

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Doing business as
NEMA

Number and street (or P O box if mail is not delivered to street address) Room/suite
1300 NORTH 17TH ST 900

City or town, state or province, country, and ZIP or foreign postal code
ROSSLYN, VA 22209

D Employer identification number
13-1085700

E Telephone number
(703) 841-3200

G Gross receipts \$ 28,075,743

F Name and address of principal officer
Peter Tolsdorf
1300 NORTH 17TH ST 900
ROSSLYN, VA 22209

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW NEMA ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE STATE OF ELECTRICAL MANUFACTURING IN THE U S

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	27
4 Number of independent voting members of the governing body (Part VI, line 1b)	27
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	82
6 Total number of volunteers (estimate if necessary)	2,213
7a Total unrelated business revenue from Part VIII, column (C), line 12	59,714
7b Net unrelated business taxable income from Form 990-T, line 39	-4,396

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	19,234,417	19,311,880
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	919,887	880,327
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,375,953	1,326,416
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,530,257	21,518,623
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	123,584	87,266
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,072,457	12,107,680
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,987,804	8,857,786
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,183,845	21,052,732
19 Revenue less expenses Subtract line 18 from line 12	346,412	465,891
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	21,586,111	22,513,760
21 Total liabilities (Part X, line 26)	14,367,979	13,137,160
22 Net assets or fund balances Subtract line 21 from line 20	7,218,132	9,376,600

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 Here
Signature of officer: ***** Date: 2020-08-19
Peter Tolsdorf General Counsel, Corp Secretary
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
Check if self-employed PTIN P01682202
Firm's name ▶ ARONSON LLC Firm's EIN ▶ 37-1611326
Firm's address ▶ 111 Rockville Pike Suite 600 Phone no (301) 231-6200
Rockville, MD 20850

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO IMPROVE THE QUALITY OF ELECTRICAL SERVICE PRODUCTS TO THE PUBLIC, TO PROMOTE THE STANDARDIZATION OF ELECTRICAL, MEDICAL IMAGING, AND RADIOPHARMACEUTICAL PRODUCTS, (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ including grants of \$) (Revenue \$)
GOVERNMENT RELATIONS PROVIDES ISSUE ANALYSIS AND ADVOCACY ON BEHALF OF THE ASSOCIATION AND ITS PRODUCT SECTIONS ON LEGISLATIVE AND REGULATORY TOPICS THAT IMPACT ELECTRICAL EQUIPMENT AND MEDICAL IMAGING MARKETS LEGISLATIVE AND REGULATORY ACTIVITY OCCURS AT FEDERAL, STATE, AND LOCAL LEVELS TOPICS INCLUDE ENERGY, ENVIRONMENT, HEALTH AND SAFETY, TRADE, TRANSPORTATION, AND COMMERCIAL AFFAIRS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 0

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b	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? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Answer Box, and Yes/No columns. Rows include questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, deductible contributions, and charitable trusts.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	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			
	g Noncash contributions included in lines 1a - 1f \$	1g			
	h Total. Add lines 1a-1f		0		

Program Service Revenue			Business Code				
	2a MEMBERSHIP DUES		541900	14,419,263	14,419,263		
	b SPECIAL ASSESSMENTS		541900	3,817,786	3,817,786		
	c MEETING INCOME		541900	475,859	475,859		
	d MANAGEMENT SERVICES		541900	519,461	519,461		
	e CONTRACT REVENUE		541900	79,511	79,511		
	f All other program service revenue			0	0	0	0
	g Total. Add lines 2a-2f.			19,311,880			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			543,422			543,422	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			1,228,236			1,228,236	
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less rental expenses	6b				
			c Rental income or (loss)	6c	0	0		
			d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less cost or other basis and sales expenses	7b	6,894,025	6,557,120		
			c Gain or (loss)	7c	336,905	0		
			d Net gain or (loss)		336,905			336,905
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a						
	b Less direct expenses	8b						
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities See Part IV, line 19	9a						
	b Less direct expenses	9b						
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances	10a						
	b Less cost of goods sold	10b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code							
11a ADVERTISING INCOME	541800	59,714		59,714				
b BANKRUPTCY CLAIM PROCEEDS	900099	19,763			19,763			
c MISCELLANEOUS INCOME	900099	18,703	18,703					
d All other revenue		0	0	0	0			
e Total. Add lines 11a-11d		98,180						
12 Total revenue. See instructions		21,518,623	19,330,583	59,714		2,128,326		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	80,972			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,294			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,951,697			
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	5,753,147			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,086,657			
9 Other employee benefits	692,441			
10 Payroll taxes	623,738			
11 Fees for services (non-employees)				
a Management				
b Legal	11,032			
c Accounting	57,540			
d Lobbying	2,042,726			
e Professional fundraising services See Part IV, line 17				
f Investment management fees	75,242			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,791,693	0	0	0
12 Advertising and promotion	60,352			
13 Office expenses	361,030			
14 Information technology	156,397			
15 Royalties				
16 Occupancy	1,385,040			
17 Travel	1,203,060			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	713,359			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	291,011			
23 Insurance	134,179			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UBIT TAXES refund	-31,688			
b MEMBERSHIP DUES	284,547			
c PUBLICATIONS/SUBSCRIPTIONS	143,823			
d RECRUITMENT	109,600			
e All other expenses	68,843	0	0	0
25 Total functional expenses. Add lines 1 through 24e	21,052,732	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	4,290,096	2	3,843,906
	3 Pledges and grants receivable, net	45,525	3	0
	4 Accounts receivable, net	705,975	4	844,698
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	148,110	9	242,202
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 4,163,631		
	b Less accumulated depreciation	10b 2,510,721	1,588,082	10c 1,652,910
	11 Investments—publicly traded securities	5,583,386	11	6,229,675
	12 Investments—other securities—See Part IV, line 11	6,080,962	12	7,073,382
	13 Investments—program-related—See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets—See Part IV, line 11	3,143,975	15	2,626,987
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,586,111	16	22,513,760	
Liabilities	17 Accounts payable and accrued expenses	1,887,986	17	1,898,561
	18 Grants payable		18	
	19 Deferred revenue	5,042,137	19	6,405,705
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability—Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	7,437,856	25	4,832,894
	26 Total liabilities. Add lines 17 through 25	14,367,979	26	13,137,160
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,218,132	27	9,376,600
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	7,218,132	32	9,376,600	
33 Total liabilities and net assets/fund balances	21,586,111	33	22,513,760	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,518,623
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,052,732
3	Revenue less expenses Subtract line 2 from line 1	3	465,891
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,218,132
5	Net unrealized gains (losses) on investments	5	1,339,269
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	353,308
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,376,600

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 13-1085700

Name: NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PRODUCT OPERATIONS SERVES APPROXIMATELY 325 MEMBER COMPANIES, EACH OF WHICH MANUFACTURE ONE OR MORE PRODUCTS WITHIN THE ASSOCIATION'S PRODUCT SCOPE AREAS (OVER 50 DIFFERENT CATEGORIES) ACTIVITIES INCLUDE DEVELOPMENT AND PROMOTION OF VOLUNTARY PRODUCT STANDARDS, SURVEYS AND REPORTS, EDUCATIONAL PROGRAMS, SEMINARS, INTERNATIONAL TRADE MATTERS, AND PRODUCT SAFETY

Form 990, Part III, Line 4b:

ENGINEERING AND STANDARDS PROVIDES TECHNICAL COORDINATION AND GUIDELINES TO ASSOCIATION MEMBERS ON STANDARDS, LEGISLATION AND REGULATIONS DEVELOPS AND PUBLISHES NEMA STANDARDS ENSURES PROPOSED STANDARDS DO NOT CONFLICT WITH EXISTING NATIONAL AND INFORMATIONAL STANDARDS CONDUCTS ENGINEERING FIELD PROGRAMS TO PROVIDE FEEDBACK TO MEMBERS ON STATE AND LOCAL BUILDING AND ELECTRICAL CODE ISSUES

Form 990, Part III, Line 4c:

STATISTICAL AND INDUSTRY ANALYTICAL SERVICES GATHERS, COMPILES, ANALYZES, AND DISSEMINATES STATISTICAL DATA ABOUT ELECTRICAL PRODUCTS AND MEDICAL IMAGING, AND RADIOPHARMACEUTICAL INDUSTRIES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID G NORD IMMEDIATE PAST CHAIRMAN	5 0	X		X				0	0	0
JACK NEHLIG Treasurer Dec 2019	5 0	X		X				0	0	0
MARK J GLIEBE CHAIRMAN	5 0	X		X				0	0	0
RAJ BATRA VICE CHAIR thru nov 2019/chair dec 2019	5 0	X		X				0	0	0
REVATHI ADVAITHI TREASURER thru feb 2019	5 0	X		X				0	0	0
ANDREW B QUINN GOVERNOR	1 0	X						0	0	0
ANNETTE KAY CLAYTON treasurer march thru nov 2019/vice chair dec 2019	5 0	X						0	0	0
BETH WOZNIAK GOVERNOR	1 0	X						0	0	0
BILL WALTZ GOVERNOR	1 0	X						0	0	0
Brian Brickhouse Governor	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL L JONES GOVERNOR	10	X						0	0	0
Daryoush Larizadeh Governor	10	X						0	0	0
DAVID C PACITTI GOVERNOR	10	X						0	0	0
DONALD J HENDLER GOVERNOR	10	X						0	0	0
Frank Kulaszewicz Governor	10	X						0	0	0
GABRIEL GARZA HERRERA GOVERNOR	10	X						0	0	0
GREG SCHEU GOVERNOR	10	X						0	0	0
Jay Hill Governor	10	X						0	0	0
Jerry A Long Governor	10	X						0	0	0
JOHN GALYEN GOVERNOR	10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN P SELLDORFF GOVERNOR	10	X						0	0	0
KEI Y PANG GOVERNOR	10	X						0	0	0
KYLE SEYMOUR GOVERNOR	10	X						0	0	0
LEE COOPER GOVERNOR	10	X						0	0	0
Louis V Pinkham Governor	10	X						0	0	0
MARK W WINGATE GOVERNOR	10	X						0	0	0
MARYROSE SYLVESTER GOVERNOR	10	X						0	0	0
Massimo Battaini Governor	10	X						0	0	0
MICHAEL W PESSINA GOVERNOR	10	X						0	0	0
RICHARD A STINSON GOVERNOR	10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROB MCILROY GOVERNOR	10	X						0	0	0
ROGER KARNER GOVERNOR	10	X						0	0	0
Scott Hanna Governor	10	X						0	0	0
SUSAN W GRAHAM GOVERNOR	10	X						0	0	0
VERNON J NAGEL GOVERNOR	10	X						0	0	0
CLARK SILCOX SECRETARY, GENERAL COUNSEL	350			X				521,941	0	69,463
JEFFREY A TOMITZ CHIEF FINANCIAL OFFICER	350			X				447,780	0	15,423
KEVIN J COSGRIFF PRESIDENT & CEO	350			X				1,500,933	0	69,120
DONALD R LEAVENS VP AND CHIEF ECONOMIST	350				X			286,445	0	63,247
JOHN CASKEY VP, INDUSTRY OPERATION	350				X			223,145	0	26,419

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION	Employer identification number 13-1085700
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____ 0

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) NEMAPAC	1300 N 17TH 900 ROSSLYN, VA 22209			5,302
2				
3				
4				
5				
6				

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
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?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1 Dues, assessments and similar amounts from members	1	18,237,049
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	2,495,895
b Carryover from last year	2b	-433,446
c Total	2c	2,062,449
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	1,898,477
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	163,972
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part I-A, Line 1 Description of Political Activities	1 CONTRIBUTIONS WERE MADE IN PURSUIT OF THE ASSOCIATION'S OBJECTIVES TO EXPAND MARKET OPPORTUNITIES AND REDUCE REGULATORY BARRIERS THE CONTRIBUTIONS WERE FOCUSED ON LEGISLATIVE AND REGULATORY ACTIVITIES AT THE STATE-LEVEL, INCLUDING WORK TO SUPPORT STATE ADOPTION OF THE NATIONAL ELECTRIC CODE AND WORK ON POLICIES AFFECTING MEDICAL IMAGING 2 IN 1998, THE NEMA BOARD OF GOVERNORS ESTABLISHED NEMA POLITICAL ACTION COMMITTEE (NEMAPAC) FOR THE EXPRESS PURPOSE OF SUPPORTING INDIVIDUALS FOR THE U S SENATE AND U S HOUSE OF REPRESENTATIVES WHO REFLECT THE PUBLIC POLICY VALUES OF THE ASSOCIATION AND ITS MEMBERS, ADDRESSING ENERGY, ENVIRONMENT, TRADE, TAX, HEALTHCARE, AND OTHER ELECTRICAL INDUSTRY ISSUES NEMAPAC IS ADMINISTERED BY THE NEMAPAC BOARD OF GOVERNORS, WHO DETERMINE WHICH CANDIDATES TO SUPPORT BASED ON THE FOLLOWING CRITERIA -THE CANDIDATE HAS AN AGENDA THAT SUPPORTS ELECTRICAL INDUSTRY ISSUES, AND -THE CANDIDATE REPRESENTS A CONSTITUENCY WITH AN ELECTRICAL INDUSTRY PRESENCE NEMAPAC COLLECTS AND MAKES CONTRIBUTIONS OR OTHER EXPENDITURES FOR THE PURPOSE OF FURTHERING THE CANDIDACIES OF SUCH INDIVIDUALS, IN ACCORDANCE WITH THE FEDERAL ELECTION CAMPAIGN ACT AND OTHER APPLICABLE LAWS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Employer identification number
13-1085700

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)		
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area	
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure	
<input type="checkbox"/> Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____		
4 Number of states where property subject to conservation easement is located ▶ _____		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,618,915	13,130,745	11,812,392	11,173,651	0
b Contributions					11,173,651
c Net investment earnings, gains, and losses	1,721,699	-530,992	1,398,753	712,768	
d Grants or scholarships					
e Other expenditures for facilities and programs	750,000	1,900,000			
f Administrative expenses		80,838	80,400	74,027	
g End of year balance	11,590,614	10,618,915	13,130,745	11,812,392	11,173,651

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,189,944	1,091,721	1,098,223
d Equipment		1,169,062	1,106,644	62,418
e Other		804,625	312,356	492,269
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,652,910

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) CORPORATE BONDS	3,154,292	
(B) HEDGE FUNDS	2,257,749	
(C) INVESTMENT IN AFFILIATES	1,188,659	
(D) US GOVERNMENT BONDS	472,682	
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	7,073,382	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SPLIT DOLLAR LIFE INSURANCE	740,500
(2) SECTION 457B PLAN ASSETS	1,531,820
(3) SECTION 457F PLAN ASSETS	322,231
(4) SECURITY DEPOSITS	32,436
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,626,987

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,832,894

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,135,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,339,269
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	353,308
e	Add lines 2a through 2d	2e	1,692,577
3	Subtract line 2e from line 1	3	21,443,381
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	75,242
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	75,242
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	21,518,623

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	20,977,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	20,977,490
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	75,242
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	75,242
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	21,052,732

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 13-1085700

Name: NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE BOARD HAS DESIGNATED INVESTMENT FUNDS THAT SUPPORT EIGHT OR FEWER MONTHS OF OPERATING RESERVES

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	NEMA EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50 PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT AS OF DECEMBER 31, 2019 AND 2018, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS IF APPLICABLE, NEMA RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE TAX YEARS FROM 2016 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	GAIN ON POST RETIREMENT HEALTH BENEFITS - 353308

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2019

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Employer identification number
13-1085700

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
North America (Canada & Mexico only)	1	1	Program Services	WORKED WITH VARIOUS STAKEHOLDERS TO DEVELOP ELECTRICAL PRODUCT STANDARDS AND COLLABORATED WITH INDUSTRY PROFESSIONALS IN THE RESPECTIVE COUNTRIES ON EMERGING PRODUCT TESTING AND CERTIFICATION POLICIES AND PRACTICES	270,647
3a Sub-total	1	1			270,647
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	1			270,647

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	sponsorship of a meeting	6,294	wire			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 0

3 Enter total number of other organizations or entities ▶ 1

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	Grants are made to eligible entities (based on purpose/mission)and monitoring includes follow up reports on how the funds were used

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	Grants are made to eligible entities (based on purpose/mission)and monitoring includes follow up reports on how the funds were used

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Employer identification number 13-1085700

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	GRANTS ARE MADE TO ELIGIBLE (BASED ON PURPOSE/MISSION) ENTITIES IN THE U S AND MONITORING INCLUDES FOLLOW UP REPORTS ON HOW THE FUNDS WERE USED

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 13-1085700
Name: NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Center for Campus Fire Safety 10 State Street Newburyport, MA 01950	14-1916059	501(C)(3)	5,000				General support
National Disability Rights Network Inc 820 First St NE Suite 740 WASHINGTON, DC 20002	59-2333653	501(c)(3)	5,000				Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REGENTS OF THE UNIVERSITY UNIV OF CALIF DAVIS CA LIGHTING TECH CENTER 633 PENA DR DAVIS, CA 95618	94-6036494	501(C)(3)	10,000				NEMA LIGHTING SYSTEMS DIVISION AFFILIATE MEMBERSHIP FOR THE CALIFORNIA LIGHTING NEMA LIGHTING SYSTEMS DIVISION AFFILIATE MEMBERSHIP FOR THE CALIFORNIA LIGHTING TECHNOLOGY CENTER
PRODUCT MANAGEMENT ALLIANCE 1000 POTOMAC STREET NW WASHINGTON, DC 20007	46-1966440	501(C)(4)	13,300				LAMP SECTION SPONSORSHIP OF PRODUCT MANAGEMENT ALLIANCE'S 2019 ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ILLUMINATING ENGINEERING SOCIETY 120 WALL STREET NEW YORK, NY 100054001	13-1767038	501(C)(3)	10,000				AWARD SPONSORSHIP
RHODE ISLAND RESOURCE RECOVERY CORP 65 SHUN PIKE JOHNSTON, RI 02919			7,500				CONTRIBUTION IN SUPPORT OF ACTIVITIES TO INCREASE CONSUMER AWARENESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Fire Protection Research Foundation 1 Batterymarch Park Quincy, MA 02919	52-1256543	501(C)(3)	5,000				SPONSORSHIP
AMERICAN NATIONAL STANDARDS INSTITUTE 25 W 43RD STREET NEW YORK, NY 10036	13-1635253	501(C)(3)	22,000				SPONSORSHIP

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Employer identification number
13-1085700

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

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

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

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

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	\$124,000 WAS CONTRIBUTED TOWARDS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ON BEHALF OF KEVIN COSGRIFF \$50,000 WAS CONTRIBUTED TOWARDS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ON BEHALF OF CLARK SILCOX \$75,000 WAS CONTRIBUTED TOWARDS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ON BEHALF OF JEFF TOMITZ \$35,000 WAS CONTRIBUTED TOWARDS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ON BEHALF OF DONALD LEAVENS \$25,000 WAS CONTRIBUTED TOWARDS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ON BEHALF OF PATRICK HUGHES DISTRIBUTION AMOUNTS FROM THE PLAN WERE KEVIN COSGRIFF \$681,837, CLARK SILCOX \$152,807, AND JEFF TOMITZ \$147,063

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2019

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization

NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Employer identification number

13-1085700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1	<p>NEMA REPRESENTS APPROXIMATELY 325 U S MANUFACTURERS OF ELECTRICAL AND MEDICAL IMAGING, AND RADIOPHARMACEUTICAL PRODUCTS ITS MEMBERS REPRESENT NINE ELECTRICAL INDUSTRIES COMPRISING OVER 50 PRODUCT SEGMENTS NEMA'S ACTIVITIES ENCOMPASS DEVELOPMENTS WITHIN THE SMART GRID , ENERGY STORAGE, INDUSTRIAL ENERGY EFFICIENCY, AND HIGH-PERFORMANCE BUILDINGS AREAS NEMA PROMOTES COMPETITIVENESS IN DOMESTIC AND FOREIGN MARKETS BY (1) DEVELOPING AND HARMONIZING INDUSTRY STANDARDS AND CONFORMITY ASSESSMENT REGIMES, (2) SHAPING KEY LEGISLATION AND REGULATIONS, (3) PROVIDING EXCLUSIVE MARKET INTELLIGENCE TO MEMBER COMPANIES, AND (4) ENABLING NETWORKING ON INDUSTRY-WIDE ISSUES MEMBER COMPANIES EMPLOY MORE THAN 800,000 WORKERS IN MORE THAN 7,000 MANUFACTURING FACILITIES IN THE U S AND PRODUCE MORE THAN \$100 BILLION IN TOTAL SHIPMENTS NEMA SUPPORTS INTERNATIONAL TRADE AND TECHNOLOGY AGREEMENTS THAT REDUCE FOREIGN TARIFFS, IMPORT QUOTAS, AND TECHNICAL BARRIERS TO TRADE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ including grants of \$) GOVERNMENT RELATIONS PROVIDES ISSUE ANALYSIS AND ADVOCACY ON BEHALF OF THE ASSOCIATION AND ITS PRODUCT SECTIONS ON LEGISLATIVE AND REGULATORY TOPICS THAT IMPACT ELECTRICAL EQUIPMENT AND MEDICAL IMAGING MARKETS LEGISLATIVE AND REGULATORY ACTIVITY OCCURS AT FEDERAL, STATE, AND LOCAL LEVELS TOPICS INCLUDE ENERGY, ENVIRONMENT, HEALTH AND SAFETY, TRADE, TRANSPORTATION, AND COMMERCIAL AFFAIRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15	THE COMPENSATION IS BENCHMARKED AGAINST THAT OF OTHER SIMILAR ORGANIZATIONS BY COMPARISON TO ANNUAL SURVEYS AND MARKET STUDIES AS WELL AS THE USE OF COMPENSATION CONSULTANTS THE P RESIDENT AND SENIOR MANAGEMENT'S COMPENSATION IS REVIEWED AND APPROVED BY NEMA'S COMPENSAT ION COMMITTEE AND EXECUTIVE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	CORPORATIONS, FIRMS, AND INDIVIDUALS ACTIVELY ENGAGED IN THE MANUFACTURING INDUSTRY IN THE UNITED STATES, CANADA, OR MEXICO, THAT HAVE SALES IN THE OPEN MARKET OF ANY ELECTRICAL AND RADIOPHARMACEUTICAL PRODUCTS WITHIN THE PRODUCT SCOPE OF ONE OR MORE DIVISIONS OF THE ASSOCIATION, SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE ASSOCIATION AND SHALL BE ADMITTED TO MEMBERSHIP UNDER SUCH TERMS AND CONDITIONS AS MAY BE PRESCRIBED IN THE BYLAWS EACH MEMBER SHALL DESIGNATE ONE OR MORE OF ITS REPRESENTATIVES AS ITS VOTING REPRESENTATIVE IN THE ASSOCIATION WITH THE POWER TO VOTE UPON ALL MATTERS PRESENTED TO THE MEMBERSHIP OF THE ASSOCIATION IN NO CASE SHALL ANY MEMBER HAVE MORE THAN ONE VOTE THE ASSOCIATION MAY BE DIVIDED BY THE BOARD OF GOVERNORS INTO SUCH PRODUCT GROUPS AS MAY BE APPROPRIATE TO CARRY OUT THE OBJECTIVES OF THE ASSOCIATION THE BOARD OF GOVERNORS OF THE ASSOCIATION SHALL DEFINE THE PRODUCT SCOPE OF EACH PRODUCT GROUP AND MAY AUTHORIZE, COMBINE, DIVIDE, OR DISCONTINUE A PRODUCT GROUP AT ITS DISCRETION EACH MEMBER SHALL DESIGNATE ONE OR MORE OF ITS REPRESENTATIVES AS ITS VOTING REPRESENTATIVE IN EACH PRODUCT GROUP WITH WHICH IT IS AFFILIATED, WITH THE POWER TO VOTE UPON ALL MATTERS PRESENTED TO THE MEMBERSHIP THEREOF

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	REGULAR MEMBERS HAVE VOTING RIGHTS, ASSOCIATE MEMBERS DO NOT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE MEMBERS APPROVE THE ANNUAL BUDGET

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 IS CIRCULATED AMONG ALL MEMBERS OF THE GOVERNING BOARD FOR REVIEW, COMMENT, AND APPROVAL PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ALL STAFF REGULARLY RECEIVE CONFLICT OF INTEREST TRAINING NEMA MONITORS POSSIBLE CONFLICTS OF INTEREST IN ITS BUSINESS RELATIONSHIPS ON A REGULAR BASIS THROUGH THE FOLLOWING PROCESS ALL CONTRACTS MUST BE REVIEWED AND APPROVED BY NEMA'S GENERAL COUNSEL AND THE CHIEF FINANCIAL OFFICER BEFORE SIGNATURE ADDITIONALLY, ALL CONTRACTS WITH A RISK VALUE TO NEMA ABOVE \$10,000 MUST BE REVIEWED, APPROVED, AND SIGNED BY NEMA'S PRESIDENT ALL DISBURSEMENTS MUST BE REVIEWED AND APPROVED FOR PAYMENT BY THE APPROPRIATE DEPARTMENT HEAD, ASSOCIATION 13-1085700 NATIONAL ELECTRICAL MANUFACTURERS CHIEF FINANCIAL OFFICER AND PRESIDENT ADDITIONALLY, DISBURSEMENTS RELATED TO CONTRACTUAL OBLIGATIONS OVER \$50,000 MUST ALSO BE REVIEWED/APPROVED BY NEMA'S PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	NEMA'S BYLAWS ARE AVAILABLE TO THE PUBLIC ON NEMA'S WEBSITE ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in Post Retirement Health Benefits - 353308,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c Change of oversight process or selection process	NEMA'S AUDIT COMMITTEE IS RESPONSIBLE FOR SELECTING THE INDEPENDENT AUDIT FIRM. ADDITIONALLY, THE AUDIT COMMITTEE OVERSEES THE AUDIT PROCESS WHICH HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION

Employer identification number

13-1085700

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL ELECTRICAL MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE 1300 NORTH 17TH ST STE 900 ROSSLYN, VA 22209	POLITICAL CAMPAIGN CONTRIBUTIONS	VA	527		NEMA	Yes	

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	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 Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation