# **Return of Organization Exempt From Income Tax**

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

DLN: 93493293011207 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Inspection

| A F                         | or th   | e <b>2016</b> c    | alendar year, or tax year beginn                              | ing 01-01-2016 , and ending 12-              | 31-2016                     |                                    |               |                        |
|-----------------------------|---------|--------------------|---|--|-----------------------------|------------------------------------|---------------|------------------------|
| <b>B</b> Che                | ck ıf a | applicable         | C Name of organization<br>National Kitchen & Bath Association |  |                             | D Employer                         | ıdentıfıc     | ation number           |
|                             |         | change             | National Ritchell & Bath Association                          |  |                             | 23-16564                           | 162           |                        |
|                             |         | nange              | Doing business as   |  |                             |                                    |               |                        |
| □ Ini<br>Fin                |         | eturn              | Daining Dualiness as  |  |                             |                                    |               |                        |
|                             |         | minated            | Number and street (or P O box if mai                          | I is not delivered to street address) Room/s | suite                       | E Telephone                        | number        |                        |
| _                           |         | d return           | 687 WILLOW GROVE STREET                                       |  |                             | (908) 85:                          | 2-0033        |                        |
| ⊔ Ар                        | piicati | ion pending        | City or town, state or province, count                        | ry, and ZIP or foreign postal code           |                             |                                    |               |                        |
|                             |         |                    | HACKETTSTOWN, NJ 07840  |  |                             | <b>G</b> Gross rece                | eipts \$ 14,  | ,798,208               |
|                             |         |                    | <b>F</b> Name and address of principal                        | officer                                      | H(a)                        | Is this a group retu               | ırn for       |                        |
|                             |         |                    | WILLIAM DARCY<br>687 WILLOW GROVE STREET                      |  |                             | subordinates?                      |               | □Yes <b>☑</b> No       |
|                             |         |                    | HACKETTSTOWN, NJ 07840  |  |                             | Are all subordinate                | s             | ☐ Yes ☐No              |
| I Ta.                       | x-exe   | mpt status         | ☐ 501(c)(3) <b>☑</b> 501(c)(6) <b>◄</b> (i                    | nsert no )                                   | 1                           | ıncluded?<br>If "No," attach a lıs | + (566        |                        |
| 1 14/                       | obcii   | to: > \//\/        | W NKBA ORG  | 113ett 110 / 12 4347(a)(1) 01 12 327         |                             | Group exemption n                  |               |                        |
| , ,,                        | СВЗП    | (C. P VV V         | W INDA ONG  |  |                             | oroup oxompaion in                 |               |                        |
| K Forr                      | n of o  | ırganızatıon       | ☐ Corporation ☐ Trust ☑ Associ                                | ation Other >                                | L Year o                    | f formation 1963                   | M State o     | f legal domicile DE    |
|                             | 0. 0    | n garnization      | corporation mase nasce.                                       |  |                             |                                    |               |                        |
| Pa                          | rt I    | Sum                | mary  |  | •                           | •                                  |               |                        |
|                             |         |                    | scribe the organization's mission or                          |  |                             |                                    |               |                        |
| e C                         |         | Through th         | he creation of marketplaces, netwo                            | rks and certifications, NKBA will inspire    | e, lead and                 | d empower the kitcl                | hen and       | bath industry          |
| ĕ                           | :       |                    |   |  |                             |                                    |               |                        |
| Activities & Governance     |         |                    |   |  |                             |                                    |               |                        |
| Š                           |         |                    |   | ontinued its operations or disposed of       |                             |                                    |               |                        |
| છ                           | l       |                    |   | body (Part VI, line 1a)                      |                             |                                    | 3             | 9                      |
| ~<br>V                      | l       |                    | •   | the governing body (Part VI, line 1b)        |                             |                                    | 4             | 9                      |
| JE I                        | 5       | Total nun          | nber of individuals employed in cale                          | endar year 2016 (Part V, line 2a) .          |                             |                                    | 5             | 50                     |
| Ę                           | 6       | Total nun          | nber of volunteers (estimate if nece                          | essary)                                      |                             |                                    | 6             | 700                    |
| ď                           | 7a      | Total unr          | elated business revenue from Part \                           | VIII, column (C), line 12                    |                             |                                    | 7a            | 121,896                |
|                             | Ь       | Net unrel          | lated business taxable income from                            | Form 990-T, line 34                          |                             |                                    | 7b            | 0                      |
|                             |         |                    |   |  |                             | Prior Year                         | - (           | Current Year           |
| Qı                          | 8       | Contribut          | tions and grants (Part VIII, line 1h)                         |  |                             | 3,114,70                           | 9             | 3,429,976              |
| nu                          | 9       | Program            | service revenue (Part VIII, line 2g)                          |  |                             | 6,857,44                           | 19            | 7,405,338              |
| Rəvenue                     | 10      | Investme           | ent income (Part VIII, column (A), li                         | nes 3, 4, and 7d ) . . . .                   |                             | 392,93                             | 38            | 357,676                |
|                             | 11      | Other rev          | venue (Part VIII, column (A), lines 5                         | 5, 6d, 8c, 9c, 10c, and 11e)                 |                             | 142,99                             | 98            | 126,079                |
|                             | 12      | Total reve         | enue—add lines 8 through 11 (mus                              | t equal Part VIII, column (A), line 12)      |                             | 10,508,09                          | 94            | 11,319,069             |
|                             | 13      | Grants ar          | nd sımılar amounts paıd (Part IX, co                          | olumn (A), lines 1–3 )                       |                             | 114,04                             | 14            | 152,572                |
|                             | 14      | Benefits           | paid to or for members (Part IX, col                          | lumn (A), line 4)                            |                             |                                    | 0             | 0                      |
| S.                          | 15      | Salaries,          | other compensation, employee ben                              | efits (Part IX, column (A), lines 5–10)      |                             | 4,436,53                           | 36            | 4,357,818              |
| Expenses                    | 16a     | Professio          | onal fundraising fees (Part IX, colum                         | nn (A), line 11e)                            |                             |                                    | 0             | 0                      |
| Ð                           |         |                    | raising expenses (Part IX, column (D), lin                    |  |                             |                                    |               |                        |
| ă                           | 17      | Other exp          | penses (Part IX, column (A), lines 1                          | 1a-11d, 11f-24e)                             |                             | 5,935,40                           | 08            | 6,003,828              |
|                             | 18      | Total exp          | penses Add lines 13–17 (must equa                             | l Part IX, column (A), line 25)              |                             | 10,485,98                          | 38            | 10,514,218             |
|                             | l       | •                  | less expenses Subtract line 18 from                           |  |                             | 22,10                              |               | 804,851                |
| × 0                         |         |                    |   |  | Begi                        | nning of Current Yea               |               | End of Year            |
| Net Assets or Fund Balances |         |                    |   |  |                             |                                    |               |                        |
| SS 8                        | 20      | Total ass          | ets (Part X, line 16)   |  |                             | 16,816,51                          | .2            | 20,299,966             |
| 절절                          | 21      | Total liab         | ollities (Part X, line 26)                                    |  |                             | 6,311,29                           | 95            | 9,639,357              |
| žZ                          | 22      | Net asset          | ts or fund balances Subtract line 2:                          | I from line 20                               |                             | 10,505,21                          | L7            | 10,660,609             |
| Pai                         | t II    | Sign               | ature Block   |  |                             |                                    | '             |                        |
|                             |         |                    |   | ned this return, including accompanyin       |                             |                                    |               |                        |
| any k                       |         |                    | er, it is true, correct, and complete                         | Declaration of preparer (other than of       | ricer) is ba                | ised on all informat               | ion or w      | nich preparer nas      |
|                             |         | 1.                 |   |  |                             |                                    |               |                        |
|                             |         | *****              | *   |  |                             | 2017-10-20                         |               |                        |
| Sign                        |         | Signati            | ure of officer  |  |                             | Date                               |               |                        |
| Here                        | •       |                    | AM DARCY ceo  |  |                             |                                    |               |                        |
|                             |         | Туре о             | r print name and title  |  |                             |                                    |               |                        |
|                             |         |                    | Print/Type preparer's name<br>HOMAS LANNING                   | Preparer's signature<br>THOMAS LANNING       | Date<br>2017-10- <b>1</b> 4 |                                    | TN<br>0851654 |                        |
| Paid                        | t       |                    |   |  |                             | self-employed                      |               |                        |
| Pre                         | par     | רו ⊢               | irm's name COHNREZNICK LLP                                    |  |                             | Firm's EIN ► 22-1                  |               |                        |
| Use                         | On      | ıly   <sup>f</sup> | firm's address ► 4 BECKER FARM ROAD                           |  |                             | Phone no (973) 22                  | 28-3500       |                        |
|                             |         |                    | ROSELAND, NJ 07068  |  |                             |                                    |               |                        |
| May t                       | he IF   | RS discuss         | this return with the preparer showi                           | n above <sup>?</sup> (see instructions)      | <u> </u>                    | <u></u>                            | <b>∠</b> γ    | es 🗆 No                |
| For P                       | apei    | rwork Red          | duction Act Notice, see the sepa                              | rate instructions.                           | Cat                         | No 11282Y                          |               | Form <b>990</b> (2016) |

| Form | 990 (20 | 016)                         |  |   |                                  | Page <b>2</b>           |
|------|---------|------------------------------|--|---|----------------------------------|-------------------------|
| Par  | t IIII  | Statement                    | of Program Service Acc                     | complishments   |                                  |                         |
|      |         | Check if Schee               | dule O contains a response or              | note to any line in this Part III   |                                  | 🗸                       |
| 1    | Briefly | describe the o               | rganization's mission                      |   |                                  |                         |
| Thro | igh the | creation of ma               | rketplaces, networks and cert              | ifications, NKBA will inspire, lead a   | and empower the kitchen and bat  | h industry              |
| 2    |         | -                            | undertake any significant pro<br>r 990-EZ? | gram services during the year whic  | ch were not listed on            | □ Yes ☑ No              |
|      | '       |                              | se new services on Schedule                |   |                                  | Lifes Lino              |
| 3    |         |                              |  | o<br>gnificant changes in how it conduc   | te any program                   |                         |
| 3    |         |                              | cease conducting, or make sign             |   | is, any program                  | □yes ✓ No               |
|      |         |                              | se changes on Schedule O                   |   |                                  | Lifes Linu              |
|      |         | •                            | •  |   |                                  |                         |
| 4    | Section | n 501(c)(3) an               |  | nplishments for each of its three la<br>required to report the amount of<br>ervice reported |                                  |                         |
| 4a   | (Code   |                              | ) (Expenses \$                             | including grants of \$  | ) (Revenue \$                    | )                       |
|      | See Add | dıtıonal Data                |  |   |                                  |                         |
| 4b   | (Code   |                              | ) (Expenses \$                             | including grants of \$  | ) (Revenue \$                    | )                       |
|      | See Add | dıtıonal Data                |  |   |                                  |                         |
| 4c   | (Code   |                              | ) (Expenses \$                             | including grants of \$  | ) (Revenue \$                    | )                       |
|      | See Add | dıtıonal Data                |  |   |                                  |                         |
|      | (Code   |                              | ) (Expenses \$                             | including grants of \$  | ) (Revenue \$                    | )                       |
|      |         | RELATIONS EXP<br>R EDUCATION | ENSE IS INCURRED TO PROMOTE                | THE INDUSTRY IN GENERAL AND TO ED   | UCATE THE PUBLIC ABOUT THE INDUS | STRY, ITS PRODUCTS, AND |
| 4d   | Other   | program servic               | ces (Describe in Schedule O )              |   |                                  |                         |
|      | (Exper  | nses \$                      | ıncluding (                                | grants of \$  | ) (Revenue \$                    | )                       |
| 4e   | Total   | program serv                 | rice expenses ▶                            |   |                                  |                         |

or X as applicable

Section 501(c)(3) organizations.

Page 3

No

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

No

No

No

No

Nο

Form **990** (2016)

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* . . . . . . . . . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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3 4 5

Yes

Yes

Yes

Yes

29

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26 Nο If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 No 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a No b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 28b Nο 

Nο

Nο

No

No

Nο

Nο

No

Nο

Nο

28c

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35a

35h

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Yes

Form 990 (2016)

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

| Par    | 990 (2016)   |            |     | Page |
|--------|--|------------|-----|------|
|        | t 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   |
|        | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 105   |            |     |      |
|        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b   |            |     |      |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c         | Yes |      |
|        | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by  |            |     |      |
|        | this return  | 4          |     |      |
| Ь      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b         |     | No   |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         | Yes |      |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b         | Yes |      |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |            |     |      |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a         |     | No   |
|        | If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |            |     |      |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |     | No   |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b         |     | No   |
| С      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |            |     |      |
|        |  | 5c         |     |      |
|        | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                  | 6a         |     | No   |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6</b> b |     |      |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |            |     |      |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?   | 7a         |     |      |
| ь      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |     |      |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |     |      |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  |            |     |      |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e         |     |      |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |     |      |
|        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   |            |     |      |
| _      | required?  | 7g         |     |      |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h         |     |      |
|        | Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                 | 8          |     |      |
| Qa.    | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |     |      |
|        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b         |     |      |
|        | Section 501(c)(7) organizations. Enter   |            |     |      |
|        | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |     |      |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  | 1          |     |      |
|        | Section 501(c)(12) organizations. Enter  | 1          |     |      |
|        | Gross income from members or shareholders  |            |     |      |
| ь      | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   | 1          |     |      |
|        | against amounts due of received from them / 1  | +          |     |      |
| 2a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a        |     |      |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |            |     |      |
| 3      | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 1          |     |      |
|        | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O                             | 13-        |     |      |
|        | Enter the amount of reserves the organization is required to maintain by the states in   | 13a        |     |      |
| b      |  |            |     |      |
| b      | which the organization is licensed to issue qualified health plans   | -          |     |      |
| b<br>c |  | 14a        |     | No   |

|          | 990 (2010)   | ,,      |           | Page <b>c</b> |
|----------|--|---------|-----------|---------------|
| Par      | <b>t VI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions                        | " respo | nse to li | nes           |
|          | Check if Schedule O contains a response or note to any line in this Part VI  |         |           | <b>✓</b>      |
| Sa       | ection A. Governing Body and Management  | • •     | • •       |               |
| 30       | ector A. Governing Body and Management   |         | Yes       | No            |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year 1a   |         | 103       |               |
|          | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O                                   |         |           |               |
| b        | Enter the number of voting members included in line 1a, above, who are independent  1b   |         |           |               |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2       |           | No            |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •                              | 3       |           | No            |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       | Yes       |               |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5       |           | No            |
| 6        | Did the organization have members or stockholders?   | 6       |           | No            |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a      |           | No            |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b      |           | No            |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |         |           |               |
| а        | The governing body?  | 8a      | Yes       |               |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b      | Yes       |               |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                       | 9       |           | No            |
| Se       | ection B. Policies (This Section B requests information about policies not required by the Internal Revenu   | e Code  | e.)       |               |
|          |  |         | Yes       | No            |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a     | Yes       |               |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b     | Yes       |               |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     |           | No            |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |         |           |               |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | Yes       |               |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | Yes       |               |
| C        | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>  | 12c     | Yes       |               |
| 13       | Did the organization have a written whistleblower policy?  | 13      | Yes       |               |
| 14       | Did the organization have a written document retention and destruction policy?   | 14      | Yes       |               |
| 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?                               |         |           |               |
| а        | The organization's CEO, Executive Director, or top management official   | 15a     | Yes       |               |
| Ь        | Other officers or key employees of the organization  | 15b     |           | No            |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |         |           |               |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a     |           | No            |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt |         |           |               |
| _        | status with respect to such arrangements?  | 16b     |           |               |
|          | List the States with which a copy of this Form 990 is required to be filed.  |         |           |               |
| 17<br>18 | List the States with which a copy of this Form 990 is required to be filed►  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)   |         |           |               |
|          | available for public inspection. Indicate how you made these available. Check all that apply   |         |           |               |
|          | Own website Another's website Upon request Other (explain in Schedule O)   |         |           |               |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year   |         |           |               |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records  Stephen M Graziano 687 WILLOW GROVE STREET HACKETTSTOWN, NJ 07840 (908) 852-0033   |         |           |               |

**✓** 

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

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

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

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

| Check this box if neither the organization no                     | r any related or                                      | ganızat                           | ion c                 | omp                    | ens                    | ated a                       | ny c   | urrent officer, dire                              | ctor, or trustee                                       |   |
|---|---|-----------------------------------|-----------------------|------------------------|------------------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B) Average hours per week (list any hours            |                                   | ne bo                 | ox, u<br>n of<br>tor/t | t ch<br>unle:<br>ficer | ss pers                      | son    | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer                | key employee           | Highest compensated employee | Former | (W- 2/1099-<br>MISC)                              | (W- 2/1099-<br>MISC)                                   | organization and<br>related<br>organizations        |
| (1) chris terril<br>member  | 0 50  | Х                                 |                       |                        |                        |                              |        | 0   | 0  | 0   |
| (2) denise dick cmkbd<br>member                                   | 0 50  | Х                                 |                       |                        |                        |                              |        | 0   | 0  | 0   |
| (3) emilee chappell<br>member                                     | 0 50  | X                                 |                       |                        |                        |                              |        | 0   | 0  | 0   |
| (4) Lorenzo Marquez<br>VICE CHAIR                                 | 0 50  | X                                 |                       | x                      |                        |                              |        | 0   | 0  | 0   |
| (5) maria stapperfenne cmkbd<br>member                            | 0 50  | Х                                 |                       |                        |                        |                              |        | 0   | 0  | 0   |
| (6) MARK KOVICH<br>CHAIRMAN                                       | 0 50  | Х                                 |                       | ×                      |                        |                              |        | 0   | 0  | 0   |
| (7) Neil Bailey<br>secretary/treasury                             | 0 50  | X                                 |                       | x                      |                        |                              |        | 0   | 0  | 0   |
| (8) stephen joseph<br>member                                      | 0 50  | X                                 |                       |                        |                        |                              |        | 0   | 0  | 0   |
| (9) timothy ebner<br>member                                       | 0 50  | X                                 |                       |                        |                        |                              |        | 0   | 0  | 0   |
| (10) STEPHEN GRAZIANO<br>VICE PRESIDENT, FINANCE & operations     | 35 00   |                                   |                       | x                      |                        |                              |        | 182,605   | 0  | 8,760   |
| (11) william darcy<br>ceo   | 35 00   |                                   |                       | x                      |                        |                              |        | 356,519   | 0  | 40,982  |
| (12) edward nagorsky<br>GENERAL COUNSEL & DIRECTOR OF LEGISLATIVE | 35 00   |                                   |                       |                        |                        | ×                            |        | 307,157   | 0  | 34,113  |
| (13) LOREN BARROW<br>DIRECTOR OF MARKETING                        | 35 00   |                                   |                       |                        |                        | ×                            |        | 114,384   | 0  | 18,760  |
| (14) SUSAN WILLIFORD<br>Director Industry Relation                | 35 00   |                                   |                       |                        |                        | х                            |        | 149,000   | 0  | 23,054  |
|   |   |                                   |                       |                        |                        |                              |        |   |  |   |
|   |   |                                   |                       |                        |                        |                              |        |   |  | Form <b>990</b> (2016)                              |

|   | f   |                                |                       |         |              |                              |        | 2/4000 MICC) | 2/1000 MICC) |  |
|---|---|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------|--------------|--|
|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and<br>related<br>organizations |
|   |   |                                |                       |         |              |                              |        |              |              |  |
|   |   |                                |                       |         |              |                              |        |              |              |  |
|   |   |                                |                       |         |              |                              |        |              |              |  |
| · |   |                                |                       |         |              |                              |        |              |              |  |

| 1b Sub-Total | <br> | <br>• | <b>&gt;</b> |  |  |
|--------------|------|-------|-------------|--|--|

| 1b Sub-Total                           |                 |     |   |  | • |           |   |                                       |
|--|-----------------|-----|---|--|---|-----------|---|---------------------------------------|
| c Total from continuation sheets to Pa | art VII, Sectio | nΑ. |   |  | ▶ |           |   |                                       |
| d Total (add lines 1b and 1c)          |                 |     |   |  | ▶ | 1,109,665 | 0 | 125,669                               |
|  |                 |     | - |  |   | <u> </u>  |   | · · · · · · · · · · · · · · · · · · · |

|       | Sub-Total  | <b>&gt;</b> |                      |           |         |
|-------|--|-------------|----------------------|-----------|---------|
| _ d ] | otal (add lines 1b and 1c)   | •           | 1,109,665            | 0         | 125,669 |
| 2     | Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization $\blacktriangleright$ 5 | wh          | o received more than | \$100,000 |         |

| сТ  | otal from continuation sheets to Part VII, Section A   | ▶     |                      |           |         |
|-----|--|-------|----------------------|-----------|---------|
| d 7 | otal (add lines 1b and 1c)   | ▶     | 1,109,665            | 0         | 125,669 |
| 2   | Total number of individuals (including but not limited to those listed abov of reportable compensation from the organization ► 5 | e) wh | o received more than | \$100,000 |         |

| - | Fotal from continuation sheets to Part VII, Section A   | <b>*</b> | 1,109,665            | 0         |      | 125,669 |
|---|---|----------|----------------------|-----------|------|---------|
| 2 | Total number of individuals (including but not limited to those listed above of reportable compensation from the organization ▶ 5 | e) wh    | o received more than | \$100,000 |      |         |
|   |   |          |                      |           | 1 1/ |         |

|   | of reportable compensation from the organization > 5  |   |     |    |
|---|---|---|-----|----|
|   |   |   | Yes | No |
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                      | 3 |     | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule 1 for such |   |     |    |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                 | 3 |     | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes |    |

|   | line 1a? If "Yes," complete Schedule J for such individual   | 3 |     | No |
|---|--|---|-----|----|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | _  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5 |     | No |

| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person  |                             | 5       | No |
|---|---|-----------------------------|---------|----|
| S | ection B. Independent Contractors   |                             |         |    |
| 1 | Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors. |                             | nsation |    |
|   | (A) Name and business address   | (B) Description of services | (Compe  | c) |

|      | services rendered to the organization in Tes, complete schedule into such person :   |                                       | 5     | No                  |
|------|--|---------------------------------------|-------|---------------------|
| S    | ection B. Independent Contractors  |                                       |       |                     |
| 1    | Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractions. |                                       | pensa | ation               |
|      | (A) Name and business address  | (B) Description of services           |       | (C)<br>Compensation |
| O'RE |  | PUBLIC RELATIONS/DIGITAL<br>MARKETING |       | 340,408             |
| 6545 | CALAMAR DRIVE  | · · · · · · · - · · · · · · · · · · · |       |                     |

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

ASSOCIATION MANAGEMENT

SYSTEM

144,531

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CUMMING, GA 30040

7900 WESTPARK DRIVE ATRIUM 5TH FL TYSONS CORNER, VA 02210

compensation from the organization ▶ 2

| Part  |            | II Statement of   | Revenue           |            |                    |                |             |                      |                               |   | rage <b>3</b>   |
|---|------------|---|-------------------|------------|--------------------|----------------|-------------|----------------------|-------------------------------|---|---|
|   |            |   |                   | a respo    | onse or note to an | y line in thi  | s Part VIII |                      |                               |   | $\square$   |
|   |            |   |                   |            |                    | (A<br>Total re | .)          | Relat<br>exe<br>fund | B)<br>ted or<br>empt<br>ction | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections |
|   | 1:         | a Federated campaign  | ns                | 1a         |                    |                |             | rev                  | enue                          |   | 512-514   |
| ats a   |            | <b>b</b> Membership dues  |                   |            | 3,429,976          | •              |             |                      |                               |   |   |
| rar   |            | ·   |                   | 1b         | 3,429,976          | •              |             |                      |                               |   |   |
| S G   |            | c Fundraising events  |                   | 1c         |                    |                |             |                      |                               |   |   |
| ons, Gifts, Grants<br>Similar Amounts                     |            | d Related organizatio   | ns                | 1d         |                    |                |             |                      |                               |   |   |
| 9 iii   |            | e Government grants (co   | ontributions)     | 1e         |                    |                |             |                      |                               |   |   |
| Sil   |            | <ul> <li>All other contributions,<br/>and similar amounts no</li> </ul> |                   |            |                    |                |             |                      |                               |   |   |
| tributio<br>Other   |            | above   |                   | 1f         |                    | •              |             |                      |                               |   |   |
| 흡물  |            | g Noncash contribution in lines 1a-1f \$                                | ons included      |            |                    |                |             |                      |                               |   |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | ١.         |   | <u> </u>          |            |                    |                |             |                      |                               |   |   |
|   | ┸          | Total.Add lines 1a-1  | т                 | <u> </u>   |                    | 3,4<br>ss Code | 129,976     |                      |                               |   | 1   |
| Service Revenue   | 2-         | TRADE CHOW  |                   |            | Busines            | 900099         | 6.2         | 02,944               | 6,202                         | 944                                     |   |
| ر.<br>د   |            | TRADE SHOW  PROFESSIONAL PROGRA   | MS                |            |                    | 900099         |             | 29,565               | · · · · · ·                   | 0,565                                   |   |
| ı,<br>ατ  |            | CONFERENCE  | 405               |            |                    | 900099         |             | 42,829               |                               | 2,829                                   |   |
| тис   |            | OPERATIONS  |                   |            |                    | 900099         |             | 30,000               | 30                            | ,000                                    |   |
| 32  | e          |   |                   |            |                    |                |             |                      |                               |   |   |
| ran   |            | All other program se  | rvice revenue     | _          |                    |                |             |                      |                               |   |   |
| Program   |            |   |                   |            | 7                  | ,405,338       |             |                      |                               |   |   |
|   |            | Total.Add lines 2a-2f   |                   |            |                    |                |             | 1                    |                               |   | I   |
|   |            | Investment income (ii<br>similar amounts)  •                            |                   |            | nterest, and othe  | <b> </b>       | 365,084     | 1                    |                               |   | 365,084   |
|   | 4          | Income from investme  | ent of tax-exe    | mpt be     | ond proceeds       | <b>▶</b>       |             |                      |                               |   |   |
|   | 5          | Royalties   |                   |            |                    | <b>▶</b>       |             |                      |                               |   |   |
|   |            |   | (ı) Rea           | l          | (II) Personal      |                |             |                      |                               |   |   |
|   | 6a         | Gross rents   |                   |            |                    |                |             |                      |                               |   |   |
|   | Ŀ          | Less rental expenses  |                   |            |                    | -              |             |                      |                               |   |   |
|   |            |   |                   |            |                    |                |             |                      |                               |   |   |
|   | •          | Rental income or (loss)   |                   |            |                    |                |             |                      |                               |   |   |
|   |            | Net rental income o   | r (loss)          |            |                    | -              |             |                      |                               |   |   |
|   |            |   | (ı) Securit       | ties       | (II) Other         |                |             |                      |                               |   |   |
|   | <b>7</b> a | Gross amount<br>from sales of<br>assets other<br>than inventory         | 3,4               | 71,731     |                    |                |             |                      |                               |   |   |
|   | Ŀ          | Less cost or<br>other basis and   | 3,4               | 62,732     | 16,4               | .07            |             |                      |                               |   |   |
|   |            | sales expenses<br>Gain or (loss)  |                   | 8,999      | -16,4              | 07             |             |                      |                               |   |   |
|   |            | Net gain or (loss)  |                   |            | <b>•</b>           | $\dashv$       | -7,408      | 3                    |                               |   | -7,408  |
| ne  | 8a         | Gross income from for (not including \$contributions reporte            |                   | ents<br>of |                    |                |             |                      |                               |   |   |
| Other Revenue   | Ŀ          | See Part IV, line 18  Less direct expenses                              |                   | a<br>b     | 1                  | _              |             |                      |                               |   |   |
| er  |            | Net income or (loss)  |                   | sing ev    | ents               |                |             |                      |                               |   |   |
| Oth   | 9a         | Gross income from g   |                   | ies        |                    |                |             |                      |                               |   |   |
| 0   |            | See Part IV, line 19  |                   | а          |                    |                |             |                      |                               |   |   |
|   | Ŀ          | Less direct expense:  | s                 | ь          |                    | -              |             |                      |                               |   |   |
|   |            | : Net income or (loss)  |                   |            | les                |                |             |                      |                               |   |   |
|   | 10         | aGross sales of invent<br>returns and allowand                          | cory, less<br>ces | a          |                    |                |             |                      |                               |   |   |
|   |            | Less cost of goods s  |                   | b          |                    |                |             |                      |                               |   |   |
|   | _          | Net income or (loss)  Miscellaneous                                     |                   | invent     | Business Code      |                |             |                      |                               |   |   |
|   | 11         | -aADVERTISING REVE  |                   |            | 5418               |                | 126,079     | 9                    | 4,183                         | 121,896                                 |   |
|   |            |   |                   |            |                    |                |             |                      |                               | ,                                       |   |
|   | t          |   |                   |            |                    |                |             |                      |                               |   |   |
|   | C          | =   |                   |            |                    |                |             |                      |                               |   |   |
|   |            | All other revenue .   |                   |            |                    |                |             |                      |                               |   |   |
|   | •          | Total. Add lines 11a  | -11d              |            | >                  |                | 126.075     |                      |                               |   |   |
|   | 12         | <b>! Total revenue.</b> See   | Instructions      |            |                    |                | 126,079     |                      |                               |   |   |
|   |            |   |                   |            |                    |                | 11,319,069  | 9                    | 7,409,521                     | 121,896                                 | 357,676<br>Form <b>990</b> (2016)                     |

Form 990 (2016) Page **10** 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) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX . (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses 152,572 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and 591,078 key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,006,188 7 Other salaries and wages Pension plan accruals and contributions (include section 401 76,828

(k) and 403(b) employer contributions) . .

. .

g Other (If line 11g amount exceeds 10% of line 25, column

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

**19** Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O )

c equipment rental and ma

e All other expenses

**b** TRAINING AND DEVELOPMEN

11 Fees for services (non-employees)

f Investment management fees .

a Management . .

**d** Lobbying . . . .

12 Advertising and promotion 13 Office expenses .

14 Information technology

15 Royalties .

**17** Travel .

20 Interest .

23 Insurance .

a Bad debts

d

16 Occupancy .

c Accounting .

**b** Legal

9 Other employee benefits . **10** Payroll taxes . . .

419,761

263,963

262,458 63.339

789

46,557

1,096,746

612,724

681,480 851,634

194,489

726.425

865,100

158,259

75,260

180,355

136,538

22,849

27,144 10,514,218

1,682

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|   |   | (A) Beginning of year |   | (B)<br>End of year |
|---|---|-----------------------|---|--------------------|
| 1 | Cash-non-interest-bearing   | 3,714,801             | 1 | 6,304,834          |
| 2 | Savings and temporary cash investments  | 3,526,225             | 2 | 2,985,207          |
| 3 | Pledges and grants receivable, net  |                       | 3 |                    |
| 4 | Accounts receivable, net  | 2,167                 | 4 | 9,464              |
| 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L |                       | 5 |                    |
| 6 | Loans and other receivables from other disqualified persons (as defined under   |                       |   |                    |

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17.957

24.336

20.299,966

1,588,873

8,030,862

19.622

10,660,609

20.299.966 Form **990** (2016)

13

14

15

16

17

18

19

20

21

22 23

24

33

34

10,505,217

16.816.512

18.885

25.852

801.497

5,480,907

28.891

16,816,512

|        |     | II of Schedule L  |                                       | '         |           | 5           |           |
|--------|-----|---|---------------------------------------|-----------|-----------|-------------|-----------|
| s      | 6   | Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L | (c)(3)(B), and<br>f section 501(c)(9) |           | 6         |             |           |
| et     | 7   | Notes and loans receivable, net   |                                       |           |           | 7           |           |
| Assets | 8   | Inventories for sale or use   | 88,211                                | 8         | 35,137    |             |           |
| ⋖      | 9   | Prepaid expenses and deferred charges   |                                       |           | 451,158   | 9           | 463,807   |
|        | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a                                   | 4,822,350 |           |             |           |
|        | ь   | Less accumulated depreciation   | <b>10</b> b                           | 2,232,536 | 1,865,834 | <b>10</b> c | 2,589,814 |
|        | 11  | Investments—publicly traded securities .  |                                       |           | 7,123,379 | 11          | 7,869,410 |
|        | 12  | Investments—other securities See Part IV. line  | 11 .                                  |           |           | 12          |           |

13

14

15

16

17

18

19

20

21

23

24

33

34

Net

Liabilities

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Intangible assets . . . .

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

persons Complete Part II of Schedule L .

|          | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)<br>Complete Part X of Schedule D |            | 25 |            |
|----------|----|---|------------|----|------------|
|          | 26 | Total liabilities. Add lines 17 through 25  | 6,311,295  | 26 | 9,639,357  |
| Balances | 27 | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets                             | 10,505,217 | 27 | 10,660,609 |
| Bal      | 28 | Temporarily restricted net assets   |            | 28 |            |
|          |    | Permanently restricted net assets   |            | 29 |            |
| Fund     |    | Organizations that do not follow SFAS 117 (ASC 958),  |            |    |            |
| or       |    | check here ► □ and complete lines 30 through 34. Capital stock or trust principal, or current funds   |            | 30 |            |
| Assets   | 31 | Paid-ın or capital surplus, or land, building or equipment fund   |            | 31 |            |
| As       | 32 | Retained earnings, endowment, accumulated income, or other funds  |            | 32 |            |
|          |    |   |            |    |            |

2c

3a

3b

Yes

No

Form 990 (2016)

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

#### **Additional Data**

Software ID: Software Version:

MEMBERSHIP - THE NATIONAL KITCHEN & BATH ASSOCIATION HAS NEARLY 14.000 MEMBERS. CONDUCTED LEADERSHIP TRAINING FOR MORE THAN 200 chapters in North

Name: National Kitchen & Bath Association

Form 990, Part III, Line 4a:

America

Form 990 (2016)

**EIN:** 23-1656462

Form 990, Part III, Line 4b: PROFESSIONAL PROGRAMS - Our mission is to promote professionalism in the kitchen and bath industry and to educate the public on the role and value of working with a gualified professional. To that end, we provide a range of resources to help both homeowners and pros learn everything they need to know

Form 990, Part III, Line 4c: MARKETING PROGRAMS - CREATIVE AND EDITORIAL SERVICES DEVELOPED NEW AND INFORMATIVE MATERIALS TO KEEP MEMBERS AND CONSUMERS KNOWLEDGEABLE OF INDUSTRY AND MARKET TRENDS

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

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

OMB No 1545-0047

DLN: 93493293011207

Open to Public Inspection

Internal Revenue Service 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 Employer identification number National Kitchen & Bath Association 23-1656462 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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

Was a correction made? ☐ Yes □ No h 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 4

Did the filing organization fileForm 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

3 5

|                  | If the amount on line 1e, column (a) or (b) is:         | The lobbying nontaxa                       | ble amount is:          |                 |          |            |
|------------------|---|--|-------------------------|-----------------|----------|------------|
|                  | Not over \$500,000                                      | 20% of the amount on line                  | 1e                      | <u> </u>        |          |            |
|                  | Over \$500,000 but not over \$1,000,000                 | \$100,000 plus 15% of the e                | excess over \$500,000   | 1               |          |            |
|                  | Over \$1,000,000 but not over \$1,500,000               | \$175,000 plus 10% of the e                | excess over \$1,000,000 | 1               |          |            |
|                  | Over \$1,500,000 but not over \$17,000,000              | \$225,000 plus 5% of the ex                | cess over \$1,500,000   | 1               |          |            |
|                  | Over \$17,000,000                                       | \$1,000,000                                |                         | 1               |          |            |
| g<br>h<br>i<br>j | (Some organizations that made a                         | yeraging Period Uno<br>section 501(h) elec | ler section 501(l       | n)<br>to comple |          | ☐ Yes ☐ No |
|                  | columns below. See t                                    | he separate instruc                        | tions for lines 2       | a through 2     | .f.)     |            |
|                  | Lobbying Expe   | enditures During 4-                        | Year Averaging          | Period          |          |            |
|                  | Calendar year (or fiscal year<br>beginning in)          | (a) 2013                                   | <b>(b)</b> 2014         | (c) 2015        | (d) 2016 | (e) Total  |
| 2a               | Lobbying nontaxable amount                              |  |                         |                 |          |            |
| Ь                | Lobbying ceiling amount<br>(150% of line 2a, column(e)) |  |                         |                 |          |            |
|                  | Total lobbying expenditures                             |  |                         |                 |          |            |

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

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

Volunteers?

1

b

C Total

Part IV

expenditure next year?

Return Reference

3

(b)

Amount

(a)

Yes

No

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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).

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

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

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

Yes No

Nο

No

789

789

159,151

-158,362

1

#### Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?

2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 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."

Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B Dues, assessments and similar amounts from members 3,429,976 1 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

Explanation

2 expenses for which the section 527(f) tax was paid).

Supplemental Information

If "Yes," enter the amount of any tax incurred under section 4912

Current year

Carryover from last year

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990EZ) 2016

2a

2b

2c

3

4 5

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

As Filed Data -

DLN: 93493293011207

OMB No 1545-0047

## Supplemental Financial Statements

► 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.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** National Kitchen & Bath Association 23-1656462 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 3 Aggregate value of grants from (during year) 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? ☐ Yes 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? □ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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 Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Par | t III         | Organizations Maintaining Col  | lections of Art, H        | listori  | ical T                                  | reası   | ıres, or    | Other      | Similar A    | ssets (  | continued)   |           |
|-----|---------------|--|---------------------------|----------|---|---------|-------------|------------|--------------|--|--------------|-----------|
| 3   |               | g the organization's acquisition, accessions (check all that apply)  | n, and other records,     | check    | any of                                  | the fo  | llowing th  | nat are a  | significant  | use of it  | s collectior | 1         |
| а   |               | Public exhibition  |                           | d        |   | Loan    | or excha    | nge prog   | ırams        |  |              |           |
| b   |               | Scholarly research   |                           | e        |   | Othe    | r           |            |              |  |              |           |
| c   |               | Preservation for future generations  |                           |          |   |         |             |            |              |  |              |           |
| 4   | Provi<br>Part | de a description of the organization's col<br>XIII   | lections and explain i    | how the  | ey furti                                | her the | e organiza  | ation's ex | empt purpo   | ose in   |              |           |
| 5   |               | ng the year, did the organization solicit o<br>ts to be sold to raise funds rather than to   |                           |          |   |         |             |            | ılar         | □ Y  | es 🗆         | No        |
| Pa  | rt IV         | Escrow and Custodial Arrange<br>Complete if the organization answ<br>X, line 21.   |                           | m 990    | , Part                                  | IV, lı  | ne 9, or    | reporte    | ed an amo    | unt on   | Form 990     | , Part    |
| 1a  |               | e organization an agent, trustee, custodi<br>ded on Form 990, Part X?  | an or other intermed      | ary for  | contri                                  | bution  | s or othe   | r assets   | not          | □ <b>Y</b>                                       | es 🗆         | No        |
| b   | If "Y         | es," explain the arrangement in Part XIII  | and complete the fo       | llowing  | table                                   |         |             |            | <u> </u>     | Amount   |              |           |
| С   | Begir         | nning balance  |                           |          |   |         |             | 1c         |              |  |              |           |
| d   | Addıt         | tions during the year  |                           |          |   |         |             | 1d         |              |  |              |           |
| е   | Dıstr         | ibutions during the year   |                           |          |   |         |             | 1e         |              |  |              |           |
| f   | Endır         | ng balance   |                           |          |   |         |             | 1f         |              |  |              |           |
| 2a  | Did t         | he organization include an amount on Fo  | rm 990, Part X, line      | 21, for  | escrov                                  | v or cu | istodial ad | count lia  | bility?      | □ Y  | es 🗆         | No        |
| b   | TF "V4        | es," explain the arrangement in Part XIII  | Chack here if the ex      | volanat  | ion had                                 | - heen  | provided    | lun Dart ' | <b>/</b> 111 |  | _            |           |
|     | rt V          | Endowment Funds. Complete if   |                           |          |   |         |             |            |              |  | · · <u> </u> |           |
|     | 11 C V        | Endownient Fands. Complete in  | (a)Current year           |          | rior yea                                |         |             |            | (d)Three ye  |  | (e)Four ye   | ars back  |
| 1a  | Beginr        | ning of year balance   | (=,=,=                    | ν- γ-    | , |         | (-,,-       |            | (-,,,-       |  | (-)          |           |
| b   | Contri        | butions  |                           |          |   |         |             |            |              |  |              |           |
| c   | Net in        | vestment earnings, gains, and losses   |                           |          |   |         |             |            |              |  |              |           |
| d   | Grants        | s or scholarships  |                           |          |   |         |             |            |              |  |              |           |
| e   |               | expenditures for facilities<br>ograms  |                           |          |   |         |             |            |              |  |              |           |
| f   | Admın         | istrative expenses   |                           |          |   |         |             |            |              |  |              |           |
| g   | End of        | year balance   |                           |          |   |         |             |            |              |  |              |           |
| 2   |               | de the estimated percentage of the curred designated or quasi-endowment  | ent year end balance      | (line 1  | g, colu                                 | mn (a   | )) held as  | 5          |              |  |              | _         |
| a   |               | nanent endowment >   |                           |          |   |         |             |            |              |  |              |           |
| b   |               |  |                           |          |   |         |             |            |              |  |              |           |
| С   |               | porarily restricted endowment <b>&gt;</b><br>percentages on lines 2a, 2b, and 2c shou  | ld ogual 100%             |          |   |         |             |            |              |  |              |           |
| За  |               | here endowment funds not in the posses   |                           | ion tha  | t are h                                 | eld an  | ıd admınıs  | stered fo  | r the        |  |              |           |
| -   |               | nization by  | sion of the organizat     | ion cha  |   | cia an  | a aammin    | occied io  | · circ       |  | Yes          | No        |
|     | (i) u         | nrelated organizations   |                           |          |   |         |             |            |              | 3  | a(i)         |           |
|     |               | related organizations  |                           |          |   |         |             |            |              |  | a(ii)        |           |
| b   |               | es" on 3a(II), are the related organization  |                           |          |   |         |             |            |              | · L  | 3b           |           |
| 4   |               | ribe in Part XIII the intended uses of the   |                           | vment 1  | tunds                                   |         |             |            |              |  |              |           |
| Pa  | rt VI         | Land, Buildings, and Equipment<br>Complete if the organization answ  |                           | ກ ໑໑ຐ    | Dart                                    | T\/ lir | na 11a (    | See Fori   | m 990 Pa     | rt V Jur   | 10 عر        |           |
|     | Descr         | ription of property  (a) Cost or oth (investment)  | ner basis (b)Cost         |          |   |         |             |            | epreciation  | ( X, III   | (d)Book val  | ue        |
|     | Land          |  |                           |          | 6:                                      | 12,904  | 1           |            |              |  |              | 612,904   |
|     | Buildir       |  | +                         |          |   | 15,721  |             |            | 1,697,136    |  |              | 718,585   |
|     |               | hold improvements  |                           |          | -, .                                    | ,       |             |            | , , / 0      |  |              | ,         |
|     |               | ment   |                           |          |   |         |             |            |              |  |              |           |
|     | Other         |  |                           |          | 1.7                                     | 93,725  |             |            | 535,400      |  |              | 1,258,325 |
|     |               | lines 1a through 1e (Column (d) must e   | <br>gual Form 990. Part 1 | X. colui |   |         |             |            | > 333,400    | <del>                                     </del> |              | 2,589,814 |
|     |               | In the second sec | .,, . are /               | .,       | (2)                                     | ,       | ( - / / -   | -          | -            | 1  |              | _,000,014 |

| Part VII                  |  | anization ans             | wered 'Yes' on Fori    | ii 990, Part IV, line IID.                      |
|---------------------------|--|---------------------------|------------------------|---|
|                           | See Form 990, Part X, line 12.  (a) Description of security or category (including name of security) | ( <b>b)</b> Book<br>value |                        | Method of valuation<br>end-of-year market value |
|                           | derivatives  |                           |                        |   |
| <b>(3)</b> Other <u> </u> |  | _                         |                        |   |
| (B)                       |  |                           |                        |   |
| (C)                       |  |                           |                        |   |
| (D)                       |  |                           |                        |   |
| (E)                       |  |                           |                        |   |
| (F)                       |  |                           |                        |   |
| (G)                       |  |                           |                        |   |
| (H)                       |  |                           |                        |   |
|                           | n (b) must equal Form 990, Part X, col (B) line 12 )   | <b>•</b>                  |                        |   |
| Part VIII                 | Investments—Program Related. Complete if the or  | ganization an             | swered 'Yes' on Fo     | rm 990, Part IV, line 11c.                      |
|                           | See Form 990, Part X, line 13.  (a) Description of investment  | (b) Book value            |                        | Method of valuation                             |
| (1)                       |  |                           | Cost or o              | end-of-year market value                        |
| (2)                       |  |                           |                        |   |
| (3)                       |  |                           |                        |   |
| (4)                       |  |                           |                        |   |
| (5)                       |  |                           |                        |   |
| (6)                       |  |                           |                        |   |
| (7)                       |  |                           |                        |   |
| (8)                       |  |                           |                        |   |
| (9)                       |  |                           |                        |   |
| Total. (Colum             | n (b) must equal Form 990, Part X, col (B) line 13 )   |                           |                        |   |
| Part IX                   | Other Assets. Complete if the organization answered 'Yes' of (a) Description                         | n Form 990, P             | art IV, line 11d See I | Form 990, Part X, line 15 (b) Book value        |
| (1)                       | (a) beautiful.   |                           |                        | (D) Dook raide                                  |
| (2)                       |  |                           |                        |   |
| (3)                       |  |                           |                        |   |
| (4)                       |  |                           |                        |   |
| (5)                       |  |                           |                        |   |
| (6)                       |  |                           |                        |   |
| (7)                       |  |                           |                        |   |
| (8)                       |  |                           |                        |   |
| (9)                       |  |                           |                        |   |
|                           |  | ed 'Yes' on F             | orm 990, Part IV, I    | ▶ Ine 11e or 11f.                               |
| 1.                        | See Form 990, Part X, line 25.  (a) Description of liability   | (b) E                     | Book value             |   |
| (1) Federal ı             | ncome taxes  |                           |                        |   |
|                           |  |                           |                        |   |
| (2)                       |  |                           |                        |   |
| (3)                       |  |                           |                        |   |
| (4)                       |  |                           |                        |   |
| (5)                       |  |                           |                        |   |
|                           |  |                           |                        |   |
| (6)                       |  |                           | 1                      |   |
|                           |  |                           |                        |   |
| (7)                       |  |                           |                        |   |
| (6)<br>(7)<br>(8)<br>(9)  |  |                           |                        |   |
| (7)<br>(8)<br>(9)         | n (b) must equal Form 990, Part X, col (B) line 25 )   | •                         |                        |   |

Schedule D (Form 990) 2016

Part XI

2

c

d

e 3

b

Part XII

4

5

1

2

b

d

3

4

b

C

Part XIII

5

Page 4

30,186

-16,407

11,319,069

11,210,270

876,407

180,355

10,514,218

Schedule D (Form 990) 2015

10.333.863

11,335,476

### Recoveries o Other (Descr Add lines 2a

Other (Describe in Part XIII ) . . . . .

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII ) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

| Amounts included on line 1 but not on Form 990, Part VIII, line 12 |
|--|
| Net unrealized gains (losses) on investments                       |
| Donated services and use of facilities                             |
| Recoveries of prior year grants                                    |
| Other (Describe in Part XIII )                                     |
| Add lines <b>2a</b> through <b>2d</b>                              |
| Subtract line <b>2e</b> from line <b>1</b>                         |

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . . . . .

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

| 2c |  |    |      |     |
|----|--|----|------|-----|
| 2d |  | -: | 180, | 355 |
|    |  |    |      |     |
|    |  |    |      |     |
|    |  |    |      |     |
| 4a |  |    |      |     |
| 4b |  |    | -16, | 407 |

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

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

2a

2b

2a

2b

2c 2d

4b

Explanation

| 2e |  |
|----|--|
| 3  |  |
|    |  |
|    |  |
|    |  |
| 4c |  |
|    |  |

210.541

876.407

180.355

2e

3

4c

5

|                                      | Schedule D (Form 990) 2015  |  |  |  |
|--------------------------------------|-----------------------------|--|--|--|
| Supplemental Information (continued) | Part XIII Supplemental Info |  |  |  |
| Return Reference Explanation         | Return Reference            |  |  |  |
|                                      |                             |  |  |  |
|                                      |                             |  |  |  |
|                                      |                             |  |  |  |
|                                      |                             |  |  |  |
|                                      |                             |  |  |  |
|                                      |                             |  |  |  |
|                                      |                             |  |  |  |
|                                      |                             |  |  |  |

Schedule D (Form 990) 2016

#### Additional Data

Software ID: Software Version:

**EIN:** 23-1656462

Name: National Kitchen & Bath Association

Supplemental Information

Explanation

FOR EACH OF THE YEARS ENDED DECEMBER 31, 2016 AND 2015

Part X, Line 2

THE ASSOCIATION HAS NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2016 AND 2015 THE ASSOCI ATION'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEARS 2013 AND 2012, RESPECTI VELY, ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AU DITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS THE ASSOCIAT ION RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF G

ENERAL AND ADMINISTRATIVE EXPENSES AND INCLUDES ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES IN THE STATEMENTS OF FINANCIAL POSITION THERE WERE NO INTEREST OR PENALTIES PAID

Return Reference

| ipplemental Information                 |   |  |  |  |  |
|---|---|--|--|--|--|
| Return Reference                        | Explanation                                     |  |  |  |  |
| Part XI, Line 2d - Other<br>Adjustments | chapter sharing on membership revenues -180,355 |  |  |  |  |

Sι

| pplemental Information                  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Return Reference                        | Explanation                              |  |  |  |  |  |
| Part XI, Line 4b - Other<br>Adjustments | loss on disposal of fixed assets -16,407 |  |  |  |  |  |

Sι

| Supplemental Information                 |   |
|--|---|
| Return Reference                         | Explanation   |
| Part XII, Line 2d - Other<br>Adjustments | loss on disposal of fixed assets 16,407 extraordinary employee settlement, to be recorded in 2017 860,000 |

| upplemental Information                  |  |  |  |  |  |
|--|--|--|--|--|--|
| Return Reference                         | Explanation                                    |  |  |  |  |
| Part XII, Line 4b - Other<br>Adjustments | chapter sharing on membership revenues 180,355 |  |  |  |  |

DLN: 93493293011207

OMB No 1545-0047

2015

#### Schedule J (Form 990)

## Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Department of the Treasury Internal Revenue

Name of the organization

**Employer identification number** 

| Nat | onal Kitchen & Bath Association  |         |                                       | •                       |            |     |    |
|-----|--|---------|---------------------------------------|-------------------------|------------|-----|----|
|     |  |         |                                       | 23-1656462              |            |     |    |
| Pa  | rt I Questions Regarding Compensation  |         |                                       |                         |            |     |    |
|     |  |         |                                       |                         |            | Yes | No |
| 1a  | Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to  |         |                                       |                         |            |     |    |
|     | First-class or charter travel  |         | Housing allowance or residence for    | -                       |            |     |    |
|     | Travel for companions  | <br>    |                                       | •                       |            |     |    |
|     | Tax idemnification and gross-up payments   |         | ·                                     |                         |            |     |    |
|     | Discretionary spending account   | Ľ.      |                                       |                         |            |     |    |
| b   | If any of the boxes in line 1a are checked, did the orgareimbursement or provision of all of the expenses desc   |         |                                       |                         | <b>1</b> b | Yes |    |
| 2   | Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut  |         |                                       |                         | 2          | Yes |    |
| 3   | Indicate which, if any, of the following the filing organiz<br>organization's CEO/Executive Director Check all that<br>used by a related organization to establish compensat | tappl   | y Do not check any boxes for metho    | ds                      |            |     |    |
|     | Compensation committee   | ı.      | Written employment contract           |                         |            |     |    |
|     | Independent compensation consultant  | Ľ.      | Compensation survey or study          |                         |            |     |    |
|     | Form 990 of other organizations  | Ľ       | Approval by the board or compensa     | tion committee          |            |     |    |
| 4   | During the year, did any person listed on Form 990, Pa<br>or a related organization  | art V I | I, Section A, line 1a with respect to | the filing organization |            |     |    |
| а   | Receive a severance payment or change-of-control pa  | ymer    | nt?                                   |                         | 4a         |     | Νo |
| b   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?  |         |                                       |                         | 4b         |     | No |
| С   | Participate in, or receive payment from, an equity-bas   | ed co   | mpensation arrangement?               |                         | 4c         |     | Νο |
|     | If "Yes" to any of lines 4a-c, list the persons and prov   | ıde th  | ne applicable amounts for each item i | n Part III              |            |     |    |
| 5   | Only 501(c)(3), 501(c)(4), and 501(c)(29) organization for persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of                     |         |                                       | any                     |            |     |    |
| а   | The organization?  |         |                                       |                         | 5a         |     |    |
| b   | Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III  |         |                                       |                         | 5b         |     |    |
| 6   | For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of  | ıne 1   | a, did the organization pay or accrue | any                     |            |     |    |
| а   | The organization?  |         |                                       |                         | 6a         |     |    |
| b   | Any related organization?  |         |                                       |                         | 6b         |     |    |
|     | If "Yes," on line 6a or 6b, describe in Part III   |         |                                       |                         |            |     |    |
| 7   | For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," des  |         |                                       | n-fixed                 | 7          |     |    |
| 8   | Were any amounts reported on Form 990, Part VII, pasubject to the initial contract exception described in R in Part III  |         |                                       |                         | 8          |     |    |
| 9   | If "Yes" on line 8, did the organization also follow the r section 53 4958-6(c)?   | rebutt  | table presumption procedure describe  | ed in Regulations       | 9          |     |    |

Page 2

4 SUSAN WILLIFORD

Director Industry Relation

143,458

3,500

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

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title                              |      | (B) Breakdown of         | f W-2 and/or 1099-MIS                     | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation in                                    |
|---|------|--------------------------|---|---|--------------------------------|----------------|----------------------|--|
|   |      | Base<br>(i) compensation | (ii)<br>Bonus & incentive<br>compensation | (iii)<br>Other reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | column(B) reported<br>as deferred on prior<br>Form 990 |
| 1 STEPHEN GRAZIANO<br>VICE PRESIDENT, FINANCE & | (i)  | 177,557                  | 3,500                                     | 1,548                                     | 6,490                          | 3,250          | 192,345              | 0  |
| operations                                      | (ii) | 0                        | 0   | 0   | 0                              | 0              | 0                    | 0  |
| 2 william darcyceo                              | (i)  | 315,724                  | 39,955                                    | 840                                       | 13,250                         | 28,964         | 398,733              | 0  |
|   | (ii) | 0                        | 0   | 0   | 0                              | 0              | 0                    | 0  |
| 3 edward nagorsky<br>GENERAL COUNSEL &          | (i)  | 303,452                  | 0   | 3,705                                     | 9,094                          | 26,251         | 342,502              | 0  |
| DIRECTOR OF LEGISL                              |      | 1                        |   |   |                                |                |                      |  |

|(ii)|

2,042

172,916

23,916

Page 3 Supplemental Information Part III 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 Part I. Line 1a The association believes there is a business purpose in having companions attend their events. As such, any amounts asked to be reimbursed are

Schedule J (Form 990) 2015

considered to be taxed to said individual Included on schedule 1 part 11 column b(11) are amounts for bonuses. These amounts were approved by the board and included on the individuals w-2s. Part I. Line 7

Schedule J (Form 990) 2015

| efile GRAPH   | 93493293011207   |  |   |                                |                                |
|---|--|--|---|--------------------------------|--------------------------------|
| SCHEDUL<br>(Form 990 or<br>EZ)                        | 990- Complete to pro<br>Form 990 o  ► Information about  | vide information fo<br>r 990-EZ or to prov<br>▶ Attach to Forn<br>Schedule O (Form | on to Form 990 or 95 responses to specific questic ide any additional information in 990 or 990-EZ. 990 or 990-EZ) and its instructively form 1990. | ons on<br>1.                   | 2016 Open to Public Inspection |
| Name of the org<br>National Kitchen &<br>990 Scheduld |  | n  |   | Employer identif<br>23-1656462 | fication number                |
| Return<br>Reference                                   |  |  | Explanation   |                                |                                |
| Form 990,<br>Part VI,<br>Section A,<br>line 4         | in 2016 the organization amended its<br>ectors, decreasing the number of bo<br>also changed the wording of its miss<br>aces, networks and certifications, Nh<br>h industry | ard members required ion statement to be 1   | d for a full board. The organization<br>Through the creation of marketpl  |                                |                                |

Return Explanation

Form 990,
Part VI,
Section B,
Inne 11b

Return Explanation
Reference

| Form 990,  | ON AN ANNUAL BASIS, ALL MEMBERS OF THE NATIONAL BOARD OF DIRECTORS, COUNCIL SEGMENT COMMIT |
|------------|--|
| Part VI,   | TEES, STANDING COMMITTEES, AND SENIOR LEVEL EMPLOYEES ARE REQUIRED TO SIGN AND SUBMIT A CO |
| Section B, | NFLICT OF INTEREST STATEMENT TO NKBA'S LEGAL COUNSEL                                       |
| line 12c   |  |

Return

| Reference  |  |
|------------|--|
| Form 990,  | IN CONSULTATION WITH AN INDEPENDENT HR CONSULTANT SPECIALIZING IN EXECUTIVE COMPENSATION,  |
| Part VI,   | COMPENSATION FOR THE CEO WAS DETERMINED BY A REVIEW OF BENCHMARKING SURVEYS FOR ASSOCIATIO |
| Section B, | N EXECUTIVES FACTORS CONSIDERED INCLUDED GEOGRAPHY, SIZE, AND TYPE OF ASSOCIATION AS WELL  |
| line 15a   | AS EDUCATION AND EXPERIENCE THE NKBA COMPENSATION COMMITTEE REVIEWS ALL DATA AND MADE A    |
|            | RECOMMENDATION TO THE NKBA EXECUTIVE COMMITTEE WHICH APPROVED THE RECOMMENDATION           |

Explanation

990 Schedule O, Supplemental Information Return Explanation Reference all documents are available upon request

Form 990. Part VI, Section C.

line 19

Return Explanation

| Reference |   |
|-----------|---|
| Form 990, | the organization does not compensate board members for their work on the board compensati |
| part VII  | on to board members represent speaker fees for various NKBA engagements                   |

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Other 1,096,746

Part IX, line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part XI, line extraordinary employee settlement accrued on the financial statements -860,000

Return Explanation
Reference

form 990, part xii, line part xii, line and selection of an independant auditor