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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

3 BETHESDA METRO CENTER No 1100

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

BETHESDA, MD 208146302

F Name and address of principal officer

JOHN M GRAU

3 BETHESDA METRO CENTER No 1100

BETHESDA, MD 208146302

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.necanet.org

K Form of organization

☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation 1901

M State of legal domicile MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

NECA IS DEDICATED TO ENHANCING THE ELECTRICAL CONTRACTING INDUSTRY THROUGH CONTINUING EDUCATION, LABOR RELATIONS, CURRENT INFORMATION AND PROMOTIONAL ACTIVITIES IT IS THE VOICE OF THE ELECTRICAL CONTRACTING INDUSTRY, WORKING TO PROMOTE HIGHER STANDARDS, QUALITY WORKMANSHIP AND TRAINING FOR A SKILLED WORKFORCE

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

TRACI PICKUS CEO

Type or print name and title

2017-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

R Michael Sorrells

Preparer's signature

R Michael Sorrells

Date

Check ☐ if self-employed

PTIN P00001737

Firm's name ▶ Tate and Tryon

Firm's EIN ▶ 52-1855942

Firm's address ▶ 2021 L Street NW Suite 400

Washington, DC 20036

Phone no (202) 293-2200

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

NECA IS DEDICATED TO ENHANCING THE ELECTRICAL CONTRACTING INDUSTRY THROUGH CONTINUING EDUCATION, LABOR RELATIONS, CURRENT INFORMATION AND PROMOTIONAL ACTIVITIES IT IS THE VOICE OF THE ELECTRICAL CONTRACTING INDUSTRY, WORKING TO PROMOTE HIGHER STANDARDS, QUALITY WORKMANSHIP AND TRAINING FOR A SKILLED WORKFORCE

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

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

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

If "Yes," describe these changes on Schedule O

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

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

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

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

(Code) (Expenses \$ including grants of \$) (Revenue \$)
education - NECA offers educational programs and publications to help members run their businesses better, serving employees at all levels within the electrical contracting industry, providing tools for members to accurately account for job costs and publishing the Manual of Labor Units

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

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5 Yes	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	95	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	87
b	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	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	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	Yes
b	If "Yes," enter the name of the foreign country: AC 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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible 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?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
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	
g	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	
8	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	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	No
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	Yes
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	Yes
7b	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:		
a	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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	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? If "Yes," describe in Schedule O how this was done.	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed: <u>MD</u>
18	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: ► The Organization 3 BETHESDA METRO CENTER No 1100 BETHESDA, MD 208146302 (301) 657-3110

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2016)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 37

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
NXTevent Inc 60 K Street 4th Floor BOSTON, MA 02127	Destination Management Company	752,806
Mosaic Learning Inc 10005 Old Columbia Road Suite R-25 COLUMBIA, MD 21046	consultation	685,830
Lindenberger & Associates Inc 7007 Winding Walk Drive Suite 100 HOUSTON, TX 77095	Marketing representative	489,588
Fry Communications Inc 800 West Church Road MECHANICSBURG, PA 17055	PUBLISHING SERVICES	481,042
HFI LLC 156 Peachtree East Shopping Ctr 2 PEACHTREE CITY, GA 30269	Trade show and marketing consultant	429,133

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 28	
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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	250,000			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		250,000			
Program Service Revenue		Business Code				
	2a MEMBERSHIP DUES	900099	14,418,741	14,418,741		
	b ANNUAL CONVENTION	900099	6,854,563	6,854,563		
	c ADVERTISING INCOME	541800	5,074,736		5,074,736	
	d EDUCATIONAL COURSES	900099	1,082,972	1,082,972		
	e PUBLICATION	541800	487,473		487,473	
	f All other program service revenue		57,811			57,811
	g Total. Add lines 2a-2f ▶		27,976,296			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		466,817			466,817
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		42,105			42,105
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		696,284	40		
	b Less cost or other basis and sales expenses		673,063	2,865		
	c Gain or (loss)		23,221	-2,825		
	d Net gain or (loss) ▶		20,396			20,396
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a		348,157				
b Less cost of goods sold b		0				
c Net income or (loss) from sales of inventory ▶		348,157	348,157			
Miscellaneous Revenue		Business Code				
11a Management revenue		900099	151,163	151,163		
b MISCELLANEOUS INCOME		900099	113,253		113,253	
c						
d All other revenue						
e Total. Add lines 11a-11d ▶			264,416			
12 Total revenue. See Instructions ▶			29,368,187	22,855,596	5,562,209	700,382

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	300,000			
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.				
5 Compensation of current officers, directors, trustees, and key employees.	1,955,547			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	6,339,798			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,170,819			
9 Other employee benefits.	943,562			
10 Payroll taxes.	583,480			
11 Fees for services (non-employees):				
a Management.				
b Legal.	140,375			
c Accounting.	102,779			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	6,850			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,303,946			
12 Advertising and promotion.	167,159			
13 Office expenses.	1,138,046			
14 Information technology.	253,585			
15 Royalties.				
16 Occupancy.	1,118,505			
17 Travel.	1,740,350			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	6,083,881			
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	449,732			
23 Insurance.	96,889			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a COMMISSIONS	1,725,932			
b PRINTING & PUBLICATIONS	911,232			
c DUES & SUBSCRIPTIONS	203,326			
d EQUIPMENT RENTAL & MAIN	197,053			
e All other expenses	98,763			
25 Total functional expenses. Add lines 1 through 24e.	28,031,609			
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).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		510,931	1	513,153
	2	Savings and temporary cash investments		2,962,792	2	2,428,613
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,693,688	4	3,658,219
	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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		221,364	8	244,206
	9	Prepaid expenses and deferred charges		1,474,204	9	1,224,155
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	5,431,451		
	b	Less: accumulated depreciation	10b	2,882,523		
				2,071,600	10c	2,548,928
	11	Investments—publicly traded securities		19,276,578	11	19,761,954
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		512,589	15	576,212	
16	Total assets. Add lines 1 through 15 (must equal line 34)		29,723,746	16	30,955,440	
Liabilities	17	Accounts payable and accrued expenses		1,668,697	17	1,555,252
	18	Grants payable			18	
	19	Deferred revenue		936,181	19	718,410
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		9,741,594	25	8,568,968
	26	Total liabilities. Add lines 17 through 25		12,346,472	26	10,842,630
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		17,377,274	27	20,112,810
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		17,377,274	33	20,112,810	
34	Total liabilities and net assets/fund balances		29,723,746	34	30,955,440	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,368,187
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,031,609
3	Revenue less expenses Subtract line 2 from line 1	3	1,336,578
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,377,274
5	Net unrealized gains (losses) on investments	5	729,645
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	669,313
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,112,810

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 53-0115267

Name: NATIONAL ELECTRICAL CONTRACTORS
ASSOCIATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

field -- neca provides a number of services to members as part of its mission to advance the electrical contracting industry field services help members by mediating local labor disputes and providing counseling

Form 990, Part III, Line 4b:

"electrical contractor" magazine -- the magazine of the electrical contracting business educates the industry through timely articles and columns on such topics as the national electrical code, estimating, project management, networking, lighting, power quality, fiber optics, integrated systems and other technologies and project profiles that examine how contractors operate in different markets and situations

Form 990, Part III, Line 4c:

convention and exposition -- neca's convention and trade show provides an opportunity for members to exchange ideas and attend educational seminars, it is also an exceptional showcase for the latest electrical products and services

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

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID HARDT President	1 00 0 00	X		X				0	0	0
NICOLAUS FELDMANN Vice President, district 1	1 00 0 00	X		X				0	0	0
DANIEL B WALSH Vice President, District 2	1 00 0 00	X		X				0	0	0
DAVID LONG Vice President, district 3	1 00 0 00	X		X				0	0	0
WES ANDERSON Vice President, district 4	1 00 0 00	X		X				0	0	0
DOUG HAGUE Vice President, district 5	1 00 0 00	X		X				0	0	0
GLORIA ASHFORD Vice President, district 6	1 00 0 00	X		X				0	0	0
SKIP PERLEY Vice President, district 7	1 00 0 00	X		X				0	0	0
James McDonald Vice President, district 8	1 00 0 00	X		X				0	0	0
LEONARD LYNCH JR Vice President, district 9	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS G HALPIN Vice President, district 10	1 00 0 00	X		X				0	0	0
CLAYTON SCHARFF Vice President at large	1 00 0 00	X		X				0	0	0
ANDRES QUINTANA BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
ANDY DELAPARTE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
ANTHONY MALONEY III BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
ANTHONY SHREVE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
BLAIR MAHAN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
BRAD BUTLER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
BRIAN KOHNEN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CARL JARRETT BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES FREEMAN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CHARLES GEORGE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CHERYL ADELUNG BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CHRIS THOMSON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CHRISTOPHER MONTGOMERY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CHRISTOPHER O'ROURKE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CHULHO CHANG BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CRAIG CLARK BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
CRAIG MARTIN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAN LANCIA BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL PALMER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DANIEL SMITH BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DANIEL STREICHER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DARRELL GOSSETT BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID DICKEY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID ESTES BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID HAINES BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID J HELSEL BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID MASON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID MCINNES BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID PEASE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID PETERSON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID WASHEBEK BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DAVID WITZ BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DON LAFFOON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DONALD LESLIE JR BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
DONALD STOCKTON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
EJ DEUBLER III BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
EARL O'QUINN III BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
EDWARD E WITT JR BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK E SCHETTER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
FRED NEUBAUER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
FREDERICK A JENSEN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
GARY TUCCI BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
GEORGE BRESTLE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
GLADE MCINNIS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
GREGORY RICK BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
HAL SOKOLOFF BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
HERMON MILTON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
HOWARD MAYERS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACK BECK JR BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JACK GREGO BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JAMES ATKINS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JAMES L PETERSON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JAMES P YOUNG BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JAMES STRANGE JR BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JEFF LEWIS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JEFF PERRY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JEFFREY L WHEELER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JIM HESS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
JIM MICHIG BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JODY SHEA BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JOEL BOVEE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JOHN AMICUCCI BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JOHN F KOSTYO BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JOHN FRANTZ BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JOHNNY DYKE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JONATHAN OSTROW BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JONATHAN R BORDEN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		
JOSEPH BODIO BOARD OF GOVERNORS	1 00 0 00	X						0	0	0		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH DELEONARDIS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JOSEPH GROSS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
KEVIN MISLIN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
KIRK DAVIS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
LAEL FULLFORD BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
LARRY LAFAVE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
LAWRENCE EAGAN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
LEWIS FRAIN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
LEWIS MAFFIOLI BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
LOUIS J ANGELOS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LUIS FELIPE FLORES TORRES BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
LUKE CUNNINGHAM BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MARK HADY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MARK HUSTON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MARTIN WEST BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MARVIN GROVES II BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MARVIN NELSON BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MATTHEW CAPPADONNA BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MATTHEW LABOSKY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MICHAEL E MCPHEE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE KANETZKY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MITCHEL C HUGHES BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
MITCHELL MARQUART BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
PAUL SHERIDAN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
PAUL SORENSEN BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
RALPH KENDRICK JR BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
RANDALL WISENBAKER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
RICH HOLBECK BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
RICHARD VIGNAROLI BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
RICK HENRY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MILO STEPHENS BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
ROBERT ALGER BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
ROBERT LISOWSKI BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
ROBERT SMITH BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
ROBERT TURNER BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
RUDOLPH DIXON BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
RYAN LONDON BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
SCOTT KORCZYNSKI BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
SCOTT MADDOX BOARD OF GOVERNORS		1 00 0 00	X						0	0	0
SCOTT STEPHENS BOARD OF GOVERNORS		1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHANE SNYDER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
SHAWN SMITH BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
SIMON BUSSIÈRE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
STEPHEN P KELLY SR BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
STEVE C GARDENER SR BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
STEVE T WATANABE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
SUSAN ERNST BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TED BRADY BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TERRY BUHS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TERRY LETTE BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS G ISPAS BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
THOMAS WOLDEN bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TIM HOLMBERG bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TIMOTHY R MCBRIDE bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TODD MIKEC bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TOM WILEY bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TONY ARNOLD bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TROY BEALL bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
TURNER WOOD bOARD OF GOVERNORS	1 00 0 00	X						0	0	0
VINCENT REAL BOARD OF GOVERNORS	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM DARISH BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
WILLIAM LINDBERG BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
WILLIAM PFEIFFER BOARD OF GOVERNORS	1 00 0 00	X						0	0	0
JOHN M GRAU CHIEF EXECUTIVE OFFICER	34 00 1 00			X				664,108	0	61,705
DANIEL G WALTER CHIEF OPERATING OFFICER	35 00 0 00			X				339,552	0	47,122
TRACI WALKER SECRETARY-TREASURER	34 00 1 00			X				185,831	0	38,974
GEARY HIGGINS VICE PRESIDENT	35 00 0 00			X				279,351	0	47,522
RUSSELL J ALESSI President-Electri	1 00 35 00				X			0	223,836	41,317
STEVE KRIEG REGIONAL DIRECTOR	35 00 0 00					X		206,050	0	42,212
WILLIAM ORGILL REGIONAL DIRECTOR	35 00 0 00					X		222,705	0	43,441

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD PARENTI REGIONAL DIRECTOR	35 00 0 00					X		221,073	0	43,437
B DAVID ROBERTS REGIONAL DIRECTOR	35 00 0 00					X		226,542	0	43,941
MARCO GIAMBERARDINO Executive Director	35 00 0 00					X		194,588	0	39,561

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

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

Name of the organization NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC	Employer identification number 53-0115267
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

1	Dues, assessments and similar amounts from members	1	14,418,741
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	582,745
a	Current year	2b	
b	Carryover from last year	2c	582,745
c	Total	3	576,750
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	5,995
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
Part I-A, Line 1	NATIONAL ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE (NECPAC) WAS FORMED IN 1978 NECPAC IS A SEPARATE, SEGREGATED FUND AND QUALIFIES AS A MULTI-CANDIDATE COMMITTEE

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318007187	
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC				Employer identification number 53-0115267	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ 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				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,505,580	529,203	976,377
d Equipment		3,925,871	2,353,320	1,572,551
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,548,928

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
DEFERRED COMPENSATION PLAN	1,036,358	
Accrued Pension Liability	6,118,746	
DEFERRED RENT LIABILITY	1,413,864	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	8,568,968	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	30,760,295
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	729,645
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	669,313
e	Add lines 2a through 2d	2e	1,398,958
3	Subtract line 2e from line 1	3	29,361,337
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,850
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	6,850
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	29,368,187

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

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

1	Total expenses and losses per audited financial statements	1	28,024,759
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	28,024,759
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,850
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	6,850
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	28,031,609

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 53-0115267
Name: NATIONAL ELECTRICAL CONTRACTORS
ASSOCIATION INC

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	fas 158 adjustment 669,313

Schedule I
(Form 990)

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

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

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

OMB No 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL ELECTRICAL CONTRACTORS
ASSOCIATION INC

Employer identification number
53-0115267

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Electri International 3 Bethesda Metro Center Bethesda, MD 20814	52-1643734	501(c)(3)		300,000	FMV	ADMINISTRATIVE SUPPORT	Support ongoing efforts of Electri International to advance the electrical industry

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

1

3 Enter total number of other organizations listed in the line 1 table

0

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Part I, Line 2	NECA provides contributed administrative support to Electri International NECA management and governing body receive periodic updates from Electri International on program purpose achievements

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION INC

Employer identification number
53-0115267

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		
b Any related organization?		
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		
b Any related organization?		
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 4b	John Grau has a deferred severance plan. The total amount accrued for the plan at 12/31/2016 was \$47,841. MR. GRAU IS ALSO ELIGIBLE FOR AN EXECUTIVE COMPENSATION PAYMENT SHOULD HE REMAIN EMPLOYED WITH NECA THROUGH THE EXPIRATION DATE OF HIS CURRENT EMPLOYMENT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 53-0115267
Name: NATIONAL ELECTRICAL CONTRACTORS
ASSOCIATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN M GRAU CHIEF EXECUTIVE OFFICER	(i)	500,816	100,000	63,292	29,000	36,221	729,329	0
	(ii)	0	0	0	0	- 0	- 0	0
1DANIEL G WALTER CHIEF OPERATING OFFICER	(i)	253,788	50,000	35,764	29,000	24,572	393,124	0
	(ii)	0	0	0	0	- 0	- 0	0
2TRACI WALKER SECRETARY-TREASURER	(i)	160,503	7,500	17,828	21,171	23,472	230,474	0
	(ii)	0	0	0	0	- 0	- 0	0
3GEARY HIGGINS VICE PRESIDENT	(i)	226,108	25,000	28,243	29,000	24,299	332,650	0
	(ii)	0	0	0	0	- 0	- 0	0
4RUSSELL J ALESSI President-Electn	(i)	0	0	0	0	0	0	0
	(ii)	213,618	0	10,218	25,195	- 20,937	- 269,968	0
5STEVE KRIEG REGIONAL DIRECTOR	(i)	202,783	0	3,267	23,590	20,758	250,398	0
	(ii)	0	0	0	0	- 0	- 0	0
6WILLIAM ORGILL REGIONAL DIRECTOR	(i)	207,790	0	14,915	25,319	20,653	268,677	0
	(ii)	0	0	0	0	- 0	- 0	0
7RICHARD PARENTI REGIONAL DIRECTOR	(i)	214,290	0	6,783	26,015	20,329	267,417	0
	(ii)	0	0	0	0	- 0	- 0	0
8B DAVID ROBERTS REGIONAL DIRECTOR	(i)	217,190	0	9,352	25,319	21,643	273,504	0
	(ii)	0	0	0	0	- 0	- 0	0
9MARCO GIAMBERARDINO Executive Director	(i)	189,119	5,000	469	23,438	18,417	236,443	0
	(ii)	0	0	0	0	- 0	- 0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

NATIONAL ELECTRICAL CONTRACTORS
ASSOCIATION INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

53-0115267

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	(A) REGULAR MEMBERSHIP REGULAR MEMBERSHIP SHALL BE AVAILABLE TO PERSONS, FIRMS, CORPORATIONS, AND OTHER PERMANENTLY ESTABLISHED ENTITIES WHOSE PRINCIPAL BUSINESS IS ELECTRICAL POWER, COMMUNICATIONS OR CONTROLS CONTRACTING AND WHO HAVE AN ESTABLISHED PLACE OF BUSINESS AS DEFINED BY THE BOARD OF GOVERNORS REGULAR MEMBERS IN GOOD STANDING SHALL BE AUTHORIZED TO CAST THE FOLLOWING VOTES BY BALLOT IN ALL MATTERS REFERRED TO MEMBERS BY THE ASSOCIATION AND/OR CHAPTERS OF THE ASSOCIATION AND REQUIRING A VOTE BY BALLOT BASED UPON "MANHOURS" IN THE PRIOR CALENDAR YEAR, REGULAR MEMBER, REPORTING (1) 1 TO 75,000 MANHOURS SHALL HAVE ONE (1) VOTE, (2) 75,001 TO 150,000 MANHOURS SHALL HAVE TWO (2) VOTES AND (3) IN EXCESS OF 150,000 MANHOURS SHALL HAVE THREE (3) VOTES EACH REGULAR MEMBER SHALL DESIGNATE AN "ACCREDITED REPRESENTATIVE" WHO IS AN OWNER, PARTNER, OFFICER OR OCCUPANT OF ANOTHER SENIOR POSITION THE "ACCREDITED REPRESENTATIVE" SHALL REPRESENT AND VOTE ON BEHALF OF THE REGULAR MEMBER (B) HONORARY MEMBERSHIP HONORARY MEMBERSHIP SHALL BE AVAILABLE TO ANY PERSON ELECTED TO SUCH STATUS BY THE BOARD OF GOVERNORS FOR DISTINGUISHED SERVICE TO THE ELECTRICAL INDUSTRY (C) VETERAN MEMBERSHIP VETERAN MEMBERSHIP SHALL BE AVAILABLE TO PERSONS HAVING REPRESENTED A REGULAR MEMBER IN GOOD STANDING FOR AT LEAST FIFTEEN (15) YEARS AND NOT CURRENTLY ENGAGED IN THE ELECTRICAL CONTRACTING BUSINESS VETERAN MEMBERS SHALL BE ELECTED BY THE EXECUTIVE COMMITTEE (D) INDIVIDUAL MEMBERSHIP INDIVIDUAL MEMBERSHIP SHALL BE AVAILABLE TO INDIVIDUALS AND/OR OTHER ENTITIES MEETING ALL REGULAR MEMBERSHIP REQUIREMENTS FOR MEMBERSHIP IN THIS ASSOCIATION BUT (i) NOT BEING ACCEPTED FOR MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION OR (ii) HAVING ONCE HELD MEMBERSHIP IN A CHAPTER OF THIS ASSOCIATION, DENIED CONTINUATION OF SUCH MEMBERSHIP APPLICANTS FOR INDIVIDUAL MEMBERSHIP MUST BE APPROVED BY A MAJORITY VOTE OF THE EXECUTIVE COMMITTEE BEFORE APPROVING INDIVIDUAL MEMBERSHIPS, THE EXECUTIVE COMMITTEE SHALL COMMUNICATE FULLY WITH CHAPTERS CONCERNED A PROSPECTIVE INDIVIDUAL MEMBER WILL HAVE THE OPPORTUNITY TO RESPOND IN WRITING TO ANY CHAPTER POSITION AND TO BE HEARD BY THE EXECUTIVE COMMITTEE AND HAVE THE RIGHT OF APPEAL TO THE BOARD OF GOVERNORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	THE BOARD OF GOVERNORS IS THE ULTIMATE GOVERNING BODY OF THIS ASSOCIATION AND SHALL CONTROL ALL ITS ASSETS AND AFFAIRS AND FORMULATE ITS POLICIES AND PROGRAMS THE BOARD OF GOVERNORS SHALL CONSIST OF (A) ONE (1) GOVERNOR ELECTED FROM AND BY THE MEMBERS OF EACH CHAPTER EMPOWERED TO ELECT GOVERNORS AFFILIATED WITH THIS ASSOCIATION (B) THE PRESIDENT OF THIS ASSOCIATION (C) THE DISTRICT VICE PRESIDENTS (D) THE VICE PRESIDENT AT LARGE SELECTION OF GOVERNORS - EACH CHAPTER LOCATED IN AN ODD-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH ODD-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS EACH CHAPTER LOCATED IN AN EVEN-NUMBERED DISTRICT SHALL, IN JANUARY OF EACH EVEN-NUMBERED YEAR, SELECT ONE OF ITS ACTIVE REGULAR MEMBERS TO SERVE AS A MEMBER OF THE BOARD OF GOVERNORS OF THIS ASSOCIATION FOR A TERM OF TWO (2) YEARS GOVERNORS SHALL TAKE OFFICE UPON SELECTION AND NOTIFICATION SENT TO THE SECRETARY/TREASURER IN WRITING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	NECA FORWARDED THE DRAFT OF THE FORM 990 TO THE EXECUTIVE COMMITTEE VIA E-MAIL PRIOR TO FILING AND ANSWERED ANY QUESTIONS THAT AROSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION EXECUTIVE COMMITTEE, BOARD OF GOVERNORS, COMMITTEES, TASK FORCES, WORKING GROUPS AND OTHERS IN THE NECA GOVERNANCE STRUCTURE, AS WELL AS ALL NECA EMPLOYEES MUST ACT AT ALL TIMES IN THE BEST INTERESTS OF NECA AND NOT FOR PERSONAL OR THIRD-PARTY GAIN OR FINANCIAL ENRICHMENT. THE NECA EXECUTIVE COMMITTEE HAS THE EXCLUSIVE AUTHORITY AND RESPONSIBILITY TO DECIDE AN APPROPRIATE REACTION TO THE DISCLOSURE THE EXECUTIVE COMMITTEE MAY, AT ITS DISCRETION, CHOOSE AMONG THE FOLLOWING REACTIONS: DISCLOSURE. THE DISCLOSURE REGARDING A VOLUNTEER'S OTHER INTEREST IS WORTHY OF THE EXECUTIVE COMMITTEE'S ATTENTION, BUT THE DISCLOSURE ITSELF, AND THE EXECUTIVE COMMITTEE'S AWARENESS OF THE DISCLOSURE, IS CONSIDERED SUFFICIENT TO CORRECT FOR ANY BIAS THAT IT MIGHT ENTAIL. IN SHORT, THE EXECUTIVE COMMITTEE WOULD LIKELY DECIDE THAT ALTHOUGH THE VOLUNTEER CLEARLY HAS SOME OTHER INTEREST, THE EXECUTIVE COMMITTEE WILL SIMPLY TAKE THE INFORMATION INTO ACCOUNT AS THE MEMBER PARTICIPATES IN DECISION-MAKING. RECUSAL. THE OTHER INTEREST THAT HAS BEEN DISCLOSED AFFECTS AN IMPORTANT POLICY OR PROGRAM FOR THE ORGANIZATION. TO ASSURE THE ORGANIZATION AND ITS CONSTITUENCY THAT EXECUTIVE COMMITTEE DECISION-MAKING IS WITHOUT BIAS, IT IS BEST FOR THE VOLUNTEER TO RECUSE HIMSELF/HERSELF WHEN THE EXECUTIVE COMMITTEE TAKES REPORTS, DEBATES, OR MAKES DECISIONS, REGARDING THAT POLICY OR PROGRAM. IN SHORT, THE VOLUNTEER WOULD BE ASKED TO SIT OUT ANY WORK OF THE EXECUTIVE COMMITTEE IN THE AREA WHERE HE/SHE HAS CONFLICTING INTERESTS. RESIGNATION. THE OTHER INTEREST RELATES TO A CONTINUING, PERVERSIVE, AND IMPORTANT EXECUTIVE COMMITTEE FUNCTION, ONE THAT CANNOT EASILY BE ISOLATED ON AN AGENDA SO AS TO PERMIT RECUSAL. IN THIS CASE, THE MEMBER MIGHT BE ASKED TO RESIGN HIS/HER POSITION, SINCE THIS IS THE ONLY WAY TO ENSURE THAT THE OTHER INTEREST DOES NOT INTRUDE UPON AND SKEW EXECUTIVE COMMITTEE DECISION-MAKING. WHILE THIS IS AN EXTREME AND RARE RESULT OF A MEMBER'S DISCLOSURE, IT IS SOMETIMES THE BEST AND ONLY FAIR ALTERNATIVE. EFFECTIVE JANUARY 2010, AT THE EXECUTIVE COMMITTEE'S FIRST MEETING OF EACH YEAR, THE COMMITTEE WILL REVIEW THE CONFLICT OF INTEREST POLICY. THE MEMBERS OF THE COMMITTEE WILL THEN HAVE THE OPPORTUNITY TO DISCUSS ANY POTENTIAL CONFLICTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE, IS THE BODY CHARGED WITH REVIEWING THE CEO'S COMPENSATION PACKAGE THE COMMITTEE REVIEWS MARKET DATA AND THE CEO'S PERFORMANC E IN DETERMINING WHAT AN EQUITABLE COMPENSATION PACKAGE SHOULD BE IN TURN, THE CEO OF THE ASSOCIATION IS CHARGED WITH PREPARING EVALUATIONS FOR THE ORGANIZATION'S SENIOR MANAGEMEN T TEAM BASED ON EACH INDIVIDUAL'S PERFORMANCE DURING THE CURRENT YEAR THIS DATA IS THEN U SED BY THE CEO, WITH ADVISEMENT FROM THE COMPENSATION COMMITTEE, IN SETTING COMPENSATION P ACKAGES FOR THE ORGANIZATION'S OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	NECA'S GOVERNING DOCUMENTS ARE AVAILABLE ON-LINE AT WWW NECANET ORG NECA'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	FAS 158 Adjustment 669,313

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THIS PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
NATIONAL ELECTRICAL CONTRACTORS
ASSOCIATION INC

Employer identification number
53-0115267

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ELECTRI INTERNATIONAL - THE FOUNDATION FOR 3 BETHESDA METRO CENTER SUITE 1100 BETHESDA, MD 208145330 52-1643734	RESEARCH ACTIVITIES	MD	501(C)(3)	170(B)(1)(A)(VI)	NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION		No
(2)National Electrical Contractors PAC 3 BETHESDA METRO CENTER SUITE 1100 bETHESDA, MD 208145330 52-1156960	Support Candidates who back issues in the electrical construction industry	MD	527		nATIONAL ELECTRICAL CONTRACTORS ASSOCIATION		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ELECTRI INTERNATIONAL	B	476,024	COST
(2)ELECTRI INTERNATIONAL	O	532,997	COST
(3)ELECTRI INTERNATIONAL	Q	7,219	COST
(4)ELECTRI INTERNATIONAL	R	8,986	COST

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

[illegible]

Part VII**Supplemental Information**

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

Return Reference	Explanation
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