,301. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here
if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation

13-1084330 Page 11

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	***********		743,246.	1	833,344.
	2				3,850,413.	2	5,807,530.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,334,503.	4	2,030,826.
	5	Receivables from current and former officers, d	irectors,	trustees, key			
		employees, and highest compensated employe		·		}	
	1	of Schedule L		ľ		5	D 2000
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L				6	
N	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ž	9				373,605.	9	163,196.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	6,571,270.			
	b		10b	5,988,436.	797,599.	10c	582,834.
	11	Investments - publicly traded securities			11,147,265.	11	12,950,280.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	706,668.	15	1,135,212.		
	16	Total assets. Add lines 1 through 15 (must equ			19,953,299.	16	23,503,222.
	17	Accounts payable and accrued expenses			657,798.	17	1,125,961.
	18	Grants payable				18	
	19	Deferred revenue			13,159,337.	19	13,420,410.
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director	rs, truste	es, key employees,			
흅		highest compensated employees, and disqualif	ed perso	ns. Complete Part II			134
_		of Schedule L				22	•
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties	_	24	
	25	Other liabilities. Complete Part X of Schedule D		16,721,791.	25	12,855,309.	
	26	Total liabilities. Add lines 17 through 25			30,538,926.	26	27,401,680.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
S	1	lines 27 through 29, and lines 33 and 34.					N 100 100 100 100 100 100 100 100 100 10
auc auc	27	Unrestricted net assets			-12,375,437.	27	-6,659,860.
3al	28	Temporarily restricted net assets			1,789,810.	28	2,761,402.
ρ	29	Permanently restricted net assets		<u>,</u>		29	
2		Organizations that do not follow SFAS 117, c	heck her	e ▶ 🔲 and 📗			
ò		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
4ss	31	Paid-in or capital surplus, or land, building, or ed	juipment	fund		31	
et/	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
Ž	33	Total net assets or fund balances			-10,585,627.	33	-3,898,458.
	34	Total liabilities and net assets/fund balances			19,953,299.	34	23,503,222.

Form **990** (2009)

Part XI Financial Statements and Reporting Yes No X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? X 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Consolidated basis Both consolidated and separate basis Separate basis 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 X Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form 990 (2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2009

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA 13-1084330 Organization type (check one): Section: Filers of: X 501(c)(6) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer Identification number

13-1084330

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$\$ <u></u> \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		s 10,000.	Person X Payroll

Employer identification number

13-1084330

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$60,000.	Person X Payroll Oncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_		\$ <u>265,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ <u>135,000</u> .	Person X Payroll

Name of organization
NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Employer identification number

13-1084330

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d) Type of contribution
13	Name, address, and ZIP + 4	* 10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	\$ 4,792,900.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$ 225,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$6,000.	Person X Payroll

Employer Identification number

Parti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		- \$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		- \$\$	Person Payrol! Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		- \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		- \$ <u>22,866.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
23452 02-01-	-10	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2009)

Name of organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$\$_15,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		s10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		<u>50,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
3452 02-01	-10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009)

Name of organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32		\$\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33		\$\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
36		\$ 5,000.	Person X Payroll
23452 02-01-	10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009)

Employer identification number

13-1084330

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
38	realite, dudicoo, and 2.11 1 4	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
40		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
42		\$5,000.	Person X Payroll

Name of organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 27,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
44		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
45		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
48		\$10,000.	Person X Payroll
23452 02-01-	10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009)

Name of organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number

rarti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 15,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
50		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
51		\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
123452 02-01-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 90, 990-EZ, or 990-PF) (2009)

SCHEDULE C (Form 990 or 990-EZ)

Polix al Campaign and Lobbying Autivities

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

2009

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

_	Section 501(c)(4), (5), or (6) organiza				
Nar		L ASSOCIATION O		RERS Emp	loyer identification number
	OF THE	UNITED STATES O	F AMERICA		13-1084330
Pi	art I-A Complete if the or	ganization is exempt ur	nder section 501(c	or is a section 527	organization.
1	Provide a description of the organi	zation's direct and indirect poli	tical campaign activities	in Part IV.	
2	Political expenditures			> :	-
3	Volunteer hours				
		ganization is exempt ur			
1	Enter the amount of any excise tax	incurred by the organization u	nder section 4955		S
2	Enter the amount of any excise tax	incurred by organization mana	igers under section 495	5▶§	S
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
46	Was a correction made?				Yes No
Pa	olf "Yes," describe in Part IV. Int I-C Complete if the org	anization is evenut un	der section 501(a)	Avoort section 501	(5)(2)
2	Enter the amount directly expended Enter the amount of the filing organ	u by the illing organization for s	section 527 exempt fund	ction activities	
_	exempt function activities				
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POI		·
-	line 17b				F
4	Did the filing organization file Form	1120-POL for this year?	•••••••••••••••••	Ψ	Yes No
5	Enter the names, addresses and er	nployer identification number (i	EIN) of all section 527 pc	olitical organizations to which	th navments were made
	For each organization listed, enter t	the amount paid from the filing	organization's funds, Als	so enter the amount of polit	ical contributions received
	that were promptly and directly deli	ivered to a separate political or	ganization, such as a se	parate segregated fund or	a political action committee
	(PAC). If additional space is needed	l, provide information in Part IV	<u>'</u>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
	_		- -		
	-	<u> </u>	- 	 	
		<u> </u>		-	
			<u> </u>	-	
				1	1

LHA

N/ TONAL ASSOCIATION OF MANUF TURERS

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the o (election under se	rganization is exe	TED STATES	OF AMERI ion 501(c)(3) and file	13- ed Form 5768	1084330 Page 2
A Check If the filing organi	zation belongs to an aff	filiated group.			-
B Check ▶ ☐ if the filing organi	zation checked box A a	nd "limited control" p	provisions apply.		
	nits on Lobbying Expe nditures" means amo		d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence public opinion	(grass roots lobbying	1)		-
b Total lobbying expenditures to in	fluence a legislative bo	dv (direct lobbvina)			
c Total lobbying expenditures (add	l lines 1a and 1b)	-, (=, , , , , , , , , , , , , , , , , ,			 -
d Other exempt purpose expenditu				<u>-</u>	
e Total exempt purpose expenditu		d)		 -	<u> </u>
f Lobbying nontaxable amount. Er	iter the amount from th	e following table in b	oth columns	-	-
If the amount on line 1e, column (a)		bying nontaxable a			
Not over \$500,000		the amount on line 1	11		
Over \$500,000 but not over \$1,0			xcess over \$500,000.		
Over \$1,000,000 but not over \$1					
Over \$1,500,000 but not over \$1			xcess over \$1,000,000.		
Over \$17,000,000	\$1,000,		cess over \$1,500,000.		
<u> </u>		000.			
g Grassroots nontaxable amount (e	enter 25% of line 15				
h Subtract line 1g from line 1a. If ze		***************************************		-	<u> </u>
i Subtract line 1f from line 1c. If ze				<u> </u>	
j If there is an amount other than z				Г	
reporting section 4911 tax for this				<u></u> L	Yes No
(Some organi c	zations that made a s	raging Period Unde ection 501(h) election e instructions for lin	r Section 501(n) on do not have to compl ies 2a through 2f on pag	ete all of the five le 4.)	
	Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount				_	
b Lobbying ceiling amount				NA CONTRACTOR	
(150% of line 2a, column(e))					
					*
c Total lobbying expenditures					
				-	_
d Grassroots nontaxable amount					
e Grassroots ceiling amount	1.1				
(150% of line 2d, column (e))					
				· · · · · · · · · · · · · · · · · · ·	-
f Grassroots lobbying expenditures			1		

Schedule C (Form 990 or 990-EZ) 2009

N/ TONAL ASSOCIATION OF MANUF 'TURERS

Schedule C (Form 990 or 990-EZ) 2009 O. THE UNITED STATES OF AMER1 . 13-1084330 Page 3

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

(election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members 33,673,679. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 9,247,013. 2a b Carryover from last year 1,089,168. 2b c Total 10,336,181. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 8,755,157. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 1,581,024. Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

S. plemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Inspection **Employer** identification number 13-1084330

OMB No. 1545-0047

Open to Public

NATIONAL ASSOCIATION OF MANUFACTURERS Name of the organization OF THE UNITED STATES OF AMERICA

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	iod ooriboryddor ooridiaddor ar dio jorri	of a conscivation casement of the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
h	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rel		
J	year	eased, extinguished, or terminated by the	e organization during the tax
4		noment in located	
	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
5			Yes No
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisty the requirements of section 170	
_			
9	In Part XIV, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
Da	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transcripts or O	they Civillan A seats
Fall		•	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 6.	
1a	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ed		olic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
þ	If the organization elected, as permitted under SFAS 116, to r	•	
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	isures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

NATICAL ASSOCIATION OF MANUFACT ERS

		UNITED STA					13-	<u>-108433</u>	0	Page 2
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, che	ck any of	the following th	nat are a	significant use o	of its collection	on ite	ms
	(check all that apply):		_	7						
а	Public exhibition	0	ı <u>L</u>	Loan or	exchange prog	rams .				
b	Scholarly research	•	, L	Other						
c	Preservation for future generations				-					
4	Provide a description of the organization's c	ollections and expla	in how	they furth	er the organiza	tion's ex	empt purpose ir	n Part XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, i	historical t	reasures, or ot	her simila	ar assets			
	to be sold to raise funds rather than to be m							. Tyes		□No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if o	rganizatio	n answered "Y	es" to Fo	rm 990, 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 fo	r contribu	tions or other a	assets no	t included			
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIV									
		•	_	-				Amoun	t	
С	Beginning balance						1c			
d	A . 11-1									
е	Distributions during the year		*				1e		_	
f	Ending balance									
2a	Did the organization include an amount on F	orm 990. Part X. line	217 =					Yes		No
	If "Yes," explain the arrangement in Part XIV.									_ 110
	rt V. Endowment Funds. Complete i		swered	d "Yes" to	Form 990, Par	t IV. line	10.			
		(a) Current year		Prior year			(d) Three years b	ack (e) Four	r vears	
1a	Beginning of year balance	(2) 54115712 / 542,	\~,	i noi you	(0) 1110 yes		(a) ////	AUNT (C) TOU	your	Duon
b	Contributions								-	
c	Net investment earnings, gains, and losses				-					
d	Grants or scholarships									
	Other expenditures for facilities									_
•	and programs	i				1				
1	Administrative expenses									
g	- · · · · · · · · · · · · · · · · · · ·									
2	Provide the estimated percentage of the year	r and halance held a	e.		l					
a	Board designated or quasi-endowment		.s. %							
b	Permanent endowment	%	_70							
C										
	Are there endowment funds not in the posses	•	ation th	ot oro bok	d and administ	arad far t	ho oveeniestine			
Ja	her	ssion of the organiza	auon un	ial ale Heil	a and administ	erea ioi i	ne organization	ſ	V	T.
	(i) unrelated organizations							0-(1)	Yes	No
	(i) unrelated organizations						•••••	3a(i)		
b	(ii) related organizations	listed so year inch s				• • • • • • • • • • • • • • • • • • • •		3a(ii)		
4	If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the	ilisteo as required of	n Sche	kaule K?				3b		
_	t VI Investments - Land, Building	organization's endo	wment	tunas.	OO Dowl V line	10				
1 CU									-	
	Description of investment	(a) Cost or ot			ost or other		ccumulated	(d) Book	(valu	е
_		basis (investm	ient)	Das	is (other)	aer	oreciation			
	Land			<u> </u>		1 1/1				
þ	Buildings			1 1	04 400		VED DA	^^		~-
	Leasehold improvements				84,426.		57,701.			25.
đ	Equipment			5,2	86,844.	4,5	30,735.	356	, 1	09.

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

Schedule D (Form 990) 2009

582,834.

NATICIAL ASSOCIATION OF MANUFACT TERS OF T. UNITED STATES OF AMERICA 13-1084330 Page 3 Schedule D (Form 990) 2009 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes DEFERRED RETIREMENT 3,053,834. ACCRUED POST-RETIREMENT BENEFIT COST 878,589. ACCRUED COMPENSATION 1,845,479. ACCRUED PENSION LIABILITY 7,077,407.

12,855,309. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, 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.

NATIC AL ASSOCIATION OF MANUFACT "ERS

	OF T. UNITED STATES OF AM			13-10	84330 Page
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8	• • • • • • • • • • • • • • • • • • • •	9		
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and YUL Books and Indian of Possesson Audited Financial	d 9	10		
	t XII Reconciliation of Revenue per Audited Financial Stateme				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		13	
a	Net unrealized gains on investments	2a		→	
Ь	Donated services and use of facilities	2b			
C.	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b		*******************************	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stateme				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		1	
	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	
5 D==	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	······		5	
	XIV Supplemental Information				
(, line	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple $f T$ $f X$, $f LINE$ $f 2$:	, lines 1a a ete this pa	and 4; Part IV, lines 1 art to provide any ad	lb and 2b; Pa Iditional inforr	rt V, line 4; Part nation.
1AN	AGEMENT HAS CONCLUDED THAT THE ASSOCIATION	HAS	PROPERLY M	(AINTAI	NED ITS
XE	MPT STATUS AND THAT THERE ARE NO UNCERTAIN	TAX	POSITIONS	AS OF	DECEMBER
1,	2009.				
					_
		_			

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

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

2009

OMB No. 1545-0047

Open to Public

inspection

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

▶ Attach to Form 990.

ջ □ Schedule I (Form 990) 2009 Employer identification number 13-1084330 (h) Purpose of grant or assistance X Yes GENERAL SUPPORT recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 100,000 OF MANUFACTURERS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. AMERICA Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable 501(c)(3)OF. OF THE UNITED STATES NATIONAL ASSOCIATION 52-1073576 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization 1331 PENNSYLVANIA AVE NW, STE 600 THE MANUFACTURING INSTITUTE or government WASHINGTON, DC 20004 Name of the organization Part Part N ო

NATIONAL ASSOCIATION OF MANUFACTURERS

OF THE UNITED STATES OF AMERICA

Schedule I (Form 990) 2009

Part III

Page 2

13-1084330

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance (book, FMV, appraisal, other) 2: GRANTS ARE MADE TO THE MANUFACTURING INSTITUTE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients WHICH IS CLOSELY RELATED TO NAM. (a) Type of grant or assistance LINE PART I, H SCHEDULE

Schedule I (Form 990) 2009 932102 02-02-10

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

NATIONAL ASSOCIATION OF MANUFACTURERS

OF THE UNITED STATES OF AMERICA

P	art I Questions Regarding Compensation			
			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.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	}		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			_
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_2	X	_
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.	Î		
	Compensation committee X Written employment contract		7	
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		. 3	
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1 1		
•	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part ,	- 0.0		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Ī	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			_
	Regulations section 53 4958-6(c)?	1 .		

NATIONAL ASSOCIATION OF MANUFACTURERS

OF THE UNITED STATES OF AMERICA

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 13-1084330

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

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(£)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Ketirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(f)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
לנו זייאם ואויסד	(3)	770,00	285,250.	2,029.	289,210.	0	1,346,489.	0
CODIN ENGLER		761	7			0	0	0
JAY TIMMONS	€ €	450,000	757,10	-6,090.		4,962.	511,034.	0
	3	291,20	44,84	-13,620.	14.210.	17.094	353 720	
LEANNE WILSON	E					0	< l	
RICHARD KLEIN	≘ €	253,334.	39,01	S			306,802.	0
) S	184,74	10,25	-1,632.	11,333.	4,928.	209.627.	0
DANA COLE	(E)				0	-1	<u>- ا</u>	0
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- 1	3 8	232 000	20	1 123	000	0	l k	0.
ARIC NEWHOUSE	3 🖹	1	2	7 7 7 7	19,000.		273, 377.	0
	⊜	158,13	90,30	-2,300.		4,962.	268,300.	0
ANN HEINS	€	C)I			0	0	0
MAIIREEN DAVENDORT	€ (225,00	7,500.	-5,765.		17,037.	257,272.	0
		183 685	300 18	1 200		0	l J	0
RYAN MODLIN	3 8	201	, th	-	17,432.	0	236,609.	0
FRANK VARGO	€ €	193,183.	19,31	-1,373.	13,264.	0	224,392.	0
		210.88		100	16 872	0.0	 	0.
EMILY DEROCCO	3			0	9	0,4	433,140.	
WANG TOO SUBOOLD	Ξ.	186,08	18,609.	-6,917.	13,734.	9,284.	220,798.	0
COLEMAN		00	0,0	9	ľ			0
KEITH MCCOY	3		TQ'0TQ	-8,079-	6,940.	17,037.	214,730.	0
	8				•	٥		0
	E [

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 OF THE UNITED Separation

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
PART I, LINE 1A: CEO IS PERMITTED TO TRAVEL FIRST CLASS.
ALL VICE PRESIDENTS AND ABOVE ARE PERMITTED TRAVEL FOR SPOUSES TO ONE BOARD
MEETING PER YEAR.
ALL BENEFITS ARE TAXABLE TO THOSE RECEIVING THEM.
PART I, LINE 4B: JOHN ENGLER, 457 PLAN, \$275,000
SCHEDULE J, PART II:
NEGATIVE FIGURES FOR "OTHER REPORTABLE COMPENSATION" REPRESENT EMPLOYEE FSA
CONTRIBUTIONS AND OTHER SIMILAR AMOUNTS.

(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

OMB No. 1545-0047 2009

Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

	irectors T								T2-T00	4330
		rus	tee:			FII	ıpı	- I		
(A)	(B)				C)			(D)	(E)	(F)
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	hours per	(C	heck	(all	tnat	app	iy)	compensation	compensation	amount of
	week					20	l	from the	from related organizations	other
	WOCK	į	1	ļ		흾		organization	(W-2/1099-MISC)	compensation from the
		di G			1	E E]	(W-2/1099-MISC)	(***27 1099-141130)	organization
		Beor	stee			nsate		(** 27 1000 111100)		and related
		trust	F		oyee	E E				organizations
		Individual trustee or director	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	je l			
		冒	Insti	Officer	Key	臺	Former			
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MARY FRANCES COX			十	\dashv	-+	\dashv	┪			
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PAUL CUNNINGHAM			\dashv	\dashv	\dashv	_	\dashv			
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(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

OMB No. 1545-0047
2009
Open to Public

Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (A) (B) (B) (A) (A) (B) (A) (A)
Name and title
DARL DAVIDSON BOARD MEMBER 1.00 X
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DARL DAVIDSON BOARD MEMBER 1.00 X
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FRED FESTA
BOARD MEMBER 1.00 X 0. 0.
GREGORY D. FLACK
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JAMES FOSTER
BOARD MEMBER 1.00 X 0. 0.
RICHARD FREELAND
BOARD MEMBER 1.00 X 0. 0.
JIM FUCHS
BOARD MEMBER 1.00 X 0. 0.
WALTER J. GALVIN BOARD MEMBER 1.00 X 0. 0.
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(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

2009
Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irectors, T	rus	tee	s, K	(ey	En	nplo	yees, and Highes	t Compensated	Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	(all 1	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	≥				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
		l ge				Ha p		(W-2/1099-MISC)	(44-2/1055-141130)	organization
		10 ag	stee			nsate		(11 2/1000 1100)		and related
	1	TT IST	nal tru		oyee	adwo				organizations
		Individual trustee or director	Institutional trustee	Je.	Кеу етрюуее	nest c	 =			_
		횰	Inst	Officer	Key	臺	Former			
MICHAEL R. GAMBRELL BOARD MEMBER	1.00	x						0.	0.	0.
DAVID L. GARIN	1.00	₽				\vdash	\vdash	0.	U •	0.
BOARD MEMBER	1.00	x						0.	0.	0.
WILLIAM E. GASKIN	1.00	^	Н		\vdash			0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE A. GATES	1.00		H			Н	Н		0.	0.
BOARD MEMBER	1.00	\ _v						0.	0.	0.
JEAN-MARC GERMAIN	1.00	<u> </u>	Н		Н	$\vdash\vdash$		0.		0.
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
RICHARD GIMMEL	1.00	-					Н	0.	•	•
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SHERMAN J. GLASS	1.00	<u> </u>	\vdash	-	-	\dashv				
BOARD MEMBER	1.00	x						0.	0.	0.
DANIEL GLIER	1.00		\dashv	\dashv	\dashv	\dashv				
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
MICHAEL GOLDEN	200	-	\dashv	\dashv	\dashv	\dashv				
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
CLARENVE GOODEN			\neg	\neg	\dashv		\dashv			
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DREW GREENBLATT		М		\neg	\dashv	_	一	_		
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EDWARD GREISSING				\neg	一	\dashv	ヿ			<u> </u>
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GENE GSELL		П	\neg		一	\neg	\neg			
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BOARD MEMBER	1.00	X						0.	0.	0.
KIRK S. HACHIGIAN			\neg		\neg	\neg				
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DOUGLAS M. HAGERMAN										
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MICHAEL S. HANLEY							一			
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TIM HANLEY		\Box	\neg		\neg			-		
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ROGER A. HANNAY			T	\Box	T					
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STEPHANIE HARKNESS							T			
BOARD MEMBER	1.00	X						0.	0.	0.

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

2009
Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irectors, T	rus	tee	s, K	(ey	En	npl	oyees, and Highes	t Compensated	Employees
(A)	(B)	П		-{(C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(0	hec	(all	that	app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	=)ak olo		the organization	organizations (W-2/1099-MISC)	compensation from the
46		direct				E B		(W-2/1099-MISC)	(44-27 1099-141130)	organization
		99	stee	l	l	nsate	l	(** 27 1000 111100)		and related
		trust	al tru), se	l me	l			organizations
		Individual trustee or director	Institutional trustee	 5	Key employee	Highest compensated employee	Р огтег			
		置	Isu	Officer	Key	皇	ş			
R. KEITH HARRISON	1 00									
BOARD MEMBER	1.00	X			_			0.	0.	0.
RICHARD J. HARSHMAN	1 00	ļ.,								_
BOARD MEMBER CURT HERBERT	1.00	X						0.	0.	0.
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BOARD MEMBER HERBERT L. HENKEL	1.00	X	Ш	Н	Ш	\vdash	L	0.	0.	0.
BOARD MEMBER	1 00	_						ا م		0
ROBERT K. HENRY	1.00	₽	H		-			0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
WILLIAM V. HICKEY	1.00	Α.		Н	-		\vdash	0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
JOHN P. HILER	1.00	₽		-	\dashv	\vdash		0.		<u> </u>
BOARD MEMBER	1.00	$ _{\mathbf{X}}$						0.	0.	0.
WILL HINKSTON	1.00	23			\dashv			0.	•	
BOARD MEMBER	1.00	x						o.	0.	0.
RANDALL G. HOFFMAN		 -		\dashv	\dashv					
BOARD MEMBER	1.00	x			i			0.	0.	0.
ALAN M. HOLADAY			\Box	\neg	\dashv				<u></u>	
BOARD MEMBER	1.00	x						0.	0.	0.
R. DAVID HOOVER					\neg					
BOARD MEMBER	1.00	x		- 1				0.	0.	0.
JERRY HOWARD				\neg	\neg					
BOARD MEMBER	1.00	x						0.	0.	0.
HANNES HUNSCHOFSKY		П	\neg		\neg					
BOARD MEMBER	1.00	X						0.	0.	0.
KEVIN J. HUNT										
BOARD MEMBER	1.00	X						0.	0.	0.
GARY D. HUSS										
BOARD MEMBER	1.00	Х			\Box			0.	0.	0.
COLLIE L. HUTTER										
BOARD MEMBER	1.00	X	_	_	_		_	0.	0.	0.
AL JENNINGS	4 00				- 1			_	_	_
BOARD MEMBER	1.00	X	_	_	\dashv	_	_	0.	0.	0.
KELLIE JOHNSON	4 00	<u></u>				ľ				
BOARD MEMBER	1.00	X		_	_	_		0.	0.	0.
J. BRADLEY JOHNSTON	4 00	ָ ,	- 1							•
BOARD MEMBER	1.00	A		_	_	4	\dashv	0.	0.	0.
PAUL W. JONES	1 00				- 1	ļ		,		^
BOARD MEMBER	1.00	Λ						0.	0.	0.

(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2009 Open to Public Inspection

Name of the Organization

► See the Instructions for Form 990.

NATIONAL ASSOCIATION OF MANUFACTURERS

OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irectors, T	rus'	tee	s, k	(ey	En	npl	oyees, and Highes	t Compensated	Employees
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(0	hecl	(all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	=				loyer		the organization	organizations	compensation
	ĺ	die di				E E		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		ae Gr	stee			lsafe		(** 2, 1000 111100)		and related
		trust.	nal fru		oyee	e e		1		organizations
		Individual trustee or director	Institutional trustee	 js	Key employee	Highest compensated employee	펄			
		皇	ust	Officer	Key	₹	Former			
JILL JONES	1 00								_	
BOARD MEMBER	1.00	X			Щ	\vdash		0.	0.	0.
DANIEL JUNEAU	1 00	,,								_
BOARD MEMBER	1.00	X			Щ			0.	0.	0.
HANNAH KAIN	1 00								•	
BOARD MEMBER	1.00	Х	Ш		Щ	Ш	_	0.	0.	0.
PAMELA KAN	1 1 00									_
BOARD MEMBER	1.00	X	L		Ш			0.	0.	0.
D.T. (DEE) KAPUR	1 1 00									•
BOARD MEMBER	1.00	Х						0.	0.	0.
TIMOTHY J. KEATING	1 00	3,		!					_	•
BOARD MEMBER	1.00	X	Н		_			0.	0.	0.
MICHAEL KELLY	1 1 00	.							, 1	0
BOARD MEMBER GAGE A. KENT	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	x			'			0.	0.	0
PATRICK J. KIELY	1.00	Λ	Н		\dashv	-		0.		0.
BOARD MEMBER	1.00	x						0.	0.	0.
PETER D. KINNEAR	1.00	^		\dashv	\dashv	-		0.		<u></u>
BOARD MEMBER	1.00	x						0.	0.	0.
LUTHER C. KISSAM	1.00	22	\dashv	\dashv	\dashv	\dashv				
BOARD MEMBER	1.00	x				ı		0.	0.	0.
LINDA I. KNOLL	1.00		\dashv	\dashv	\dashv	\dashv		•		
BOARD MEMBER	1.00	x			- 1			0.1	0.	0.
JOHN J. KORALESKI		=	-	\dashv	┪	\dashv				
BOARD MEMBER	1.00	x						0.	0.	0.
AELRED J. KURTENBACH			\neg			_				
BOARD MEMBER	1.00	x	- 1					0.	0.	0.
THOMAS R. LALLA			\dashv	\neg	╛	\neg				
BOARD MEMBER	1.00	x			- 1			0.	0.1	0.
JOHN C. LANDGRAF				╗	ヿ	一				
BOARD MEMBER	1.00	x		- 1				0.	0.	0.
ALAN F. LAPOINT		\neg	\neg		╛	T	\neg			
BOARD MEMBER	1.00	x	- 1					0.	0.	0.
THERESA K. LEE			ヿ		\neg					
BOARD MEMBER	1.00	x			- 1		Į	0.	0.	0.
STEPHEN F. LEER			\Box	ヿ	\neg	T	П			
BOARD MEMBER	1.00	Х						0.	0.	0.
GARALD LETENDRE		\neg	\neg	\neg	T	\neg	\neg			
BOARD MEMBER		Х						0.	0.	0.
LUA For Prisons Act and Department Poductio			Al					. E	01 11 10	/Earm 000\ 2000

(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2009 Open to Public Inspection

Name of the Organization

See the Instructions for Form 990.

NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irectors, T								at Compensated	
(A)	(B)	Τ			C)			(D)	(E)	(F)
Name and title	Average	ĺ			ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	call 1	that	арр	oly)	compensation	compensation	am oun t of
	per	广	Ι	Т		П	Ϊ	from	from related	other
	week	L				оуве		the	organizations	compensation
) SE				em Di		organization	(W-2/1099-MISC)	from the
		盲	æ			ated		(W-2/1099-MISC)		organization
	l	laste	trust		 #	Suadi				and related
		t leal	tional	١. ا	ploy	st co u	_			organizations
		Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former			
W. KIRK LIDDELL						Г				
BOARD MEMBER	1.00	X						0.	0.	0.
TERRENCE G. LINNERT										
BOARD MEMBER	1.00	X	L					0.	0.	0.
GAIL A. LIONE										
BOARD MEMBER	1.00	X						0.	0.	0.
PAUL LOFTUS										
BOARD MEMBER	1.00	X						0.	0.	0.
DAVID H. LONG										
BOARD MEMBER	1.00	X						0.	0.	0.
LESLIE LONGORIA		П					П			
BOARD MEMBER	1.00	x						0.	0.	0.
AL T. LUBRANO		П					П			
BOARD MEMBER	1.00	x						0.	0.	0.
JOHN A. LUKE										
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN F. LUNDGREN		П	\Box		\Box					
BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM MANSFIELD		П	\neg					-		
BOARD MEMBER	1.00	X	ĺ	-	j			0.	0.	0.
CHARLES A. MARTIN	<u>.</u>		\neg							
BOARD MEMBER	1.00	x						0.	0.	0.
DONALD A. MCCABE		П	\neg	\neg	\neg					
BOARD MEMBER	1.00	x						0.	0.	0.
STEWART G. MCMILLAN		\Box	ヿ		╗	ヿ	\Box			
BOARD MEMBER	1.00	X			ŀ			0.	0.	0.
CHRIS E. MCNEIL			\neg		\neg					
BOARD MEMBER	1.00	X				ı		0.	0.	0.
ROBERT MEANEY					\neg	\neg	\neg			
BOARD MEMBER	1.00	x			- 1			0.	0.	0.
MARK A. MEDLEY	*	\Box			\neg					,
BOARD MEMBER	1.00	X						0.	0.	0.
DYKE F. MESSINGER		ヿ	╛	\neg	_		\neg			
BOARD MEMBER	1.00	x					ſ	0.	0.	0.
JAMES S. METCALF		ヿ	┪	\dashv	╗		╛			
BOARD MEMBER	1.00	\mathbf{x}	- 1					0.	0.	0.
ALBERT R. MILLER		-	\dashv	\dashv	7	\dashv	\dashv			
BOARD MEMBER	1.00	\mathbf{x}						0.	0.	0.
SAMUEL J. MITCHELL		\dashv	\dashv	\dashv	\dashv	\neg	\dashv		-	<u></u>
BOARD MEMBER	1.00	\mathbf{x}					- 1	0.	0.	0.
		_	_	_	_		_			

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the Organization

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2009 Open to Public Inspection

OMB No. 1545-0047

► See the Instructions for Form 990.

NATIONAL ASSOCIATION OF MANUFACTURERS
OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										Employees
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	heck	call :	that	app	ly)	compensation	compensation	amount of
	per					Γ		from	from related	other
	week] _				loyee		the	organizations	compensation
		li ect				ᄩ	ı	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	j	9109	tee			sate	ı	(44-27 1099-141130)		and related
		truste	al trus		yea	m per				organizations
		Indiwidual trustae or director	Institutional trustee		Кеу етріоува	Highest compensated employee	 <u> </u>			
		iğ.	Instit	Officer	Keye	High	Former			
JACK MOORE	1 00									
BOARD MEMBER	1.00	X					<u> </u>	0.	0.	0.
PATRICK J. MOORE	1	l								_
BOARD MEMBER	1.00	X		<u> </u>	Ш			0.	0.	0.
RONALD M. MOQUIST	1 00	l								•
BOARD MEMBER	1.00	X	Ш	Щ			ļ	0.	0.	0.
MICHAEL G. MORRIS										
BOARD MEMBER	1.00	X						0.	0.	0.
RANDY MULLETT										_
BOARD MEMBER	1.00	X	Ш		\Box			0.	0.	0.
THOMAS MURPHY									_	
BOARD MEMBER	1.00	X	Ш	Ш	_			0.	0.	0.
KENNETH MURTHA								_	_	
BOARD MEMBER	1.00	X	Ш		_			0.	0.	0.
GARALD C. MUSARRA								_	_	
BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE MYERS		l						_	_	_
BOARD MEMBER	1.00	Х			_			0.	0.	0.
ALBERT H. MYRES										_
BOARD MEMBER	1.00	X	Щ		_	_		0.	0.	0.
MUNISH NANDA										_
BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD C. NEUFFER					- 1			_	_	_
BOARD MEMBER	1.00	X	Щ		_			0.	0.	0.
LARRY NICHLOLS										_
BOARD MEMBER	1.00	X	\Box		_			0.	0.	0.
C. SCOTT O'HARA										_
BOARD MEMBER	1.00	Х	\Box	_	\Box	_		0.	0.	0.
DOUGLAS R. OBERHELMAN										_
BOARD MEMBER	1.00	X			[•		0.	0.	0.
ZIAD S. OJAKLI		[_
BOARD MEMBER	1.00	X		_	_			0.	0.	0.
JEROME D. OKARMA	1							_	_	_
BOARD MEMBER	1.00	X						0.	0.	0.
ROY V. PAULSON						- 1		_	_	_
BOARD MEMBER	1.00	X				_		0.	0.	0.
PETER M. PEREZ		_			J			_	_	_
BOARD MEMBER	1.00	X	\Box	_	4			0.	0.	0.
NICHLAS T. PINCHUK	4 5 5	<u> </u>						_		_
BOARD MEMBER	1.00	Х						0.	0.	0.

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the Organization

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047 Open to Public Inspection

See the Instructions for Form 990.

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irectors, T								t Compensated	
(A)	(B)))			(D)	(E)	(F)
Name and title	Average	Position				1		Reportable	Reportable	Estimated
	hours	(c	heck	(all t	that	арр	ly)	compensation	compensation	amount of
	per						<u> </u>	from	from related	other
	week	١.)yee		the	organizations	compensation
		eg (풀		organization	(W-2/1099-MISC)	from the
		E	gy.			ated		(W-2/1099-MISC)		organization
		stee	truste		بو	bens				and related
		la E	опа		ploye	ţċ.				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Farmer			
RICE POWELL						F	F			
BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE W. PULKKINEN							Т			
BOARD MEMBER	1.00	X	l					0.	0.	0.
A. F. RAIMONDO							Т			
BOARD MEMBER	1.00	х						0.	0.	0.
ALFRED M. RANKIN		Т	П			П				
BOARD MEMBER	1.00	x						0.	0.	0.
JOHN RATHBERGER			М			Н	_		-	
BOARD MEMBER	1.00	x						0.	0.	0.
FRANK J. READY		\vdash	П			П				
BOARD MEMBER	1.00	х						0.	0.	0.
RICHARD K. REECE			П			П				
BOARD MEMBER	1.00	Х						0.	0.	0.
ROBERT K. REEVES								-		
BOARD MEMBER	1.00	X						0.1	0.	0.
NATALE RICCIARDI					\neg	Н				
BOARD MEMBER	1.00	х						0.	0.	0.
TIMOTHY RING										
BOARD MEMBER	1.00	х						0.	0.	0.
THOMAS J. RIORDAN										_
BOARD MEMBER	1.00	x		ľ				0.	0.	0.
JEANNINE M. RIVET				\neg	\neg	\Box				
BOARD MEMBER	1.00	х						0.	0.	0.
MARK A. ROCHE										
BOARD MEMBER	1.00	х						0.	0.1	0.
WILLIAM J. SANDBROOK			\neg	ヿ	\neg		\neg			
BOARD MEMBER	1.00	x						0.	0.	0.
RON SAXTON			\neg	\dashv	\neg					
BOARD MEMBER	1.00	x						0.	0.	0.
RICK SCHOSTEK			\neg		\neg					<u> </u>
BOARD MEMBER	1.00	\mathbf{x}						0.	0.	0.
DONALD W. SEALE			\dashv		\dashv	\dashv				
BOARD MEMBER	1.00	\mathbf{x}						0.	0.	0.
GREGG M. SHERRILL			\neg		\dashv	\neg	\neg			
BOARD MEMBER	1.00	\mathbf{x}						0.	0.	0.
DEAN C. SIMONE			\dashv		\dashv	\dashv	\neg			
BOARD MEMBER	1.00	\mathbf{x}						0.	0.	0.
WALLACE E. SMITH		一	\dashv	\dashv	一	\dashv	\dashv			
BOARD MEMBER	1.00	\mathbf{x}			ı			0.	0.	0.
					_					

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service

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2009
Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irectors, T	rus	tee	s, K	Cey	En	npk	oyees, and Highes	t Compensated	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	heck	all	that	apply)		compensation	compensation	amount of
	per	Г					Π	from	from related	other
	week	=	١.,			loyee		the	organizations	compensation
		lirectr				뺼		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		e or c	stee			sated		(44-2/1099-101130)		organization and related
]	truste	al trus		yee	m Dec				organizations
		Individual trustee or director	Institutional trustee	<u>_</u>	Key employee	Highest compensated employee	<u>=</u>			- 9-11-11-10110
		<u></u>	Instit	Officer	Key	돌	Former			
STEVE ST. ANGELO										
BOARD MEMBER	1.00	X						0.	0.	0.
W. FLETCHER STEELE										
BOARD MEMBER	1.00	Х	Ш					0.	0.	0.
AL STIMAC										
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN M. STROPKI									<u>-</u>	
BOARD MEMBER	1.00	X						0.	0.	0.
LEE J. STYSLINGER					П					
BOARD MEMBER	1.00	X						0.	0.	0.
MARK A. SUWYN			ĺ							
BOARD MEMBER	1.00	X			ľ			0.	0.	0.
GREGORY T. SWIENTON		П								
BOARD MEMBER	1.00	X						0.	0.	0.
GLEN E. TELLOCK										
BOARD MEMBER	1.00	X		ļ				0.	0.]	0.
WARD J. TIMKEN										
BOARD MEMBER	1.00	Х						0.	0.	0.
JOSEPH TISONE			Ī	\neg	П				Ĭ	
BOARD MEMBER	1.00	X						0.	0.	0.
LEON TRAMMELL								Ī		
BOARD MEMBER	1.00	X						0.	0.	0.
DENNIS H. TREACY										
BOARD MEMBER	1.00	X						0.	0.	0.
R. CHARLES VERMERRIS										
BOARD MEMBER	1.00	Х						0.	0.	
PAUL VIKNER			- 1							
BOARD MEMBER	1.00	X						0.	_ 0.]	0.
FRANK W. WAGNER										
BOARD MEMBER	1.00	X						0.		0.
TIMOTHY R. WALLACE				П	П		П			
BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT WEIDNER		П		\neg	П	П	П			
BOARD MEMBER	1.00	X						0.	0.	0.
DONALD WELCH					П					
BOARD MEMBER	1.00	X	- 1		- 1	ı		0.	0.	0.
SANDRA WESTLUND-DEENIHAN		\neg	T	Т	T	\neg	\neg			
BOARD MEMBER	1.00	X						0.	0.	0.
CHUCK WETHERINGTON		T	T	T	T	T	T			
BOARD MEMBER	1.00	X						0.	0.	0.

(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

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2009

Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										Employees
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(check all that apply)				app	oly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				e de la	1	the	organizations	compensation
		Individual trustee or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	l .	e or d	真			sated		(W-2/1099-MISC)		organization and related
		l ass	Institutional trustee	lł	yee	m per]	ľ		organizations
		ē	igi.		Key employee	stco	=			organization o
		튵	Instit	Officer	Keye	휼	Former			
DONALD M. WHITESIDE				П			Г			
BOARD MEMBER	1.00	X						0.	0.	0.
JAMES R. WHITLOCK										_
BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD L. WILKEY										
BOARD MEMBER	1.00	X						0.	0.	0.
MIKE WILLIAMS									-	
BOARD MEMBER	1.00	X						0.	0.	0.
DELLA H. WILLIAMS										
BOARD MEMBER	1.00	Х			_			0.,	0.	0.
CHRISTOPHER C. WOMACK		Ш								
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN K. WOODWORTH			l							
BOARD MEMBER	1.00	X		_	_			0.	0.	0.
KAREN BUCHWALD WRIGHT		_						_		
BOARD MEMBER	1.00	Х	_		_			0.	0.	0.
WILLIAM D. ZOLLARS	4 00	_	- 1							_
BOARD MEMBER	1.00	Х			_	_		0.	0.	0.
CHARLES G. MCCLURE	1 00									
BOARD MEMBER	1.00	Х	4	_	\dashv			0.	0.	0.
MICHAEL W. MCLANAHAN	1 00	,,								•
BOARD MEMBER	1.00	X	\dashv	4	\dashv	-		0.	0.	0.
STEVE SCHULTE BOARD MEMBER	1 00	. I								•
JAY TIMMONS	1.00	X		-	\dashv	\dashv	-	0.	0.	0.
EXEC. VP	35.00	ľ		х				401 062	۱ ،	10 100
LEANNE WILSON	33.00	\dashv	\dashv	4	-+	\dashv	-	491,862.	0.	19,172.
CHIEF OPERATING OFFICER	35.00			x			ſ	322 425	0.	21 204
RICHARD KLEIN	33.00	\dashv	+	<u> </u>	\dashv	┥	\dashv	322,425.		31,304.
CHIEF FINANCIAL OFFICER	35.00	ı		x				292,402.	0.	1.4.400
DANA COLE	33.00	\dashv	\dashv	<u> </u>	\dashv	-	\dashv	292,402.		14,400.
SECRETARY/SVP CORP AFFAI	35.00			x			ı	193,366.	0.	16,261.
JEFFREY PIERCE		\dashv	\dashv	^	\dashv	\dashv		193,300.		10,201.
VP - FIELD SALES	35.00	ĺ		-	x			273,760.	0.	32,383.
ARIC NEWHOUSE	33.00	\dashv	\dashv	ď	"\	+	\dashv	2/3//001		32,303.
SVP - POLICY	35.00			[.	x l		ł	253,777.	0.	19,600.
ANN HEINS	23.00	\dashv	\dashv	+	+	\dashv	-	233,1116		17,000.
VP - FIELD MEMBERSHIP	35.00			-	x l	- [246,146.	0.	22,154.
MAUREEN DAVENPORT		-+	\dashv	+	+	\dashv	\dashv	220,2201		22,134.
SVP - COMMUNICATIONS	35.00				x l			226,735.	0.	30,537.
LHA For Privacy Act and Paperwork Reduction			lbo I	_	_	<u> </u>	. 6			Form 990\ 2000

SCHEDULE J-2

(Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

2009 Open to Public

Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer Identification number 13-1084330

	MILED 2								13-108	4330
Part I Continuation of Officers, D	irectors, Ti	rus	tee	s, k	(ey	En	npl	oyees, and Highes	st Compensated	Employees
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours	(c	hecl				oly)	compensation	compensation	amount of
	per						П	from	from related	other
	week	١.)yee		the	organizations	compensation
		gg			ı	턽		organization	(W-2/1099-MISC)	from the
		冒	92			ğ	1	(W-2/1099-MISC)		organization
	i	35	l iss			Bells		}		and related
		를	ig ig		흫	8				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DULL MODETH		=	=	ð	3	Ξ	요			
RYAN MODLIN			1							
VP - GOVT RELATIONS	35.00					X		219,177.	0.	17,432.
FRANK VARGO										
VP - IEA	35.00					Х		211,128.	0.	13,264.
EMILY DEROCCO						\Box				
PRESIDENT - MI	35.00					x	ĺ	210,993.	0.	22,147.
DOROTHY COLEMAN			<u> </u>							
VP - TAX	35.00					$ \mathbf{x} $		197,780.	0.	23,018.
KEITH MCCOY			Н	-	-	-	Н	157,700.		23,010.
VP - ERP	35.00					х		190,753.	0.	22 077
VI BILL	33.00	-	Н	-		Δ		130,733.		<u>23,977.</u>
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SCHEDULE 0

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide Information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONDUCIVE TO US ECONOMIC GROWTH AND TO INCREASE UNDERSTANDING AMONG POLICYMAKERS, THE MEDIA AND THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF MANUFACTURING TO AMERICA'S ECONOMIC FUTURE AND LIVING STANDARDS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITY, TECHNOLOGICAL PROGRESS AND ECONOMIC SECURITY. TO BE RESPECTED, FOCUSED, AND NONPARTISAN IN ACHIEVING AN ECONOMIC ENVIRONMENT THAT ENCOURAGES THE EXPANSION OF MANUFACTURING IN THE UNITED STATES AND STRENGTHENS OUR GLOBAL LEADERSHIP. FORM 990, PART VI, SECTION A, LINE 2: SINCE THE NAM'S BOARD IS OVER 200 AND ITS MEMBERS REPRESENT ALL TYPES OF MANUFACTURING FROM SMALL TO LARGE, WE ASSUME THAT DIRECTORS MAY HAVE FAMILY AND/OR BUSINESS RELATIONSHIPS WITH OTHER DIRECTORS. FORM 990, PART VI, SECTION A, LINE 6: THE DUES-PAYING MEMBERSHIP OF NAM HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7A: THE DUES-PAYING MEMBERSHIP OF NAM HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: BOARD DECISIONS ARE SUBJECT TO APPROVAL OF THE MEMBERSHIP.

SCHEDULE O

(Form 990)

DECISIONS.

Department of the Treasury Internal Revenue Service

Supplemental Information to Forus 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

PREPARED BY THE NAM CONTROLLER AND IN CONSULTATION WITH OUR ACCOUNTING FIRM. DRAFTS WERE REVIEWED AND APPROVED BY THE NAM CHIEF FINANCIAL OFFICER. THE ISSUE OF APPROPRIATE BOARD REVIEW WAS ADDRESSED BY THE CHAIRMAN AND VICE CHAIRMAN OF THE NAM BOARD. THEIR REVIEW TOOK INTO CONSIDERATION THE GOAL OF DISCLOSURE AND OVERSIGHT BY THE GOVERNING BODY CONSISTENT WITH THE INTENT AND SPIRIT IMPLIED IN QUESTION 11. IT WAS DECIDED THAT BECAUSE THE NAM BOARD CONSISTS OF OVER 200 MEMBERS, AND THAT THE FINANCE COMMITTEE PURSUANT TO THE NAM CONSTITUTION IS CHARGED WITH EXERCISING GENERAL SUPERVISION OVER THE FINANCIAL AFFAIRS OF THE ASSOCIATION, THAT THE FINANCE COMMITTEE SHOULD AND WOULD REVIEW THE 990. ACCORDINGLY, THE NAM FINANCE COMMITTEE DID RECEIVE AND REVIEW COPIES OF THE 2009 FORM 990 AND ACCOMPANYING SCHEDULES BEFORE IT WAS FILED AND THEN REPORTED THAT IT HAD DONE SO TO THE FULL BOARD. HOWEVER, PURSUANT TO THE SPECIFIC INSTRUCTIONS FOR THIS QUESTION, THE NAM HAS ANSWERED "NO".

FORM 990, PART VI, SECTION B, LINE 15: THE NAM'S COMPENSATION COMMITTEE,

MADE UP OF BOARD MEMBERS, ANNUALLY DETERMINES THE CEO'S COMPENSATION. THE

PROCESS INCLUDES REVIEWING DATA FROM OTHER LIKE ASSOCIATIONS, THIRD PARTY

CONSULTANTS AND OTHER INDUSTRY DATA. THE COMMITTEE SETS THE ANNUAL SALARY

AND ANY BONUS COMPENSATION AND PROVIDES DOCUMENTATION OF THEIR DECISIONS.

IN ADDITION TO THE ANNUAL PERFORMANCE APPRAISAL SYSTEM, OFFICERS' ANNUAL

COMPENSATION IS APPROVED BY THE NAM COMPENSATION COMMITTEE. THE COMMITTEE

REVIEWS DATA FROM VARIOUS SOURCES, INCLUDING OTHER LIKE ASSOCIATIONS, THIRD

PARTY CONSULTANTS, AND OTHER INDUSTRY DATA. THIS DATA HELPS TO DETERMINE

THE COMPENSATION AND THE COMMITTEE PROVIDES DOCUMENTATION OF THEIR

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Forus 990

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

Attach to Form 990.

2009
Open to Public Inspection

NATIONAL ASSOCIATION OF MANUFACTURERS Name of the organization Employer identification number OF THE UNITED STATES OF AMERICA 13-1084330 FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART VII, COL A EMILY DEROCCO IS THE PRESIDENT OF THE MANUFACTURING INSTITUTE, EDUCATIONAL FOUNDATION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS (NAM). ALTHOUGH SHE IS AN EMPLOYEE OF THE NAM, SHE WORKS EXCLUSIVELY FOR THE MANUFACTURING INSTITUTE AND HER COMPENSATION AND BENEFITS ARE REIMBURSED TO THE NAM BY THE MANUFACTURING INSTITUTE.

SCHEDULE R

Related Organizations and Unrelated Partnerships

600	to Public	pection
ั	Open	lnsk

Schedule R (Form 990) 2009 Employer identification number 13-1084330 OMB No. 1545-0047 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) NAM End-of-year assets status (if section Public charity 501(c)(3)) • Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section 冟 501(C)(3) ➤ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or DISTRICT OF COLUMBIA Legal domicile (state or foreign country) foreign country) NATIONAL ASSOCIATION OF MANUFACTURERS LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. OF THE UNITED STATES OF AMERICA Attach to Form 990, EDUCATIONAL FOUNDATION Primary activity Primary activity THE MANUFACTURING INSTITUTE - 52-1073576 1331 PENNSYLVANIA AVENUE, NW STE 600 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20004 Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Pert Part II

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA Schedule R (Form 990) 2009

Page 2 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 13-1084330

General or managing partner?	Yes			 	-		+		ated
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(cool illion) by								ad one or more rel
oortion-						_			ause it h
	<u> </u>	 					 +		34 bec
(g) Share of end-of-year assets									90, Part IV, line
(f) Share of total income									d "Yes" to Form 99
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related
(d) Direct controlling entity									Trust (Complete if the
Legal domicile (state or foreign country)									rporation or ax year.)
(b) Primary activity									anizations Taxable as a Co
(a) Name, address, and EIN of related organization									Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year,

(a)	(q)	(0)	(p)	(D)	(£)	(0)	(4)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct	Type of entity (C corp, S corp, or trust)	Share of total income	of ear s	Percentage ownership
MANUFACTURERS SERVICES INC 04-3769589							
1331 PENNSYLVANIA AVENUE NW STE 600	OFFERING NAM MEMBERS						
WASHINGTON, DC 20004	LOW-COST SERVICES	DC	N/A	CORP	24.795	64 671	1000
				†			
932162 02-04-10							

Schedule R (Form 990) 2009

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Schedule R (Form 990) 2009

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

Page 3

Make Con-14- End 27 11- 11- 11- 11- 11- 11- 11- 11- 11- 11				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	ŝ
		Į.		×
b Gift, grant, or capital contribution to other organization(s)		ŧ	×	
c Gift, grant, or capital contribution from other organization(s)		<u>-</u>	1	Þ
d Loans or loan quarantees to or for other organization(s)		2		4
		P.		×
e Loans of loan guarantees by other organization(s)		<u>e</u>		×
f Sale of assets to other organization(s)		91		×
g Purchase of assets from other organization(s)		= ;		1 >
h Exchance of assets		<u>Б</u> Г		4
		#		×
I Lease of racinties, equipment, or other assets to other organization(s)		=		×
		ť		,
		F		×
k Performance of services or membership or fundraising solicitations for other organization(s)		= =	þ	
		¥	4	ŀ
** Sharing of facilities are a mailtenance of the state o		=		×
		TH.	×	
n sharing of paid employees		1h	×	
o Reimbursement paid to other organization for expenses		0		×
p Reimbursement paid by other organization for expenses		2 5	×	
		-	1	
q Other transfer of cash or property to other organization(s)		,		Þ
r Other transfer of cash or property from other organization(s)				4
2 If the answer to any of the above is coet the instructions for information		-		×
The many of the above is the list uctions for information on who must complete this line, including covered relationships and transaction thresholds.	ction thresholds.			
(a) Name of other organization(s)	(a)	(၁)		
	I ransaction type (a-r)	Amount involved	volve	Ď.
(1) MANUFACTURING SERVICES, INC.				0
(2)				
(3)			ĺ	
(4)				
(6)	_			
932 183 02-04-10	Schec	Schedule R (Form 990) 2009	(066	2009

Page 4

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA Schedule R (Form 990) 2009

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

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

(a)	3						
(A)	(g)	(c)	9			(B)	Œ
ואבווופי, מטטופאגי, מוס בווא	Primary activity	Legal domicile	Are all partners	Share of end-of-		Code V-UBI	
OI entity		(state or foreign	organizations?	year assets	Ilocations?	amount in box 20 of Schedule K-1	managing partner?
		country)	Yes No		Yes No	(Form 1065)	ı ·
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Schedule R (Form 990) 2009

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY * Return or Organization Exempt From Income Tax

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

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

A	For th	e 2008 cal	endar year, or tax year beginning and ending		
В	Check if applicab	use IRS	C Name of organization NATIONAL ASSOCIATION OF MANUFACTURERS	D Employer identif	cation number
F	Addrochang Name	print or	OF THE UNITED STATES OF AMERICA Doing Business As	13-1	084330
Ē	Initlal returr Termi	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/sui 1331 PENNSYLVANIA AVENUE, NW 600	te E Telephone numbe	
Ē	— atlon ☐ Amer return		City or town, state or country, and ZIP + 4	G Gross receipts \$	41,299,035.
	Appli tion pendi		WASHINGTON, DC 20004-1790	H(a) Is this a group re	
_		F Nan	ne and address of principal officer:JOHN ENGLER 1 PENNSYLVANIA AVENUE NW, SUITE 600, WAS	for affiliates? H H(b) Are all affiliates inc	Yes X No
1	Tax-ex	empt statu	is: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
_			W.NAM.ORG	H(c) Group exemption	
				ar of formation: 1905 M	A State of legal domicile: NY
	art I	Summa			
& Governance	1		scribe the organization's mission or most significant activities: <u>TO ENHANC NUFACTURERS</u> BY SHAPING A LEGISLATIVE AND		
Ę	2		s box 🕨 📖 if the organization discontinued its operations or disposed of mo	re than 25% of its asset	
õ	3		f voting members of the governing body (Part VI, line 1a)		213
ಳ	4		findependent voting members of the governing body (Part VI, line 1b)		212
es	5	Total num	ber of employees (Part V, line 2a)	5	188
Activities	6		ber of volunteers (estimate if necessary)		. 0
Ac			s unrelated business revenue from Part VIII, line 12, column (C)		0.
	Ь	Net unrela	ted business taxable income from Form 990-T, line 34		0.
		ند. بطائد با	and and an Art (Dat VIII it and IV)	Prior Year 30,050,851.	Current Year
Revenue	8		ons and grants (Part VIII, line 1h)	1,633,800.	28,673,391.
Še	10		ervice revenue (Part VIII, line 2g)	1,953,810.	1,337,901.
쬬	11		t income (Part VIII, column (A), lines 3, 4, and 7d) unue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,790.	-4,053,554. 22,783.
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,649,251.	25,980,521.
			d similar amounts paid (Part IX, column (A), lines 1-3)	304,000.	23,700,321.
	14		aid to or for members (Part IX, column (A), line 4)	30170001	
Ø	1		ther compensation, employee benefits (Part IX, column (A), lines 5-10)	18,176,833.	18,245,722.
ıse			al fundraising fees (Part IX, column (A), line 11e)		
Expenses			raising expenses (Part iX, column (D), line 25)		
ш			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,999,512.	21,456,875.
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,480,345.	39,702,597.
	19		ess expenses. Subtract line 18 from line 12	-831,094.	-13,722,076.
Net Assets or Fund Balances				Beginning of Year	End of Year
SSE	20		ts (Part X, line 16)	28,093,745.	19,953,299.
절절	21		ties (Part X, line 26)	23,994,481.	30,538,926.
2 <u>.</u>	22 1 1 1		or fund balances. Subtract line 21 from line 20ure Block	4,099,264.	-10,585,627.
	## H			and to the heat of my knowledge	so and hallet It is true, compat
		and complete	ies of perjury, I declare that I have examined this return, including accompanying schedules and statements e. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg	e.	ge and belief, it is tide, correct.
Sig				1	
Her		Signa	iture of officer	Date	
HÇI	•	▶ RI	CHARD KLEIN, CFO	-21-	
			or print name and title		
n		Preparer's			r's identifying number
Paid Pran		signature	10/30/00/8	nployed (see ins	tructions 45066
	arer's Only	Firm's name yours if	OF JOHNSON LAMBERT & CO LLP	EIN ▶	
nag	Only	self-employe address, and	, to briting roughly bill its		
		ZIP + 4	RALEIGH, NC 27609	<u>Phone no.</u> ▶ 9 :	19-719-6400
May	the IF	RS discuss	this return with the preparer shown above? (see instructions)		X Yes No

Form **8868** (Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

III BIII DEV	Billio del vice			<u> </u>
If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			▶ 🗓
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	iorm).		
Do not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously file	ed For	n 8868.	
Part I		_	·	
A comor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
Part I on				▶ └
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an			
to file ind	ome tax returns.			
Electron noted be (not auto	ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensio slow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ornatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cort submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing gov/efile and click on e-file for Charities & Nonprofits.	sany n nsolida	ted Form 99	0-T. Instead.
		Emple	ver identif	ication number
Type or	Name of Exempt Organization NATIONAL ASSOCIATION OF MANUFACTURERS		,	
print	OF THE UNITED STATES OF AMERICA	1:	3-1084	330
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			
due date fo filing your return. See	1331 PENNSYLVANIA AVENUE, NW, NO. 600		_	
instructions		_		
Check t	ype of return to be filed(file a separate application for each return):			
X Fo	orm 990 Form 990-T (corporation) Form 47	20		
_	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27		
=	orm 990-EZ Form 990-T (trust other than above) Form 60	69		
	orm 990-PF	370		
	THE ASSOCIATION			
• The l	pooks are in the care of ▶ 1331 PENNSYLVANIA AVENUE NW #600 - WASH	ING	ron, D	C 20004
Teler	ohone No. ▶ 202-637-3000 FAX No. ▶			
• If the	organization does not have an office or place of business in the United States, check this box			
• If this	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	is is fo	the whole	group, check this
hov -	. If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the exte	ension will cover.
1 li	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt $AUGUST 17, 2009$, to file the exempt organization return for the organization named a	iil above.	The extensi	on
	for the organization's return for:			
	→ X calendar year 2008 or			
	tax year beginning, and ending		.) *	
2 lf	this tax year is for less than 12 months, check reason: Initial return		Change in a	accounting period
	W. W. A. E. WOOD DE COO. T. 4700 or 6000 enter the tentative tay loca any	T		<u> </u>
n	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any onrefundable credits. See instructions.	За	\$	<u></u>
b If	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	1		
ta	ex payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c E	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,			
	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			•
	ee instructions.	3c	\$	N/A
		0070	E() for now	nont inethiotions
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	100/9	co for payr	HELTE HISTINGUIS.
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form	8868 (Rev. 4-2009

form 8868 (Rev. 4-2009)			Page 2
	٠.,,	v - 54 14 - 7 - 7 -	▼
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed i	Form 8	868.	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
- Harlo of Exempt organization	Empl	oyer ident	ification number
MILIONIA MODOCINIZATION OF PERSON AND PROPERTY OF PERSON AND PROPERTY OF PERSON AND PROPERTY OF PERSON AND PER	1:	3-1084	4330
Number, street, and room or suite no. If a P.O. box, see instructions.			
etum. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Check type of return to be filed (File a separate application for each return): X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= -		Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly file	d Form 88	68.
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I request an additional 3-month extension of time until NOVEMBER 16, 2009. For calendar year 2008, or other tax year beginning If this tax year is for less than 12 months, check reason: I initial return Final return	is for	the whole ers the extended	ension is for.
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	ВЬ	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	$\neg \uparrow$		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	Вс	\$	N/A_
you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			
0.09	Date	8	12/09
organization - Transport - Tra			

	NATION ASSOCIATION OF MANUFACTUR 5
orm	990 (2008) OF THE UNITED STATES OF AMERICA 13-1084330 Page 2
Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	TO ENHANCE THE COMPETITIVENESS OF MANUFACTURING BY SHAPING A
	LEGISLATIVE AND REGULATORY ENVIRONMENT CONDUCIVE TO U.S. ECONOMIC
	GROWTH AND TO INCREASE UNDERSTANDING AMOUNG POLICYMAKERS, MEDIA AND
	THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF MANUFACTURING TO AMERICA'S
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	16 "Man" describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes", describe these changes on Schedule O.
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to others, the total expenses, and revenue, if any, for each program of the reporter.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ POLICY & EXTERNAL AFFAIRS DIVISION: REPRESENTS AND COORDINATES
	ASSOCIATION COMMITTEES, SUBCOMMITTEE, AND TASK FORCES ON REGULATORY AND
	ASSOCIATION COMMITTEES, SUBCOMMITTEE, AND TABLE FORCED OF REGERENCE
	LEGISLATIVE ISSUES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	MARKETING & MEMBERSHIP DIVISION: RECRUITS AND RETAINS MEMBERS,
	COORDINATES MEMBER RELATIONS AT LOCAL AND NATIONAL LEVEL. HOLDS
	NUMEROUS MEETINGS, PUBLISHES AND SELLS NEWSLETTERS AND PUBLICATIONS TO
	MEMBERS AND NONMEMBERS.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses including grants of \$) (Revenue \$ COMMUNICATION DIVISION: A CLEARINGHOUSE OF INFORMATION FOR MEMBERS AND
	PUBLISHES NEWSLETTERS TO MEMBERS.
	PUBLISHES MEMBLETIERS TO MEMBLEO.
	<u> </u>
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

(Must equal Part IX, Line 25, column (B).)

Form **990** (2008)

(Expenses \$

4e Total program service expenses ▶\$

OF THE UNITED STATES OF AMERICA

Part W Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and X 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II...... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 X If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was 12 X 12 prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity X 15 located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 Х 16 located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 X Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. X 24a If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a 25b prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial 27 X contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

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Part IV Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV 28a b Have a family member who had a direct or indirect business relationship with the organization? Х 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 30 X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? X 34 If "Yes." complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х 35 If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2008)

13-1084330 OF THE UNITED STATES OF AMERICA Page 5 Form 990 (2008) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 50 1a U.S. Information Returns. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 188 filed for the calendar year ending with or within the year covered by this return ________2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2ь Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?_______ c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7g** 7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A 10 a Initiation fees and capital contributions included on Part VIII, line 12

12a

Section 501(c)(12) organizations. Enter: N/A

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A...

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Form 990 (2008)

Internal Revenue Code.)

NATION OF THE UNITED STATES OF AMERICA Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the

Sec	tion A. Governing Body and Management		Yes	No
	to the circumstances		105	140
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	m		***
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	X	
	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х
	of officers, directors or trustees, or key employees to a management company or other person?	4		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	Х	
6	Does the organization have members or stockholders?			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	X	
	governing body?	7b	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	8a	X	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	9a		X
9a	Does the organization have local chapters, branches, or affiliates?	- Ja		
b	" does the organization have written policies and procedures governing the activities of such chapters, affiliates,	9b		
	and branches to ensure their operations are consistent with those of the organization?	90	_	+
10	West a serve of the Form 900 provided to the organization's governing body before it was filled? All organizations must	10	1	X
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	the arrange officer, director or trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the	11		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			1
Sec	ction B. Policies		Yes	No
		12a		1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	1-4		
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b		Х
	to conflicts?	<u> </u>		\top
Q	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c		Х
	in Schedule O how this is done	13	X	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?	1	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, compercipility data, and contemporaneous substantiation of the deliberation and decision:	15a	Х	
ē	The organization's CEO, Executive Director, or top management official?	15b	X	+-
ı	Other officers or key employees of the organization?	100	1	
	Describe the process in Schedule O. (see instructions)		1	
16;	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
	to the making device the year?	100		
1	by It Was I have the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	is joint yearture arrangements under applicable federal tax law, and taken steps to safeguard the organization s	16b		
	exempt status with respect to such arrangements?	100		'
Se	ction C. Disclosure			
17	NONE	la far		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (50 1(c)(5)5 0 lly) available	ie ioi		
	public inspection. Indicate how you make these available. Check all that apply.			
	Complete Another's website X Upon request			, I
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and iir	iai iCla	u
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	_	
	THE ASSOCIATION - 202-63/-3000			
	1331 PENNSYLVANIA AVENUE NW STE 600, WASHINGTON, DC 20004	F	OO	0 (200)

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

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

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

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

Check this box if the organization did not	(B)	_		(0	>)			(D)	(E)	(F)
Name and Title	Average			Posi			k A	Reportable	Reportable compensation	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated the employee		compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CHARLES BUNCH										
BOARD MEMBER	1.00	X			L			0.	0.	0.
MICHAEL CAMPBELL										0
BOARD MEMBER	1.00	X	_	ļ		<u> </u>		0.	0.	0.
JOHN LUKE				1						^
BOARD MEMBER	1.00	X				↓	_	0.	0.	0.
KARLA F. AARON		l							_	_
BOARD MEMBER	1.00	X	_	_		_	<u> </u>	0.	0.	0.
GERARD M. ANDERSON								_		0.
BOARD MEMBER	1.00	X	<u> </u>	ļ. <u>.</u>		-		0.	0.	<u> </u>
MARY ANDRINGA		l			ļ	1		_	0.	0.
BOARD MEMBER	1.00	X	<u> </u>	├		-		0.		
JACQUES ASCHENBRIOCH	1 00								0.	0.
BOARD MEMBER	1.00	X	-	┝		╀		0.		
STAN A. ASKREN	1 00	١,,						0.	0.	0.
BOARD MEMBER	1.00	X	 	┢	-	╀	-	<u> </u>	- 0.	
ALEX M. AZAR	1 00	\ _U	1		1	1		0.	0.	0.
BOARD MEMBER	1.00	X	├	╆	<u> </u>	+	-			
BRENT BAGLIEN	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	┞≏	 	\vdash	 	+				
TIM BAILEY	1.00	x						0.	0.	0.
BOARD MEMBER WILLIAM H. BELDEN	1.00	A	-	\vdash	\vdash	\vdash	\vdash			
BOARD MEMBER	1.00	x			İ			0.	0.	0.
RICHARD BELL	1.00		\vdash	H	-	\vdash	┢			
BOARD MEMBER	1.00	x		1				0.	0.	0.
MICHAEL L. BENNETT	1.00	 		 	+	+	 		-	
BOARD MEMBER	1.00	x						0.	0.	0.
ROLF BIEKERT						\vdash			-	
BOARD MEMBER	1.00	$ _{\mathbf{X}}$	1					0.	0.	0.
RONALD W. BOLES							Γ			
BOARD MEMBER	1.00	X			\perp	\perp	L.	0.	0.	0.
GREGORY H. BOYCE										
BOARD MEMBER	1.00	X					L	0.	0.	0 .

13-1084330 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (D) (F) Name and title Average Position Reportable Reportable Estimated (check all that apply) compensation hours compensation amount of per from from related other ndividual trustee or director week the organizations compensation organization (W-2/1099-MISC) from the Institutional trustee (W-2/1099-MISC) organization Key employee and related organizations ANGELO BRISIMITZAKIS Х 0. BOARD MEMBER 1.00 0. 0. MICHAEL J. BULLINGER BOARD MEMBER 1.00 X 0. 0. 0. RONALD D. BULLOCK 0. BOARD MEMBER 1.00 0. 0. URSULA BURNS BOARD MEMBER 1.00 X 0. 0. 0. BARRY CALDWELL 0. BOARD MEMBER 1.00 X 0. 0. LEONARD J. CALI 0. BOARD MEMBER 1.00 X 0. 0 SUSAN CAPPS MORRIS BOARD MEMBER 0. 0. 1.00 | X 0. A. BRUCE CLARKE 0. 1.00 X 0. 0. BOARD MEMBER KEN W. COLE 0. BOARD MEMBER 1.00 X 0. 0. CHRISTOPHER M. CONNOR 1.00 X 0. 0. BOARD MEMBER 0. 0. 576,699. Total number of individuals (including those in 1a) who received more than \$100,000 in reportable 51 compensation from the organization Yes No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

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

the organization? If "Yes," complete Schedule J for such person

4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to 5 X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DCI GROUP LLC, 2401 W. BERHREND DRIVE, STE	CONSULTING & MEDIA	
7, PHOENIX, AZ 85027	FEES	2,543,079.
WILEY REIN LLP		
1776 K STREET NW, WASHINGTON , DC 20006	LEGAL WORK	618,188.
FLEISHMAN-HILLARD INC.	**	
4706 PAYSPHERE CIRCLE, CHICAGO, IL 60674	CONSULTING	402,500.
NATIONAL ECONOMIC RESEARCH ASSOCIATES, INC.		
PO BOX_29677, NEW YORK, NY 10087-9677	CONSULTING	375,110.
HUNTON & WILLIAMS		
PO BOX 18936, WASHINGTON, DC 20036	CONSULTING	183,585.
2 Total number of independent contractors (including those in 1) who received more	re than \$100,000 in compensation	

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

X

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NATION ASSOCIATION OF MANUFACTUR 3
OF THE UNITED STATES OF AMERICA

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Form 990 (2008)

Form 990 (2008) Statement of Revenue Part VIII (D) Revenue excluded from (C) (B) (A) Related or Unrelated Total revenue tax under sections 512, 513, or 514 business exempt function revenue revenue 1 a Federated campaigns Contributions, gifts, grants and other similar amounts 1ь 26596647. b Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 2076744. similar amounts not included above Noncash contributions included in lines 1a-1f. \$_ 28673391 h Total. Add lines 1a-1f Business Code 515,134. 515,134. 2 a MEMBER PROGRAMS Program Service Revenue 443,180. 443,180. **b** AFFILIATION FEES 338,680. 338,680. e MEETINGS 40,907. 40,907. d PUBLICATIONS f All other program service revenue $\rightarrow 1,337,901$ g Total. Add lines 2a-2f Investment income (including dividends, interest, and 426,749. 426,749 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 10838211 assets other than inventory b Less: cost or other basis 15318514 and sales expenses -4480303. -4480303. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses ______b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances ______a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 22,783. 22,783. 11 a MISCELLANEOUS d All other revenue 22,783. e Total. Add lines 11a-11d 0. 449,532. 25980521. -3142402. Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

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Part K Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are r	not required to comp	lete columns (B), (C), an	d (D).
Do n	ot 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
	Grants and other assistance to governments and	-			viis — Linsan
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	1			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				and the second s
5	Compensation of current officers, directors,	0 010 407			
	trustees, and key employees	2,818,427.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	12 046 200		 	
7	Other salaries and wages	13,846,280.			
8	Pension plan contributions (include section 401(k)	E 6 5 5 5 1			
	and section 403(b) employer contributions)	565,355.			
9	Other employee benefits	1,017,471. -1,811.			
10	Payroll taxes	-1,011-			
11	Fees for services (non-employees):				
a	Management	672,820.			
b		57,395.			
c	Accounting	37,393.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,538,433.			
9		24,364.			
12	Advertising and promotion	1,388,080.			
13	Office expenses	1/300/0001			
14	Information technology				
15	Royalties	2,788,887.			
16	Occupancy	1,106,446.			
17	Travel	1/100/1100			
18	Payments of travel or entertainment expenses	3,569.			
	for any federal, state, or local public officials	692,815.			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	317,305.			
22		172,960.			
23	Insurance Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled				
	expenses shown on line 25 below.)	7,831,565.			
	ADDITIONAL DENSION EXPE	1,030,136.			
	MEMBERCHID DIES	283,395.			ļ
	COMMUNICATIONS	244,300.			ļ <u> </u>
	CURCONTOMS	235,288			
		69,117.			
	f All other expenses	39,702,597.			<u> </u>
<u>25</u>	is fall auding				
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
_	concanonal campaign and ionarianing sonotation				Form 990 (2008)

NATION

	<u>lai</u>	Dalarice Officer			(A) Beginning of year			B) of year	r
 -		O all and the sales			452,899.	1			246.
	-	Cash - non-interest-bearing			7,516,454.	2			413.
	2	Savings and temporary cash investments	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3					
ļ	3	Pledges and grants receivable, net Accounts receivable, net		2,018,735.	4	2,3	34,	503.	
	4								
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L				5			
	6	Receivables from other disqualified persons (as							
ļ	U	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				1			
		Part of Schedule L				6			
	7	Notes and loans receivable, net		I		7			
Assets	8					8			
Asi	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis			188,167.	9	3	73,	605.
ļ		Land, buildings, and equipment: cost basis	10a	7,539,035.	= 11				
		Less: accumulated depreciation. Complete	1			ì			
		Part VI of Schedule D	10b	6,741 <u>,436</u>	942,221.				599.
l	11	Investments - publicly traded securities			16,930,769.	11	11,8	38,	933.
1	12	Investments - other securities. See Part IV, line				12			
	13	Investments - program-related. See Part IV, line				13			
	14	Intangible assets				14		1 =	000
	15	Other assets. See Part IV, line 11			44,500.	15	10 0		000.
1	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	28,093,745.	16			299.
	17	Accounts payable and accrued expenses			1,837,461.	17		<u> </u>	798.
	18	Grants payable			10 707 267	18_	12 1	F 0	227
	19	• •			12,727,367.	19	13,1	39,	337.
	20	Tax-exempt bond liabilities				20			
S.	21				——————————————————————————————————————	21			
Liabilities	22								
jab		highest compensated employees, and disqualified persons. Complete Part II				22	i		
		of Schedule L			<u> </u>	23		_	
	23					24	-		
	24	Unsecured notes and loans payable Other liabilities. Complete Part X of Schedule D			9,429,653.	25	16,7	21.	791.
	25				23,994,481.	26			926.
	26_	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h			I Sale I I I I I I I I I I I I I I I I I I I				
1			eic P	Lil did complete					
Ses		lines 27 through 29, and lines 33 and 34. Unrestricted net assets			188,280.	27	-12,3	375,	437.
<u>la</u>	27	Temporarily restricted net assets			3,910,984.	28_	1,7	89,	810.
<u>B</u> a	28 29					29			
Ę	29	Organizations that do not follow SFAS 117, o						III TY	
Net Assets or Fund Balances		complete lines 30 through 34.	•						
ts c	30	Capital stock or trust principal, or current funds		,,		30	<u> </u>		
SSe	31	Paid in or capital surplus, or land, building, or e				31			
ž.	32	Retained earnings, endowment, accumulated in	ncome,	or other funds		32	10 1	-0-	<u> </u>
ž	33	Total net assets or fund balances			4,099,264.	33	-10,5		
	34	Total liabilities and net assets/fund balances			28,093,745.	34	19,5	133,	299.
Pa	rt XI	Financial Statements and Reporting						Ye	es No
				. 🐨	٠		-		
1	Acc	ounting method used to prepare the Form 990:	C	ash X Accrual	J Other		2	a	X
2a	Wer	e the organization's financial statements compile	d or rev	riewed by an independent	accountant?		2		X
b	Wer	e the organization's financial statements audited	by an I	ndependent accountant?	nsibility for oversight of th	e audi	it.		
C	If "Y	es" to lines 2a or 2b, does the organization have ew, or compilation of its financial statements and	a comi	nictee that assumes respo on of an independent scco	ountant?			c_	
_	revie	ew, or compliation of its financial statements and a result of a federal award, was the organization re	a oio ulk Antirad	to undergo an audit or au	dits as set forth in the Sin	gle Au	ıdit		
38	AS S	and OMB Circular A-133?	Jan 80	to minerally and manufact at the			<u>3</u>	a	X
L	ACI.	and Omb Original A-1001	udit or s	udits?	***************************************	<u></u> .	3		
	b If "Yes," did the organization undergo the required audit or audits? Form 9						90 (2008)		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number

13-1084330

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(6) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		s covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes ad a Special Rule. See instructions.)			
General	Rule				
X	For organizations f	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.			
Special	Rules				
	509(a)(1)/170(b)(1)	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections (A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the 90, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.			
	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	\$1,000. (If this box etc., purpose. Do	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, is for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.)			
they mu	n. Organizations the	at are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

	7			
age		of	О	of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1			Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$27,500.	Person X Payroll
(a)	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
4		s <u>1,162,650.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) . Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_5		\$115,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$ 35,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$10,000.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$26,352.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	realite, accircas, and Eli V V	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer Identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		s	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$ 125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20	Name, address, and ZIF + +	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer Identification number

Part I	Contributors (see instructions)		<u> </u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		<u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number 13–1084330

Mart I	Contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32		\$110,256.	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			1 1 107 - 11
	e of organization NATIONA	L ASSOCIATION OF	MANUFACTUR	ERS Em	oloyer identification number
	OF THE	UNITED STATES OF	AMERICA		13-1084330
Pa	rt A To be completed by	all organizations exem	pt under section	501(c) and section :	527 organizations.
	See the instructions for S	chedule C for details.			
1	Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.	
9	Political expenditures				\$3,569 <u>.</u>
3	Volunteer hours				0.
•					
D.	rt I-B To be completed by	all organizations exem	pt under section	501(c)(3).	
	Can the instructions for S	chadule C for details			<u> </u>
-	Enter the amount of any excise tax	incurred by the organization und	der section 4955	.	\$
,	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5	•
2	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?	***************************************	Yes No
J.	Was a correction made?				Yes No
	rt I-C To be completed b	y all organizations exem	pt under section	501(c), except sect	on 501(c)(3).
	See the instructions for S				
4	Enter the amount directly expended	t by the filing organization for se	ction 527 exempt fund	ction activities	\$3,569.
1	Enter the amount of the filing organ	ization's funds contributed to ot	ther organizations for s	section 527	_
2	exempt function activities	ization a latta dollar as a		>	\$0.
2	Total of direct and indirect exempt	function expenditures. Add lines	s 1 and 2 and enter he	re and on	
3	Form 1120-POL, line 17b	idionor experience con the inter-		>	\$3,569.
	Did the filing organization file Form	1120-POL for this year?			X Yes No
4	State the names, addresses and en	polover identification number (E	IN) of all section 527 p	political organizations to wi	nich payments were made.
9	Takes the amount poid and indicate	if the amount was paid from the	e filing organization's t	unds or were political con-	LIDUTIONS LACEIAGE STILE
	promptly and directly delivered to a	separate political organization,	such as a separate se	egregated fund or a politica	al action committee (PAC).
	If additional space is needed, provi	de information in Part IV.			
_		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(5) / (55)	(-7	filing organization's	contributions received and
				funds. If none, enter -	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
_					
_					
_					
_		 			
_					

N ONAL ASSOCIATION OF MANUE TURERS

Schedule C (Form 990 or 990-EZ) 2008 Part II-A To be completed by	OF THE UNI	TED STATES	OF AMERICA	13-1	L084330 Page 2
(election under sect	organizations e	seinpt under set	sedule C for details	ined i omi 570	•
			leddie O (O) details.		
	-	iated group. id "limited co <u>ntrol" pro</u>	visions annly		
Limits	s on Lobbying Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		Ţ
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	O plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (ent					
h Subtract line 1g from line 1a. Enter					
i Subtract line 1f from line 1c. Enter					
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiz	ation file Form 4720		—
reporting section 4911 tax for this	/ear?				Yes No
(Some organiza column	ations that made a s	raging Period Under ection 501(h) electio tructions for lines 2a	Section 501(h) n do not have to comp a through 2f of the inst	lete all of the five ructions.)	
			ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount				····	
b Lobbying ceiling amount	5 W. 55				
(150% of line 2a, column(e))				· · · · · · · · · · · · · · · · · · ·	
c Total lobbying expenditures					
d Creaments non-toyable amount					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))			# - 1		
		1			

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

13-1084330 Page 3

Schedule C (Form 990 or 990-EZ) 2008 OF THE UNITED STATES OF AMERICA 13-1084330 P

Part 1-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

L	(a)		(b)		
	Yes	No	Ame	ount	
During the year, did the filing organization attempt to influence foreign, national, state or		************			
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			<u> </u>		
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
· ·					
				· · · · · · · · · · · · · · · · · · ·	
·			_		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	-			<u> </u>	
i Other activities? If "Yes," describe in Part IV					
j Total lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		en robs			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A To be completed by all organizations exempt under section 501(c)(4),	section 5	i01(c)(5	, or sect	ion	
501(c)(6). See the instructions for Schedule C for details.					
			Yes	No	
Were substantially all (90% or more) dues received nondeductible by members?				Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	X		
Part III-B To be completed by all organizations exempt under section 501(c)(4), s		01(c)(5			
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details.	f Part III-	01(c)(5) A, ques	tion 3 is		
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members	f Part III-	01(c)(5) A, ques			
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	f Part III-	01(c)(5) A, ques	tion 3 is		
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	f Part III- al	01(c)(5 A, ques	tion 3 is	L,570	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	f Part III-	501(c)(5) A, ques	29,091	L,570	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	f Part III-	501(c)(5) A, ques 1 2a 2b	29,091 7,455 -548	5,664 3,182	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	f Part III-	501(c)(5) A, ques 1 2a 2b 2c	7,455 -548	5,664 3,182 7,482	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	f Part III-	501(c)(5) A, ques 1 2a 2b 2c	7,455 -548	5,664 3,182 7,482	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members. 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	f Part III-	501(c)(5) A, ques 1 2a 2b 2c	7,455 -548	5,664 3,182 7,482	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions.	f Part III- al ss	501(c)(5) A, ques 1 2a 2b 2c 3	7,455 -548 6,907	5,664 3,182 7,482 3,314	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polypenditure next year?	f Part III- al ss	501(c)(5) A, ques 1 2a 2b 2c 3	7,455 -548 6,907	5,664 3,182 7,482 3,314	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	f Part III- al ss	501(c)(5) A, ques 1 2a 2b 2c 3	7,455 -548 6,907	5,664 3,182 7,482 3,314	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	F Part III- al	2a 2b 2c 3	7,455 -548 6,907 5,818	5,664 3,182 7,482 3,314	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	F Part III- al	2a 2b 2c 3	7,455 -548 6,907 5,818	5,664 3,182 7,482 3,314	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and r any additional information.	F Part III- al	2a 2b 2c 3	7,455 -548 6,907 5,818	5,664 3,182 7,482 3,314	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and	F Part III- al	2a 2b 2c 3	7,455 -548 6,907 5,818	5,664 3,182 7,482 3,314	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and r any additional information.	F Part III- al ss ss littical	2a 2b 2c 3 4 5	7,455 -548 6,907 5,818	5,664 3,182 7,482 3,314 9,168	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) 2 Supplemental Information 2 Supplemental Information 2 Supplemental Information 3 ART I—A, LINE 1:	F Part III- al ss ss litical Part II-B, li	501(c)(5) A, ques 1 2a 2b 2c 3 4 5 me 1i. Also	7,455 -548 6,907 5,818 1,089	5,664 3,182 7,482 3,314 9,168 this part	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) 2	FPart III- al ss ss litical Part II-B, Iii	501(c)(5) A, ques 1 2a 2b 2c 3 4 5 me 1i. Also	7,455 -548 6,907 5,818 1,089	5,664 3,182 7,482 3,314 9,168 this part	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if answered "Yes." See Schedule C instructions for details. 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polypoing expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) art IV Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and reany additional information. ART I-A, LINE 1: HE NATIONAL ASSOCIATION OF MANUFACTURERS HOSTED EVENT	FPart III- al ss ss slitical Part II-B, Iii	501(c)(5) A, ques 1 2a 2b 2c 3 4 5 me 1i. Also	7,455 -548 6,907 5,818 1,089	5,664 3,182 7,482 3,314 9,168 this part	

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number 13–1084330

Pa	et Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		istorically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a co	nservation easement on the last day
	of the tax year.		The state of the s
	•		Held at the End of the Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
3	Number of conservation easements modified, transferred, rele		
	year >	adout, orthigological, or terminated by the	to organization during the taxable
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		and
	enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · ·	
6	Staff or volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	- •	
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	-	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
		-	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and l	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pr	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	•	
b	If the organization elected, as permitted under SFAS 116, to r	eport in its revenue statement and bala	nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, or		
	these items:		, , , , , , , , , , , , , , , , , , , ,
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
a	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
			· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2008

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	III Organizations Maintaining Colle)
3	Using the organization's accession and other rec	ords, check any	of the fo	ollowing the	at are a signific	ant use	of its co	llection ite	ກຣ (chec	k ail	
	that apply):										
а	Public exhibition	d	L	oan or exc	hange progra	ms					
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's collec-	tions and explair	how th	ey further t	he organizatio	n's exen	npt purp	ose in Parl	XIV.		
5	During the year, did the organization solicit or rec	eive donations	of art, his	storical trea	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be mainta								Yes		No
Par	Trust, Escrow and Custodial Arreported an amount on Form 990, Part X,	_	. Comple	ete if organ	ization answe	red 'Yes	" to Forn	n 990, Par	t IV, line s	or 	
1a	ls the organization an agent, trustee, custodian on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV and	complete the fo	llowing t	able:							
									Amount		
c	Beginning balance						. 1c				
d	Additions during the year						. 1d		_		
	Distributions during the year										
	Ending balance							_ <u></u> _	_		
	Did the organization include an amount on Form							L	Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete if org	anization answe	red "Yes	s" to Form !	990, Part IV, li	ne 10.					
	(a)	Current year	(b) P	rior year	(c) Two years	s back {	d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										· · · · · · · · · · · · · · · · · · ·
	Contributions										
	Investment earnings or losses						· · · · · · · · · · · · · · · · · · ·				
d	Grants or scholarships						111,000				
е	Other expenditures for facilities										
	and programs				1						******
f	Administrative expenses									- 	
g	End of year balance										
2	Provide the estimated percentage of the year en-	d balance held a	ıs:								
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c	Term endowment ▶%	_									
	Are there endowment funds not in the possession	n of the organiz	ation tha	t are held a	and administer	red for th	ne organ	ization			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations	,							3a(ii)		ļ
b	If "Yes" to 3a(ii), are the related organizations list	ed as required o	n Sched	dule R?					3b		<u></u>
4	Describe in Part XIV the intended uses of the org					_					
Par	t VI Investments - Land, Buildings,	and Equipm	ent. Se	e Form 990), Part X, line 1	10.					
	Description of investment	(a) Cost or o basis (investr			t or other (other)	(c) De	epreciati	on	(d) Boo	k valu	ie
1a	Land										
ь	Buildings					_	4-2-			1 -	
c	Leasehold improvements				34,426.		43,2				10.
d	Equipment			6,25	4,609.	5 <u>,7</u>	98,2	20.	4 <u>5</u>	6, 3	<u> 89.</u>
	Other										
	. Add lines 1a-1e. (Column (d) should equal Form	990, Part X, coll	ımn (B),	line 10(c).)				<u>. ▶ </u>	<u>79</u>	7,5	99.

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Part VI	Investments - Other Securities. Se	e Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: ear market value
Financial c	derivatives and other financial products	·		
	d equity interests	_		
Other	a squity interests			
Other				
-		-		
	···			<u> </u>
		<u> </u>	 	

	····			
_				
Total. (Col	(b) should equal Form 990, Part X, col (B) line 12.)			
Part VI	Investments - Program Related. S	ee Form 990, Part X, line	= 13.	
	(a) Description of investment type	(b) Book value		of valuation: ear market value
		-		

		 -		
	200 B AV (17) E 401 B			
	(b) should equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line	Description		(b) Book value
	(4)	Description		-
-				
-				
				
	. <u></u>			
-				
				
Total. (Co	iumn (b) should equal Fo <u>rm 990, Part X, col (B)</u> i	ine 15.)		>
Part X	Other Liabilities. See Form 990, Part X	, line 25.		CONTRACTOR OF THE CONTRACTOR O
	(a) Description of liability		(b) Amount	
Federal in	come taxes			
	RED RETIREMENT		2,287,054.	
	ED POST-RETIREMENT BENEF	TIT COST	1,084,102.	
	ED COMPENSATION		2,232,277.	
	ED PENSION LIABILITY		11,118,358.	
	and the second s			
			91177	
			16 721 701	
Total. (Co	iumn (b) should equal Form 990, Part X, col (B)	ine 25.)	16,721,791.	

Pa	Reconciliation of Change in Net Assets from Form 990 to	Financ	ial Statements	10 1001	ood Tage T
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments				•
5	Donated services and use of facilities				
6	Investment expenses			-	
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4-8				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				
Pai	TXII Reconciliation of Revenue per Audited Financial Stateme			Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a			
Ь	A AMOUNT CONTRACTOR OF THE PROPERTY OF THE PRO			7	
c	Recoveries of prior year grants				
d				7 1	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)			1 = 1	
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			—	
	t XIII Reconciliation of Expenses per Audited Financial Stateme				
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Losses reported on Form 990, Part IX, line 25			7	
d	Other (Describe in Part XIV)	[I			
				2e	
3	Subtract line 2e from line 1			3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	
	* XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	I, lines 1a	and 4; Part IV, lines	1b and 2b; Part	V, line 4; Part

SCHEDULE J (Form 990)

Compensation Information

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

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

Pa	ut Questions Regarding Compensation			
			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,			5.150
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	- 123		
	X First-class or charter travel			
	X Travel for companions Payments for business use of personal residence	TITE,		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	=1,111		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			S0
_	CEO/Executive Director. Check all that apply.			1.00
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			}
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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:			
а	The organization?	5a		
	Any related organization?			
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	=.		
а	The organization?	6a	F.0	
	Any related organization?	l AL		
	If "Yes" to line 6a or 6b, describe in Part III.			
7				
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
-	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III			

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

Schedule J (Form 990) 2008

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Page 2

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII. Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

1777		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	ê.	(E)	E
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
1	8	778,750.	257,000.	5,600.	288,440.	0	1,329,790.	0
JOHN ENGLER	Ξ	0		0	0	0	0	0
	8	436,800.	10,000.	-1,755.	13,869.	6,421.	465,335.	0
JAY TIMMONS	€	0	0.	0.	.0	0	0	0
	Ξ	291,200.	10,000.	-9,401.	13,973.	18,857.	324,629.	0
LEANNE WILSON	Ξ	- 1	0	0.	0	0	0	0
	€	253,334.	10,000.	-1,256.	13,362.	7,148.	282,588.	0
RICHARD KLEIN	Ξ	- 1	0	0	0	• 0	0	0
	€	184,748.	2,50	-1,86	11,339.	6,302.	203,025.	0
DANA COLE	▣	0			0	0	0	0
	Ξ	142,000.	169,666.	-8,924.	16,583.	18,536.		0
JEFFREY PIERCE	€	- 1		0.	0	0	0	0
	Ξ	158,137.	122,213.	-1,388.	18,371.	6,421.		0
ANN HEINS	8	0	0	0	0.	0.	0	0
	8	220,210.	0 •	-1,31	17,616.	• 0	236,510.	0
ARIC NEWHOUSE	8	0	0		0.	0	0	0
	8	254,176.	7,250.	-4,951.	16,193.	6,421.	279,089.	0
JAN AMUNDSON	€	0		0	0	.0	0	0
	8	92,658.	148,964.	-4,020.	21,524.	18,857.	277,983.	0
JERRY HODGE	E		0	0	- 1	0	0	0
	8	213,173.	10,000.	210.	7,500.	6,230.	237,113.	0
EMILY DEROCCO		0	0	0		0		0
	8	193,183.	0	9-	11,815.	0.	204,932.	0
FRANK VARGO	€	- 1	0		0	- 1		0
	Ξ	186,088.	3,500.	-5,113.	12,385.	18,536.	215,396.	0
DOROTHY COLEMAN	8	0	0	0	0.	0.	0	0
	Ξ							
	€							
	8							
	8							
	8							
	Ξ							

Schedule J (Form 990) 2008

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Page 3

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Schedule J (Form 990) 2008
Part III Supplemental Information

y any additional information.	
and 8. Also complete this part for	
is 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7,	
criptions required for Part I, lin	
iformation, explanation, or des	
Complete this part to provide the in	

PART I, LINE 4B: JOHN ENGLER, 457 PLAN, \$275,000

		l.								
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i										
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Schedule J (Form 990) 2008

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D									t Compensated	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl		call t			ly)	compensation	compensation	amount of
	per				-			from	from related	other
	week	_				ea co		the	organizations	compensation
		acto						organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		Bord	22			Safted		(M-5/1099-MISC)	!	and related
		Individual trustae or director	nstitutional trustee		32	Highest compensated employee				organizations
		duat	ution	 -	oldma	est	25			_
		를	instit	Officer	Keye	흏	Form			
JOHN W. CONWAY										
BOARD MEMBER	1.00	X						0.	0.	0.
LEN COOPER										
BOARD MEMBER	1.00	X						0.	0.	0.
DAVID M. CORDANI										
BOARD MEMBER	1.00	X						0.	0.	0.
SIGMUND L. CORNELIUS										
BOARD MEMBER	1.00	Х						0.	0.	0.
STEVEN A. COSSE										
BOARD MEMBER	1.00	X						0.	0.	0.
PAUL CUNNINGHAM										
BOARD MEMBER	1.00	X						0.	0.,	0.
WILLIAM G. CURRIE									-	-
BOARD MEMBER	1.00	X						0.	0.	0.
WALTER P. CZARNECKI									-	
BOARD MEMBER	1.00	Х						0.	0.	0.
DARL DAVIDSON	•									
BOARD MEMBER	1.00	Х						0.	0.	0.
PETER DAVIDSON										
BOARD MEMBER	1.00	Х						0.	0.	0.
BRUCE DAVIS										
BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN J. DEMETRIOU		[
BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT D. DIXON								•		
BOARD MEMBER	1.00	Х						0.	0.	0.
MARK T. DOBBINS										
BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM H. DOWNEY										
BOARD MEMBER	1.00	Х				<u></u>		0.	0.	0.
RICHARD M. DOYLE										
BOARD MEMBER	1.00	X						0.	0.	0.
BRETT S. DUGAN								1	_	
BOARD MEMBER	1.00	X		$oxed{oxed}$				0.	0.	0.
ARTHUR J. DYER		İ								
BOARD MEMBER	1.00	Х						0.	0.	0.
THOMAS V. EASTERDAY										
BOARD MEMBER	1.00	Х						0.	0.	0.
DOUGLAS ENGEL										_
BOARD MEMBER	1.00	X	L					0.	0.	0.
LHA For Privacy Act and Paperwork Reduction	a A at Matica		tha	Inet	herra	tion	e fo	r Form 990	Schodule J-2	(Form 990) 2008

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

n to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part 1 Continuation of Officers, D		ust			ey	Em	ıple	oyees, and Highes	t Compensated	Employees
(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	c all t	that	app	ly)	compensation from	compensation from related	amount of other
	per week	1				8		the	organizations	compensation
		ğ				nploy		organization	(W-2/1099-MISC)	from the
		튑				ted er		(W-2/1099-MISC)		organization
		stee	Tuste		92	pensa				and related
		ᄪ	jonal		avoldu	83				organizations
		Individual trustee or director	Institutional trustee	E E	Кеуепріоуве	Highest compensated employee	Former			
JOHN J. ENGEL	-									
BOARD MEMBER	1.00	Х						0.	0.	0.
SHELDON R. ERIKSON										
BOARD MEMBER	1.00	X						0.	0.	0.
ERIC C. FAST					i					
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN A. FEES					ľ	1				
BOARD MEMBER	1.00	X						0.	0.	0.
FRED FESTA										_
BOARD MEMBER	1.00	X						0.	0.	0.
RUSSELL M. FLAUM								_	_	
BOARD MEMBER	1.00	X	_	Ш			L	0.	0.	0.
WILLIAM C. FOOTE										
BOARD MEMBER	1.00	X	<u> </u>	Ш		<u> </u>		0.	0.	0.
JIM FUCHS	1 00	l							_	_
BOARD MEMBER	1.00	Х	<u> </u>	<u> </u>			<u> </u>	0.	0.	0.
WALTER J. GALVIN									_	_
BOARD MEMBER	1.00	Х	_	Н				0.	0.	0.
MICHAEL GAMBRELL	1 00	٠,						0.	0.	0.
BOARD MEMBER	1.00	X	-	H				<u> </u>		<u> </u>
DAVID L. GARIN	1 00	v						0.	0.	0.
BOARD MEMBER WILLIAM E. GASKIN	1.00	X	\vdash	\vdash			-	0.		
BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD GIMMEL	1.00	^		\vdash			-		<u> </u>	
BOARD MEMBER	1.00	Y						0.	0.	0.
CLARENCE GOODEN	1.00	21				-	┢			
BOARD MEMBER	1.00	x						0.	0.	0.
JAMES E. GREEN	1.00			Н						
BOARD MEMBER	1.00	х		!				0.	0.	0.
DREW GREENBLATT	1100									
BOARD MEMBER	1.00	X						0.	0.	0.
JAMES W. GRIFFITH										
BOARD MEMBER	1.00	X						0.	0.	0.
KIRK S. HACHIGAIN										
BOARD MEMBER	1.00	Х				<u> </u>	L	0.	0.	0.
TIM HANLEY										
BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL S. HANLEY										_
BOARD MEMBER	1.00	X						0.	0.	0.
								- Earm 000	Outrodule I C	/Earm 990) 2008

Continuation Sheet for Form 990

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part Continuation of Officers, I	Directors, Ti	'us'	tee	s, K	(ey	En	nple	yees, and Highest Compensated Employees				
(A)	(B)			((C)			(D)	(E)	(F)		
Name and Title	Average				ition			Reportable	Reportable	Estimated		
	hours	(0	hec	k all	that	арр	ly)	compensation	compensation	amount of		
	per week			ĺ				from the	from related organizations	other compensation		
	Week	ğ				afold	i	organization	(W-2/1099-MISC)	from the		
		層				ed er		(W-2/1099-MISC)	(organization		
		8	eatsn			ensat				and related		
		冒層	al fr		loyee	comp				organizations		
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
ROGER A. HANNAY		드	드	δ	포	宝	ι.					
BOARD MEMBER	1.00	x						0.	0.	0.		
STEPHANIE HARKNESS	1000							-				
BOARD MEMBER	1.00	X						0.	0.	0.		
R. KEITH HARRISON												
BOARD MEMBER	1.00	X						0.	0.	0.		
CARL HAUSMANN												
BOARD MEMBER	1.00	x		ļ				0.	0.	0.		
CURT HEBERT												
BOARD MEMBER	1.00	X						0.	0.	0.		
HERBERT L. HENKEL												
BOARD MEMBER	1.00	X						0.	0.	0.		
ROBERT K. HENRY												
BOARD MEMBER	1.00	X						0.	0.	0.		
TED M. HENRY							ĺ					
BOARD MEMBER	1.00	X						0.	0.	0.		
WILLIAM V. HICKEY									_			
BOARD MEMBER	1.00	X						0.	0.	0.		
BARBARA C. HIGGENS												
BOARD MEMBER	1.00	X				_		0.	0.	0.		
JOHN P. HILER		l										
BOARD MEMBER	1.00	X						0.	0.	0.		
RANDY HOFFMAN	1									•		
BOARD MEMBER	1.00	X		ļ				0.	0.	0.		
JOHN HOFMEISTER	1 1 00	,,								0		
BOARD MEMBER	1.00	X		_		-		0.	0.	0.		
ALAN M. HOLADAY	1 00							٥.	0.	0.		
BOARD MEMBER G. EDISON HOLLAND, JR.	1.00	^	_			-		0.	- 0.	- 0.		
BOARD MEMBER	1.00	v						0.	0.	0.		
R. DAVID HOOVER	1.00	Α					-	0.				
BOARD MEMBER	1.00	x						0.	0.	0.		
JERRY HOWARD	1.00	₽	-	H		\vdash	\vdash					
BOARD MEMBER	1.00	X						0.	0.	0.		
MARY L. HOWELL	1.00				\vdash	-	\vdash					
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.		
TOD R. HULLIN	1				Н	Н	\vdash					
BOARD MEMBER	1.00	x						0.	0.	0.		
HANNES HUNSCHOFSKY		<u> </u>				П						
BOARD MEMBER	1.00	X	!					0.	0.	0.		
LHA For Privacy Act and Bananyark Reducti		_	41.				- 4-		Cabadala I O	(Earm 990) 2008		

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	Directors, Tr	ust	96	s, K	(ey	En	ıple	oyees, and Highes	t Compensated	Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	c all	that	арр	ıly)	compensation	compensation	amount of
	per							from	from related	other
	week	Þ				akold		the organization	organizations (W-2/1099-MISC)	compensation from the
		direc				E S		(W-2/1099-MISC)	(** 12 1000 111100)	organization
		tee or	stee			ansate		, .		and related
		State	튵		88 O	Ē				organizations
		individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN J. HUNT	_	Ē	Ĕ	75	- -	垩	8			
BOARD MEMBER	1.00	X						0.	0.	0.
GARY D. HUSS	1.00	Λ	-		├		⊢			
BOARD MEMBER	1.00	X						0.	0.	0.
COLLIE L. HUTTER	1.00	A	\vdash		\vdash		\vdash			
BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM B. INGLEE	1.00	25			-					
BOARD MEMBER	1.00	X						0.	0.	0.
AL JENNINGS	1000				1				,	
BOARD MEMBER	1.00	X			1	ŀ		0.	0.	0.
KELLIE JOHNSON	1000				\vdash					
BOARD MEMBER	1.00	x						0.	0.	0.
J. BRADLEY JOHNSTON					T					
BOARD MEMBER	1.00	X				ļ		0.	0.	0.
JILL JONES							<u> </u>			
BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL JUNEAU							Г			
BOARD MEMBER	1.00	X			l			0.	0.	0.
HANNAH KAIN					П					
BOARD MEMBER	1.00	X				l		0.	0.	0.
PAMELA KAN										
BOARD MEMBER	1.00	X			<u> </u>			0.	0.	0.
D.T. (DEE) KAPUR										
BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTOPHER J. KEARNEY										
BOARD MEMBER	1.00	X	_	L				0.	0.	0.
GAGE A. KENT										
BOARD MEMBER	1.00	X			ļ	$oxed{oxed}$		0.	0.	0.
PATRICK J. KIELY]			
BOARD MEMBER	1.00	X	_			<u> </u>	_	0.	0.	0.
PETER D. KINNEAR										
BOARD MEMBER	1.00	X	<u> </u>	_			_	0.	0.	0.
LUTHER C. KISSAM							1			
BOARD MEMBER	1.00	X	<u> </u>	_	<u> </u>	_	<u> </u>	0.	0.	0.
DOUGLAS A. KITTENBRINK										_
BOARD MEMBER	1.00	X	1	<u> </u>	_	1	ļ	0.	0.	0.
WARD KLEIN									_	_
BOARD MEMBER	1.00	X	 		-	-	-	0.	0.	
LEWIS KLING	1 00	17						0.	0.	0.
BOARD MEMBER	1.00	X		<u> </u>			<u>_</u>			(Form 990) 2008

Continuation Sheet for Form 990

2008 Open to Public

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irostoro T								t Componented	
		usi	99:			EII	ihir			
(A) Name and Title	(B))) izoq				(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours	(cl		call t			lv)	compensation	compensation	amount of
	per	,-,					,,, 	from	from related	other
	week	_				356		the	organizations	compensation
		irecto				E I		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	ļ	80.0	28			safed		(44-27 1099-141130)		and related
	1	ndividual trustee or director	netitutional trustee		8	Highest compensated employee				organizations
	}	vidual	trtion	Officer	jd wa	esto	Former			
		<u>a</u>	ist i	ğ	<u>ş</u>	흎	臣			
KENDIG K. KNEEN					١,					
BOARD MEMBER	1.00	X						0.	0.	0.
LINDA KNOLL	İ								_	_
BOARD MEMBER	1.00	X				_		0.	_ 0.	0.
JOHN J. KORALESKI										
BOARD MEMBER	1.00	X				_		0.	0.	0.
THEODORE L. KOSLOFF									_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
THOMAS R. LALLA					i					
BOARD MEMBER	1.00	X		_		<u> </u>		0.	0.	0.
JOHN C. LANDGRAF										
BOARD MEMBER	1.00	X				<u> </u>		0.	0.	0.
EDWIN LANGE	1									•
BOARD MEMBER	1.00	Х				_		0.	0.	0.
ALAN F. LAPOINT	1 00	,,						_		^
BOARD MEMBER	1.00	Х				<u> </u>		0.	0.	0.
STEVEN F. LEER	1 00	Ψ,						0.	о.	0.
BOARD MEMBER W. KIRK LIDDELL	1.00	Х		Н		_	_	0.	0.	<u>.</u>
BOARD MEMBER	1.00	х						0.	0.	0.
MICHAEL LINN	1.00	Λ						0.	0.	
BOARD MEMBER	1.00	Х						0.	o .	0.
TERRENCE G. LINNERT	1.00	A						0.		
BOARD MEMBER	1.00	Х						0.	0.	0.
GAIL A. LIONE	1.00	^		\vdash		-				
BOARD MEMBER	1.00	x						0.	0.	0.
PAUL LOFTUS	1.00			Н		-	<u> </u>	-		
BOARD MEMBER	1.00	x						0.	0.	0.
ROBERT A. LONERGAN				Н		\vdash				
BOARD MEMBER	1.00	X						0.	0.	0.
DAVID H. LONG		-								
BOARD MEMBER	1.00	X						0.	0.	0.
LESLIE LONGORIA										<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
F. JOSEPH LOUGHREY										
BOARD MEMBER	1.00	Х						0.	0.	0.
AL T. LUBRANO										
BOARD MEMBER	1.00	X		L	L			0.	0.	0.
JOHN F. LUNDGREN										
BOARD MEMBER	1.00	X						0.	0.	0.

Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part Continuation of Officers, D									t Compensated	
		uəi	rcc:	<u>3, I\</u> ((ıpı	(D)	(E)	(F)
(A)	(B)			۰) Posi				Reportable	Reportable	Estimated
Name and Title	Average hours	6		rosi call t			hA.	compensation	compensation	amount of
	per	(0	Hour	Call	ıııaı	طهه	(עיי	from	from related	other
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		Ste	暑			Brigg				and related
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		Individual trustee or director	Institutional trustae	Officer	Кеу ептрюуее	Highest compensated employee	Former			
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WILLIAM MANSFIELD	1 00							0.	0.	0.
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CHARLES A. MARTIN	1 1 00	٠,		1				0.	0.	0.
BOARD MEMBER	1.00	X	<u> </u>	_						
DARCY D. MASSEY	1 00								_	_
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DONALD A. MCCABE			i			ļ			_	_
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CHARLES G. MCCLURE							1		_	_
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MICHAEL W. MCLANAHAN	1			1					_	
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MARK A. MEDLEY						ļ			_	_
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DYKE F. MESSINGER		1				1				_
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ALBERT R. MILLER										
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SAMUEL J. MITCHELL										
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DAVID C. MORAN	1	-							_	
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MICHAEL G. MORRIS										
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Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, D	irectors, Tr	ust	ees	s, K	ey	En	plq	yees, and Highes	t Compensated	Employees
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		90,0	35			蒸		(***2) (883 (***100)		and related
		nofwidual trustee or director	nstitutional trustee		8	Highest compensated employee				organizations
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		를	ist.	Officer	Key	훈	Former			
THOMAS MURPHY					Г					_
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KENNETH MURTHA										
BOARD MEMBER	1.00	X			<u>L</u>			0.	_ 0.	0.
ALBERT MYRES										
BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD NEUFFER										_
BOARD MEMBER	1.00	X					L	0.	0.	0.
LARRY NICHOLS										_
BOARD MEMBER	1.00	X					_	0.	0.	0.
DOUGLAS R. OBERHELMAN										
BOARD MEMBER	1.00	X						0.	0.	0.
ZIAD S. OJAKLI										
BOARD MEMBER	1.00	X				<u> </u>		0.	0.	0.
JEROME D. OKARMA										
BOARD MEMBER	1.00	X						0.	0.	0.
PETER M. PEREZ										_
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NICHOLAS T. PINCHUK					i i	1		_		
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K. SCOTT PORTNOY										
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RICE POWELL							1			_
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STEVEN PRYOR						1				
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BRUCE W. PULKKINEN										
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A. F. RAIMONDO	1									
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GARY L. RAINWATER										
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ALFRED M. RANKIN										
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RICHARD K. REECE										
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NATALE RICCIARDI								_	_	
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Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

	Directors Tr	ust	AAS	. K	ev	Em	pla	vees, and Highes	t Compensated	Employees
	(B)	uot	50.	(C	<u></u>			(D)	(E)	(F)
(A)	Average			ں Posit				Reportable	Reportable	Estimated
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	per	(0	-			<u> </u>	,,,	from	from related	other
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		ğ				oldu		organization	(W-2/1099-MISC)	from the
		or dire	63			mede		(W-2/1099-MISC)		organization and related
		Ste	egs .		ns l	Suad				organizations
	1	al tru	age		oloye	ШОЭ				organizations
		Individual trustee or director	nstitutional trustae	Officer	Key employee	Highest compensated employee	Former			
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JEANNINE M. RIVET	1.00	х	ı					0.	0.	0.
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MARK A. ROCHE	1.00	x				1		0.	0.	0.
BOARD MEMBER	1.00	Λ		-		_	-	 		
THOMAS J. SABATINO	1 00	Ų,					i	0.	0.	0.
BOARD MEMBER	1.00	Х			_	┢	1		<u> </u>	
WILLIAM R. SAUEY	1 00	.,				ļ		0.	0.	0.
BOARD MEMBER	1.00	Х	_	<u> </u>	<u> </u>	<u> </u>	├-	 		
RON SAXTON	1 00							0.	0.	0.
BOARD MEMBER	1.00	X	_	-	_	-	_			
MATT SCHLAPP									0.	0.
BOARD MEMBER	1.00	X		<u> </u>	_	ļ.,	₽	0.	<u> </u>	
LOUIS L. SCHORSCH									0.	0.
BOARD MEMBER	1.00	X	<u> </u>	_	<u> </u>	-	一	0.		
RICK SCHOSTEK		l							0.	0.
BOARD MEMBER	1.00	X		 _		↓_		0.		
MARY E. SCHROEDER								_	0.	0.
BOARD MEMBER	1.00	X		<u> </u>	├-	<u> </u>	ऻ_	0.		
DONALD W. SEALE										0.
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JOHN SEEGER					1		1		_	0.
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STEPHEN J. SENKOWSKI										
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DEAN C. SIMONE										_
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WALLACE E. SMITH										
BOARD MEMBER	1.00	X	$oxedsymbol{oxed}$	╽.	_	1_	\perp	0	0.	0.
NORRIS P. SNEED										
BOARD MEMBER	1.00	X			_			0	. 0.	0.
W. FLETCHER STEELE										
BOARD MEMBER	1.00	X					┸	0	. 0.	0.
JACK M. STEWART										
BOARD MEMBER	1.00	X						0	. 0.	. 0.
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THOMAS R. STONE								_		
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LEE J. STYSLINGER							1	_		
BOARD MEMBER	1.00	X	\perp		1	\perp		0		
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Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part I Continuation of Officers, Di			ees		(ev	Em	plq	yees, and Highes	t Compensated I	mployees _
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation from	compensation from related	amount of other
	per week					85		the	organizations	compensation
		ector				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	I	Individual trustee or director	88			sated		(W-2/1099-MISC)		organization and related
		mster	institutional frustee		8	ubeu			·	organizations
		idual	tution:	26	Key employee	EST C	巨			
		log G	Inst	Officer	Key	ĦġĦ	Former			
MICHAEL SURFACE										
BOARD MEMBER	1.00	X			<u> </u>	<u> </u>		0.	0.	0.
JOHN P. SURMA									0.	0.
BOARD MEMBER	1.00	X		_	ļ. <u> </u>	<u> </u>		0.		
GREGORY T. SWIENTON	1 00	,,						0.	0.	0.
BOARD MEMBER	1.00	Х	_		┿	ļ	╀			
KENNETH TAORMINA	1 00	4,7						0.	0.	0.
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WARD TIMKEN	1 00	Х						0.	0.	0.
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DENNIS H. TREACY	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^	-	-	+	-	\vdash			
PHILLIP M. TREDWAY	1.00	x						0.	0.	0.
BOARD MEMBERKEITH TRENT	1.00	Λ	┢		╁	+	╁╾			
BOARD MEMBER	1.00	x						0.	. 0.	0.
GARY VEURINK			T	\vdash	T	\vdash				
BOARD MEMBER	1.00	X						0.	0.	0.
PAUL VIKNER										
BOARD MEMBER	1.00	X						0.	0 •	0.
FRANK W. WAGNER										
BOARD MEMBER	1.00	X	<u> </u>	L				0.	. 0.	0.
TIMOTHY R. WALLACE										
BOARD MEMBER	1.00	X		ļ			_	0.	. 0.	0.
WILLIAM G. WALTER										
BOARD MEMBER	1.00	Х	┶		1	↓	_		. 0.	0.
THOMAS M. WELSH									. 0.	0.
BOARD MEMBER	1.00	X	╀	╀	+	\bot	┼	0.		
SANDRA WESTLUND-DEENIHAN	1				1			0.	. o.	0.
BOARD MEMBER	1.00	X	┼-	┾	+-	+	+			
CHUCK WETHERINGTON	1 00							0.	. o.	0.
BOARD MEMBER	1.00	A	╁	┢	+	+	+			
RICHARD L. WILKEY	1.00	v						0.	. 0.	0.
BOARD MEMBER	1.00	∤≏	╁	╁	+-	+-	+-			
MIKE WILLIAMS	1.00	v						0	. 0.	0.
BOARD MEMBER DELLA H. WILLIAMS	1.00	Α	+-	+	+-	+	+-	-		
BOARD MEMBER	1.00	x				1		0	. 0.	0.
JOHN WILLIAMSON	1.00	1	+	\dagger		\top	1			1
BOARD MEMBER	1.00	X					1	0	. 0.	0.
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Continuation Sheet for Form 990

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

OF THE U									13-108	
Part I Continuation of Officers, D	<u>irectors, Tr</u>	ust	tee:			En	<u>ıple</u>			Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(с	heck	c all	that	app	ly)	compensation	compensation	amount of
	per					_		from	from related	other
	week					Highest compensated employee		the	organizations	compensation
		ndividual trustee or director				重		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		0.00	8			Saffed		(44-2/1099-141130)		and related
		laste	nstitutional trustee		90					organizations
		dual 1	rijona	Officer	nplo	stco	<u></u>			
		ng.	nstitu	景	Cey er	ig je	ğ			
JAMES M. WISEMAN		-	_	-	_	_	_			
	1 00	v						0.	0.	_
BOARD MEMBER	1.00	^			_				<u> </u>	0.
JOHN K. WOODWORTH		l								
BOARD MEMBER	1.00	X						0.	0.	0.
KAREN BUCHWALD WRIGHT										
BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM D. ZOLLARS										
BOARD MEMBER	1.00	X					L	0.	0.	0.
ROBERT K. REEVES				-						
BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ENGLER										
PRESIDENT	35.00			x	i			1,041,350.	0.	288,440.
JAY TIMMONS	33.00							1/011/0301		200/1101
EXEC. VP	35.00			X	:			445,045.	0.	20,290.
	33.00	-	-	Δ				443,043.	0.	20,230.
LEANNE WILSON	25 00			٠,				201 700	_	22 020
CHIEF OPERATING OFFICER	35.00	_		X	ļ			291,799.	0.	32,830.
RICHARD KLEIN				l				0.60 0.00		00 510
CHIEF FINANCIAL OFFICER	35.00			X				262,078.	0.	20,510.
DANA COLE									_	
SECRETARY	35.00			X			<u> </u>	185,384.	0.	17,641.
JEFFREY PIERCE							l			
VP - FIELD SALES	35.00				Х			302,742.	0.	35,119.
ANN HEINS										
VP - FIELD MEMBERSHIP	35.00				Х			278,962.	0.	24,792.
ARIC NEWHOUSE								- '		
SVP - POLICY	35.00				Х			218,894.	0.	17,616.
JAN AMUNDSON										
GENERAL COUNSEL	35.00					Х		256,475.	0.	22,614.
JERRY HODGE	33.00					Λ		230/173		22/0111
REGIONAL MANAGER	35.00					Х	}	237,602.	0.	40,381.
	35.00			\vdash		Λ	<u> </u>	237,002.	0	40,301.
EMILY DEROCCO	25 00					ξ,		222 202		12 720
PRESIDENT - MI	35.00	ļ	_	_		X	_	223,383.	0.	13,730.
FRANK VARGO	1 25 25							100 110		11 015
VP - IEA	35.00	<u> </u>				X		193,117.	0.	11,815.
DOROTHY COLEMAN										
VP - TAX	35.00	$ldsymbol{ld}}}}}}$		<u> </u>		X		184,475.	0.	30,921.
			<u> </u>	L.,						
										

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONDUCIVE TO US ECONOMIC GROWTH AND TO INCREASE UNDERSTANDING AMOUNG
POLICYMAKERS, THE MEDIA AND THE GENERAL PUBLIC ABOUT THE VITAL ROLE OF
MANUFACTURING TO AMERICA'S ECONOMIC FUTURE AND LIVING STANDARDS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ECONOMIC FUTURE AND LIVING STANDARDS.
FORM 990, PART VI, SECTION A, LINE 2: SINCE THE NAM'S BOARD IS OVER 200
AND ITS MEMBERS REPRESENT ALL TYPES OF MANUFACTURING FROM SMALL TO LARGE,
WE ASSUME THAT DIRECTORS MAY HAVE FAMILY AND/OR BUSINESS RELATIONSHIPS WITH
OTHER DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 6: THE DUES-PAYING MEMBERSHIP OF NAM
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A: THE DUES-PAYING MEMBERSHIP OF NAM
HAVE THE RIGHT TO ELECT MEMBERS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B: BOARD DECISIONS ARE SUBJECT TO
APPROVAL OF THE MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 10: THE 2008 NAM IRS FORM 990 WAS
PREPARED BY THE NAM CONTROLLER AND IN CONSULTATION WITH OUR ACCOUNTING
FIRM. DRAFTS WERE REVIEWED AND APPROVED BY THE NAM CHIEF FINANCIAL
OFFICER. THE ISSUE OF APPROPRIATE BOARD REVIEW WAS ADDRESSED BY THE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

SCHEDULE O

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Quen to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Employer identification number 13-1084330

CONSIDERATION THE GOAL OF DISCLOSURE AND OVERSIGHT BY THE GOVERNING BODY

CONSISTENT WITH THE INTENT AND SPIRIT IMPLIED IN QUESTION 10. IT WAS

DECIDED THAT BECAUSE THE NAM BOARD CONSISTS OF OVER 200 MEMBER, AND THAT

THE FINANCE COMMITTEE PURSUANT TO THE NAM CONSTITUTION IS CHARGED WITH

EXERCISING GENERAL SUPERVISION OVER THE FINANCIAL AFFAIRS OF THE

ASSOCIATION, THAT THE FINANCE COMMITTEE SHOULD AND WOULD REVIEW THE 990.

ACCORDINGLY, THE NAM FINANCE COMMITTEE DID RECEIVE AND REVIEW COPIES OF THE

2008 FORM 990 AND ACCOMPANYING SCHEDULES BEFORE IT WAS FILED AND THEN

REPORTED THAT IT HAD DONE SO TO THE FULL BOARD. HOWEVER, PURSUANT TO THE

SPECIFIC INSTRUCTIONS FOR THIS QUESTION, THE NAM HAS ANSWERED "NO".

FORM 990, PART VI, SECTION B, LINE 15: THE NAM'S COMPENSATION COMMITTEE,

MADE UP OF BOARD MEMBERS, ANNUALLY DETERMINE THE CEO'S COMPENSATION. THE

PROCESS INCLUDES REVIEWING DATA FROM OTHER LIKE ASSOCIATIONS, THIRD PARTY

CONSULTANTS AND OTHER INDUSTRY DATA. THE COMMITTEE SETS THE ANNUAL SALARY

AND ANY BONUS COMPENSATION AND PROVIDES DOCUMENTATION OF THEIR DECISIONS.

IN ADDITION TO THE ANNUAL PERFORMANCE APPRAISAL SYSTEM, OFFICERS' ANNUAL

COMPENSATION IS APPROVED BY THE NAM COMPENSATION COMMITTEE. THE COMMITTEE

REVIEWS DATA FROM VARIOUS SOURCES, INCLUDING OTHER LIKE ASSOCIATIONS, THIRD

PARTY CONSULTANTS, AND OTHER INDUSTRY DATA. THIS DATA HELPS TO DETERMINE

THE COMPENSATION AND THE COMMITTEE PROVIDES DOCUMENTATION OF THEIR

DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2008

832211
12-18-08

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

FORM 990, PART IV, LINE 12
AUDITED FINANCIAL STATEMENTS
THE NATIONAL ASSOCIATION OF MANUFACTURERS (NAM) DOES RECEIVE AN ANNUAL
AUDIT OF ITS FINANCIAL STATEMENTS, HOWEVER THESE FINANCIALS ARE
CONSOLIDATED WITH MANUFACTURERS SERVICES, INC A FOR-PROFIT ENTITY OF
WHICH NAM IS A 100% OWNER.
FORM 990, PART VII, COL A
EMILY DEROCCO COMPENSATION
EMILY DEROCCO IS THE PRESIDENT OF THE MANUFACTURING INSTITUTE, THE
EDUCATIONAL FOUNDATION OF THE NATIONAL ASSOCIATION OF MANUFACTURERS
(NAM). ALTHOUGH SHE IS AN EMPLOYEE OF THE NAM, SHE WORKS EXCLUSIVELY
FOR THE MANUFACTURING INSTITUTE AND HER COMPENSATION AND BENEFITS ARE
REIMBURSED TO THE NAM BY THE MANUFACTURING INSTITUTE.
FORM 990, PART XI, LINE 2B
AUDITED FINANCIAL STATEMENTS & OVERSIGHT
THE NATIONAL ASSOCIATION OF MANUFACTURERS (NAM) DOES RECEIVE AN ANNUAL
AUDIT OF ITS FINANCIAL STATEMENTS, HOWEVER THESE FINANCIALS ARE
CONSOLIDATED WITH MANUFACTURERS SERVICES, INC A FOR-PROFIT ENTITY OF
WHICH NAM IS A 100% OWNER. THE NAM AUDIT COMMITTEE ASSUMES
RESPONSIBILTIY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN
INDEPENDENT ACCOUNTANT.

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

OTHER	COMPE	<u>N</u> SA	TION								
THESE	AMOUN'	TS	REPR	ESENT	OTHER	TAXABLE	FRINGE	BENEFITS	OF TH	E	
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Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

Name of the organization

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Inspection

OMB No. 1545-0047

▶ See separate instructions.

NATIONAL ASSOCIATION OF MANUFACTURERS

Employer identification number 13-1084330

Schedule R (Form 990) 2008 Direct controlling Direct controlling entity entity MAM status (if section 501(c)(3)) End-of-year assets Public charity SUPPORTED PUBLICLY Û Exempt Code Total income section 501(C)(3) 0 <u>@</u> DISTRICT OF COLUMBIA Legal domicile (state or Legal domicile (state or foreign country) foreign country) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. OF THE UNITED STATES OF AMERICA EDUCATIONAL FOUNDATION Primary activity Primary activity 0 Ø Identification of Related Tax-Exempt Organizations THE MANUFACATURING INSTITUTE - 52-1073576 Identification of Disregarded Entities 1331 PENNSYLVANIA AVENUE, NW STE 600 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20004 Part Part

13-1084330

Page 2

Schedule R (Form 990) 2008 OF THE UNITED STATES OF AMERICA

Part III Identification of Related Organizations Taxable as a Partnership

General or managing partner?			
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	İ		
(H) Disproportionate allocations?			
(G) Share of end-of-year assets			
(F) Share of total income			
(E) Predominant income (related, investment, unrelated)			
(C) (D) Legal domicile (state or foreign country)			
(C) Legal domicile (state or foreign country)			
(B) Primary activity			
(A) Name, address, and EIN of related organization			

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Patt (数 Identification of Related Organizations Taxable as a Corporation of Indst	ration of I rust	•					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(E) Direct controlling Type of entity entity (C corp. 8 corp. or trust)	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
		country)					İ
MANUFACTURERS SERVICES INC 04-3769589							E
1331 PENNSYLVANIA AVENUE NW STE 600	OFFERING NAM MEMBERS					1	6
	LOW-COST SERVICES	DC	NAM	C CORP	30,250.	47,456.	100%
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						i	

Schedule R (Form 990) 2008

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Part V Transactions With Related Organizations

Schedule R (Form 990) 2008

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Baceint of (il interest fil) annuities fill) rovetties fiv) rent from a controlled entity		<u>.</u>	×
Gift and or capital contribution to other organization(s)		1b X	
		9	×
d I ama at land a land to at far attachment of the attachment		P	×
			×
e Loans or loan guarantees by other organization(s)		b	4
f Sale of assets to other organization(s)		=	×
g Purchase of assets from other organization(s)		19	×
		£	×
			×
			0 2 //
i Lease of facilities, equipment, or other assets from other organization(s)		F	×
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X	
Performance of services or membership or fundraising solicitations by other organization(s)		11	×
m Sharing of facilities, equipment, mailing lists, or other assets		H.	
Sharing of paid employees		1n X	
o Reimbursement paid to other organization for expenses		10	×
		T dl	
g Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		11	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	hresholds.		
(8)		<u>()</u>	
Name of other organization(s)	ction	Amount involved	ved

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NATIONAL ASSOCIATION OF MANUFACTURERS OF THE UNITED STATES OF AMERICA

Part W Unrelated Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

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

(8)	6	9	Q	9	9	9	£
	in the control of	وإزراد	Are all narthers	o co		Code V-I IBI	
name, address, and EIN of entity	rumary acuvity		section 501(c)(3) organizations?		florations?	amount in box 20	managing partner?
		country)	Yes No		Yes No	(Form 1065)	
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Schedule R (Form 990) 2008