

# 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)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C Name of organization</b> NUCLEAR ENERGY INSTITUTE, INC			<b>D Employer identification number</b> 52-1209124
		Number and street (or P O box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
		1776 I STREET, NW		400	202-739-8000
		City or town	State or country	ZIP + 4	<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
WASHINGTON		DC	20006-3708		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** ▶ www.nei.org

**J Organization type** (check only one) ▶  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**K Check here** ▶  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 74,188,741

**M Check** ▶  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number ▶ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>			
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)			<b>1e</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	1,749,823
<b>3</b>	Membership dues and assessments			<b>3</b>	37,134,739
<b>4</b>	Interest on savings and temporary cash investments			<b>4</b>	1,253,718
<b>5</b>	Dividends and interest from securities			<b>5</b>	874,061
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>	
<b>7</b>	Other investment income (describe _____)			<b>7</b>	1,636
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		30,152,993	7,450	<b>8a</b>	
<b>b</b>	Less cost or other basis and sales expenses	30,473,046		<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)	-320,053	7,450	<b>8c</b>	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)			<b>8d</b>	-312,603
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)			<b>11</b>	3,014,321
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	43,715,695
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> <b>Total expenses.</b> Add lines 16 and 44, column (A)			<b>17</b>	44,915,781
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	-1,200,086
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	12,747,093
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	-1,723,092
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	9,823,915

P  
22

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	4,184,141	0	0	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	0	0	0	
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	
26	Salaries and wages of employees not included on lines 25a, b, and c	11,121,945			
27	Pension plan contributions not included on lines 25a, b, and c	3,250,611			
28	Employee benefits not included on lines 25a - 27	2,487,081			
29	Payroll taxes	786,102			
30	Professional fundraising fees	0			
31	Accounting fees	46,846			
32	Legal fees	943,222			
33	Supplies	267,513			
34	Telephone	218,940			
35	Postage and shipping	75,682			
36	Occupancy	2,524,851			
37	Equipment rental and maintenance	646,637			
38	Printing and publications	437,396			
39	Travel	1,194,715			
40	Conferences, conventions, and meetings	1,586,349			
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	204,631	0	0	
43	Other expenses not covered above (itemize)				
a	PROGRAM ISSUES	11,365,841	0	0	
b	INSURANCE AND TAXES	195,441	0	0	
c	COMPUTER SERVICES	345,013	0	0	
d	MEMBERSHIP FEES	50,541	0	0	
e	ALLIANCE FOR ENERGY AND ECONOMIC GROWTH	2,918,120	0	0	
f	INVESTMENT EXPENSE	64,163	0	0	
g		0	0	0	
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44,915,781	0	0	

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ► SEE ATTACHED

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a COMMUNICATIONS - COMMUNICATIONS WITH THE INDUSTRY, FEDERAL GOVERNMENT, STATE AND LOCAL POLICY MAKERS, THE MEDIA, OPINION LEADERS AND THE GENERAL PUBLIC.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**b NUCLEAR GENERATION - COMPREHENSIVE MANAGEMENT AND POLICY DIRECTION, AND INDUSTRY COORDINATION FOR THE RESOLUTION OF A BROAD RANGE OF GENERIC TECHNICAL AND REGULATORY ISSUES AFFECTING NUCLEAR POWER**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**c GOVERNMENTAL AFFAIRS - IMPLEMENTATION OF GOVERNMENT RELATIONS POLICIES, STRATEGIES AND PLANS APPROVED AND PROMULGATED BY NEI AND ITS MEMBERS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**d POLICY DEVELOPMENT - IDENTIFY AND COORDINATE PUBLIC POLICY FOR THE NUCLEAR INDUSTRY AND PROVIDE A LIAISON WITH OTHER PUBLIC POLICY GROUPS AND NON-GOVERNMENTAL ORGANIZATIONS ON ENERGY AND ENVIRONMENTAL POLICIES OF COMMON INTEREST**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	13,633	45	400
	46 Savings and temporary cash investments	1,672,203	46	1,004,042
	47 a Accounts receivable	372,369		
	b Less allowance for doubtful accounts		47c	372,369
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,660,123	53	978,051
	54 a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,989,906	54a	24,254,227
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments—land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
	56 Investments—other (attach schedule)		56	
	57 a Land, buildings, and equipment basis	2,722,092		
	b Less accumulated depreciation (attach schedule)	2,242,829	57c	479,263
58 Other assets, including program-related investments (describe <input checked="" type="checkbox"/> See attached statement )	1,223,165	58	1,764,007	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	27,501,623	59	28,852,359	
Liabilities	60 Accounts payable and accrued expenses	12,348,514	60	16,469,698
	61 Grants payable		61	
	62 Deferred revenue	2,406,016	62	2,558,746
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65	14,754,530	66	19,028,444	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	12,411,018	67	9,377,045
	68 Temporarily restricted	336,075	68	446,870
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	12,747,093	73	9,823,915	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	27,501,623	74	28,852,359	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	44,540,599
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b> 889,067		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify) _____	<b>b4</b> 0		
	Add lines b1 through b4		<b>b</b>	889,067
<b>c</b>	Subtract line b from line a		<b>c</b>	43,651,532
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b> 64,163		
2	Other (specify) _____	<b>d2</b> 0		
	Add lines d1 and d2		<b>d</b>	64,163
<b>e</b>	Total revenue (Part I, line 12) Add lines c and d		<b>e</b>	43,715,695

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	44,851,618
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify) _____	<b>b4</b> 0		
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	44,851,618
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b> 64,163		
2	Other (specify) _____	<b>d2</b> 0		
	Add lines d1 and d2		<b>d</b>	64,163
<b>e</b>	Total expenses (Part I, line 17) Add lines c and d		<b>e</b>	44,915,781

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE ATTACHED Str City ST ZIP	Title Hr/WK	4,184,141	2,068,910	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

<b>Part V-A</b>	<b>Current Officers, Directors, Trustees, and Key Employees (continued)</b>	Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">53</span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	<b>75c</b>	X
<b>d</b>	Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				
Name <i>N/A</i> Str City ST ZIP				

<b>Part VI</b>	<b>Other Information (See the instructions)</b>	Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	N/A
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b>	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b>	Enter direct and indirect political expenditures (See line 81 instructions.) <span style="float: right;"><b>81a</b> <i>N/A</i></span>		
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>	X

**Part VI Other Information (continued)**

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members	85c	37,135,000
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	N/A
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	N/A
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	116
91 a	The books are in care of <input type="checkbox"/> Name NEI Telephone no. <input type="checkbox"/> (202) 739-8000 Located at <input type="checkbox"/> 1776 I STREET, NW City WASHINGTON ST DC ZIP + 4 <input type="checkbox"/> 20006-3708		
b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information (continued)**

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
If "Yes," enter the name of the foreign country ▶
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here    
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONFERENCE INCOME					1,715,530
b PUBLICATION SALES					34,293
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					37,134,739
95 Interest on savings and temporary cash investments			14	1,253,718	
96 Dividends and interest from securities			14	874,061	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	1,636	
100 Gain or (loss) from sales of assets other than inventory			18	-312,603	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a OTHER INCOME					2,148
b ALLIANCE FOR ENERGY & ECONOMIC GF					3,012,173
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,816,812	41,898,883
105 Total (add line 104, columns (B), (D), and (E))					43,715,695

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE ATTACHED STATEMENT

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A				

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: Aug 3, 2007

Type or print name and title: VICE PRESIDENT & TREASURER

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 7/30/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: STOKES & COMPANY, P.C EIN: 52-1190469

1201 15TH STREET, NW # 340, WASHINGTON, DC 20005-2 Phone no: 202-293-9000

Preparer's SSN or PTIN (See Gen. Inst. X): P00114333

NUCLEAR ENERGY INSTITUTE, INC.  
52-1209124  
DECEMBER 31, 2006  
FORM 990 - SUPPORTING SCHEDULES

PART I, LINE 8 - GROSS AMOUNT FROM SALE OF ASSETS OTHER THAN INVENTORY

	<u>LINE 8A</u>	<u>LINE 8B</u>	<u>LINE 8C</u>
SALE OF PUBLICLY TRADED SECURITIES	\$ 30,152,993	\$ 30,473,046	\$ (320,053)
SALE OF FULLY EXPENSED EQUIPMENT	\$ 7,450	\$ -	\$ 7,450
	<u>\$ 30,160,443</u>	<u>\$ 30,473,046</u>	<u>\$ (312,603)</u>

PART I, LINE 20 OTHER CHANGES IN THE NET ASSETS OR FUND BALANCE

UNREALIZED GAIN ON INVESTMENTS	\$ 889,067
EFFECTS OF ADOPTION OF FASB # 158	<u>(2,612,159)</u>
	<u>\$ (1,723,092)</u>

PART II, LINE 42 - DEPRECIATION

DEPRECIATION IS PROVIDED ON A STRAIGHT-LINE BASIS OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS. DEPRECIATION EXPENSE WAS \$204,631.

**NUCLEAR ENERGY INSTITUTE, INC.**  
**52-1209124**  
**DECEMBER 31, 2006**  
**FORM 990 - SUPPORTING SCHEDULES**

**PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

<u>NAME/ADDRESS</u>	<u>TITLE/HOURS</u>	<u>COMPENSATION</u>	<u>BENEFITS</u>	<u>EXPENSE ACCOUNTS</u>
FRANK L. BOWMAN WASHINGTON, DC	PRESIDENT & CEO 40 HOURS	\$ 994,935	\$ 537,641	\$ -
MARVIN S. FERTEL WASHINGTON, DC	SR VICE PRES & CNO 40 HOURS	451,660	516,833	-
ALEXANDER W. FLINT WASHINGTON, DC	SENIOR VICE PRES 40 HOURS	377,958	252,202	-
STEVE F. FLOYD (1) WASHINGTON, DC	VICE PRESIDENT 40 HOURS	205,609	20,291	-
ELLEN C. GINSBERG WASHINGTON, DC	VICE PRES & SECR 40 HOURS	273,116	104,837	-
ANGIE S. HOWARD WASHINGTON, DC	EXEC VICE PRES 40 HOURS	419,046	67,645	-
JOHN E. KANE (1) WASHINGTON, DC	SENIOR VICE PRES 40 HOURS	708,327	10,630	-
J. SCOTT PETERSON WASHINGTON, DC	VICE PRESIDENT 40 HOURS	276,459	219,345	-
ANTHONY PIETRANGELO WASHINGTON, DC	VICE PRESIDENT 40 HOURS	189,155	53,159	-
PHYLLIS M. RICH WASHINGTON, DC	VICE PRES & TREAS 40 HOURS	<u>287,876</u>	<u>286,327</u>	<u>-</u>
		<u>\$ 4,184,141</u>	<u>\$ 2,068,910</u>	<u>\$ -</u>

NOTE: (1) COMPENSATION INCLUDES SUPPLEMENTAL RETIREMENT PAYMENT

ALL OFFICERS CAN BE CONTACTED AT THE NUCLEAR ENERGY INSTITUTE'S OFFICE LOCATED AT 1776 I STREET, NW, SUITE 400, WASHINGTON, DC 20006

NUCLEAR ENERGY INSTITUTE, INC.  
 52-1209124  
 DECEMBER 31, 2006  
 FORM 990 - SUPPORTING SCHEDULES

PART III - PRIMARY EXEMPT PURPOSE

NUCLEAR ENERGY INSTITUTE, INC. IS A DISTRICT OF COLUMBIA NOT-FOR-PROFIT CORPORATION ESTABLISHED TO FURTHER THE PEACEFUL USE OF NUCLEAR ENERGY AND TO SUPPORT THE NUCLEAR ENERGY INDUSTRY

PART III, LINE E - OTHER PROGRAM SERVICES

ALLIANCE FOR ENERGY AND ECONOMIC GROWTH - EDUCATE THE PUBLIC AND POLICYMAKERS ABOUT THE NEED FOR A COMPREHENSIVE ENERGY STRATEGY.

PART IV, LINE 54 - INVESTMENTS

SHORT TERM FIXED INCOME MUTUAL FUNDS	\$	5,989,730
SHORT TERM EQUITY MUTUAL FUNDS	\$	66,754
LONG TERM FIXED INCOME MUTUAL FUNDS		11,651,959
LONG TERM EQUITY MUTUAL FUNDS		6,545,784
		<u>24,254,227</u>
	\$	<u>24,254,227</u>

PART IV, LINES 57A & B - LAND, BUILDINGS & EQUIPMENT/ ACCUMULATED DEPRECIATION

<u>DESCRIPTION</u>	<u>COST</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
FURNITURE & EQUIPMENT	<u>\$ 2,722,092</u>	<u>\$ 2,242,829</u>	<u>\$ 479,263</u>

PART IV, LINE 58 - OTHER ASSETS

ACCRUED INTEREST	\$	13,825
CASH SURRENDER VALUE OF LIFE INSURANCE		1,750,182
		<u>1,764,007</u>
	\$	<u>1,764,007</u>

NUCLEAR ENERGY INSTITUTE, INC.  
52-1209124  
DECEMBER 31, 2006  
FORM 990 - SUPPORTING SCHEDULES

PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES (continued)

THE FOLLOWING LIST OF DIRECTORS DEVOTE ONLY PART-TIME TO THEIR POSITIONS, NONE ARE COMPENSATED, NONE RECEIVE CONTRIBUTIONS TO BENEFIT PLANS AND NONE RECEIVE EXPENSE ACCOUNTS OR OTHER ALLOWANCES. ALL OF THE DIRECTORS CAN BE CONTACTED AT THE NUCLEAR ENERGY INSTITUTE, INC.

Mr. Anthony F. Earley, Jr. (Chairman)  
Chairman and CEO  
DTE Energy Company

Mr. Robert B. McGehee (Vice Chairman)  
Chairman and CEO  
Progress Energy, Inc

Mr. Anthony J. Alexander  
President and CEO  
FirstEnergy Corp

Mr. Ronald D. Asche  
President and CEO  
Nebraska Public Power District

Mr. Ronald E. Ault  
President  
Metal Trades Department

Mr. J. Bernie Beasley, Jr.  
Chairman, President and CEO  
Southern Nuclear Operating Company

Mr. Frank Cassidy  
President and COO  
PSEG Power LLC

Mr. Thomas A. Christopher  
President and CEO  
AREVA NP Inc

Dr. H. Lee Dodds  
IBM Professor of Engineering and Department Head  
The University of Tennessee

Mr. John A. Fees  
Chief Executive Officer  
The Babcock & Wilcox Companies

Mr. William J. Fehrman  
President and CEO  
Nebraska Public Power District

Mr. Alan J. Fohrer  
Chief Executive Officer  
Southern California Edison Company

Mr. W. Gary Gates  
President and CEO  
Omaha Public Power District

Mr. Richard F. Gill  
President and Executive Committee Chairman  
The Shaw Group Inc.

Mr. James J. Graham  
President and CEO  
ConverDyn

Mr. Gerald W. Grandey  
President and CEO  
Cameco Corporation

Mr. Richard Graves  
Senior Executive, Power Services  
Fluor Enterprises

Mr. Michael S. Greene  
Chairman and CEO  
TXU Power

Mr. Lewis Hay, III  
Chairman and CEO  
FPL Group, Inc.

Mr. William F. Hecht  
PPL Corporation

Mr. William P. Hite  
General President  
United Association

Mr. Thomas D. Kilgore  
President and CEO  
Tennessee Valley Authority

**NUCLEAR ENERGY INSTITUTE, INC.**  
**52-1209124**  
**DECEMBER 31, 2006**  
**FORM 990 - SUPPORTING SCHEDULES**

**PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES (continued)**

Mr Thomas B King  
President and CEO  
Pacific Gas and Electric Company

Mr. Mark F. McGettrick  
President and CEO  
Dominion Generation

Mr. James H. Miller  
Chairman, Pres & CEO  
PPL Corporation

Mr. Michael G Morris  
Chairman, President and CEO  
American Electric Power

Mr. Richard A. Muench  
President and CEO  
Wolf Creek Nuclear Operating Corporation

Mr. David H. Oatley  
Consultant  
David Oatley Consulting

Mr. Louis E Pardi  
President and CEO of Power  
Washington Group International, Inc.

Mr. Joseph V. Parrish  
Chief Executive Officer and Chief Nuclear Officer  
Energy Northwest

Mr. William J. Post  
Chairman and CEO  
Pinnacle West Capital Corporation

Mr. Robert E Prince  
President and CEO  
Duratek, Inc

Dr Charles W. Pryor, Jr  
Chairman  
Urenco Investments, Inc

Mr. Gary L. Rainwater  
Chairman, President and CEO  
Ameren Corporation

Mr. E. James Reinsch  
President, Bechtel Nuclear  
Bechtel Power Corporation

Mr. K. Keith Roe  
Chairman, President and CEO  
Burns and Roe Enterprises Inc.

Mr James E. Rogers, Jr.  
Chairman, President and CEO  
Duke Energy Corporation

Mr John W. Rowe  
Chairman, President and CEO  
Exelon Corporation

Mr. Michael B. Sellman  
President and CEO  
Nuclear Management Company, LLC

Mr. Mayo A. Shattuck, III  
Chairman, President and CEO  
Constellation Energy

Dr. Ruth G. Shaw  
President and CEO  
Duke Energy Corporation

Mr. James J. Sheppard  
President and CEO  
STP Nuclear Operating Company

Dr. Kris P. Singh  
President and CEO  
Holtec International

Mr. Edward C. Sullivan  
President  
Bldg & Construction Trades Dept. AFL-CIO

**NUCLEAR ENERGY INSTITUTE, INC.**  
**52-1209124**  
**DECEMBER 31, 2006**  
**FORM 990 - SUPPORTING SCHEDULES**

**PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES (continued)**

Mr. Gary J Taylor  
Group President, Utility Operations  
Entergy Corporation

Mr. Robert G. Van' Adel  
President and CEO  
Atomic Energy of Canada Limited

Mr. William B Timmerman  
Chairman, President and CEO  
SCANA Corporation

Mr. John K Welch  
President and CEO  
USEC Inc.

Mr. Stephen R. Tritch  
President and CEO  
Westinghouse Electric Company

Mr Alan W. Wendorf  
Chairman and CEO  
Sargent & Lundy, L.L.C.

Mr. George D Turner  
President and CEO  
American Nuclear Insurers

Mr. Andrew C White  
President and CEO  
GE Nuclear Energy

**PART VI, LINE 85D - SECTION 162(E) LOBBYING AND POLITICAL EXPENDITURES**

THE ORGANIZATION/S AMOUNT OF SECTION 162(E) LOBBYING AND POLITICAL EXPENDITURES  
HAS BEEN REDUCED BY THE CARRYOVER(S) FROM THE PREVIOUS YEAR(S),  
BUT NOT BELOW THE ZERO, AS PER THE INSTRUCTIONS FROM FORM 990.

**PART VIII - RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT TO THE EXEMPT PURPOSES**

- 93A CONFERENCES ARE TO INFORM MEMBERS OF INDUSTRY DEVELOPMENT
- 93B PUBLICATIONS ON MATTERS AFFECTING THE INDUSTRY INCREASE AWARENES:  
OF THE BENEFIT OF NUCLEAR ENERGY
- 94 THE MEMBERSHIP OF NEI ACTS TO ENCOURAGE THE FURTHER DEVELOPMENT  
AND KNOWLEDGE OF NUCLEAR ENERGY
- 103A MISCELLANEOUS INCOME
- 103B EDUCATE THE PUBLIC AND POLICYMAKERS ABOUT THE NEED FOR A  
COMPREHENSIVE ENERGY STRATEGY

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  **X**
- 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.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*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*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>NUCLEAR ENERGY INSTITUTE, INC</b>	Employer identification number <b>52-1209124</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>1776 I STREET, NW, Room No. 400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20006-3708</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ the corporation

Telephone No ▶ (202) 739-8000 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 this is for the whole group, check this box  . 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 will cover.

**1** I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 8/15/2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 2006 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3 a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**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.