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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2010

Open to Public Inspection

A .	For the 2010	calendar year, or tax year beginning , and ending			
3 (Check if applicab	10 V 1 1 V 1 V 1 V 1 V 1 V 1		D Emplo	yer identification number
	Address change	Contractors Association			
╗	Name change	Doing Business As		72-	0442166
\dashv	-	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
_	Initial return	9435 Mansfield Road	4A	318	-686-9541
	Terminated	City or town, state or country, and ZIP + 4			
٦	Amended return	Shreveport LA 71118-3859		G Gross rece	eipts\$ 274,088
╡	Application pend	F Name and address of principal officer	Man labara		affiliates? Yes X No
_	дрисацоп ропо		H(a) Isthis a g	roup return for a	= =
			H(b) Are all a	iffiliates inclu	ded? Yes No
			If "N	o," attach a l	st (see instructions)
ı	Tax-exempt s	tatus 501(c)(3) X 501(c) (6) 4 (insert no) 4947(a)(1) or 527			
J	Website: ▶	N/A	H(c) Group e	xemption nu	mber 🕨
K	Form of organiz	tion X Corporation Trust Association Other ► L Ye	ar of formation		M State of legal domictle:
P	Part I	Summary			
	1 Briefl	describe the organization's mission or most significant activities.			
0	SE	E "a" BELOW			
Š					
ř	1				•
Š	2 Chec	this box I if the organization discontinued its operations or disposed of more than 25°	% of its net as	sets.	
Activities & Governance	3 Numi	per of voting members of the governing body (Part VI, line 1a)		3	8
es	4 Numl	er of independent voting members of the governing body (Part VI, line 1b)		4	0
ž	5 Total	number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2
ᅙ	6 Total	number of volunteers (estimate if necessary)		6	
•	7a Total	unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net u	nrelated business taxable income from Form 990-T, line 34		7b	0
		<u></u>	Prior Ye	ar	Current Year
ē	8 Conti	butions and grants (Part VIII, line 1h)	10	2 046	104 220
en	9 Prog	am service revenue (Part VIII, line 2g)		3,046	194,338
Revenue	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)		6,354	21,980
; L	11 Othe	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,147	57,770
<u> </u>		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,547	274,088
2	t	s and similar amounts paid (Part IX, column (A), lines 1–3)			
		fits paid to or for members (Part IX, column (A), line 4)	11	6 450	110 EEC
ŝ	15 Salar	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7.7	6,450	119,556
Expenses	16a Profe	ssional fundraising fees (PartilX, column (A), line; 1(e)		-	
Ž	b Total	fundraising expenses (Part IX, column (D), line 25)	1.4	0 271	152 400
ш	1 17 0010	expenses (Part IX, column (A) lines 11a-11d, 11f-24f)		8,371 4,821	152,490
		expenses Add lines 13–17 (must equal Part IX/column (A); (line 25)		9,726	272,046 2,042
ᆫ	19 Reve	nue less expenses Subtract line 18 from line 12	Beginning of Cu		2,042 End of Year
Net Assets or	50 Total	assets (Part X, line 16)		0,143	822,585
Ass	21 Total	liabilities (Part X, line 26)		1,539	4,211
활	22 Net a	ssets or fund balances. Subtract line 21 from line 20	81	8,604	818,374
	Part II	Signature Block			
_		of perjury, I declare that I have examined this resurn, including accompanying schedules and statements,	and to the best of	of my knowle	dge and belief, it is
t	rue, correct, ar	d complete Oeclaration of preparer (other than officer) is based on all information of which preparer has a	ny knowledge	,	- 3
_		Mary & IlMin		J	6-2-11
Si	ign 📝	Signature of officer		Date	,
	ere	Steve Martin Manage	er		
- •		Type or print name and title	. ,		
_	Prir	VType preparer's name Preparer's signature 11	2 Date	Checi	d PTIN
Pa		ri L. Watkins Terri L. Watking	Whom	6/11 self-e	mployed P00745810
Pr		's name > Young & Bell, ACCPA		Firm's EIN	
Us	se Only	624 Travis St Ste 900			
	Fire	s's address > Shreveport, LA 71101-3019		Phone no.	318-424-3185
M		scuss this return with the preparer shown above? (see instructions)			Yes No
_	<u> </u>	Reduction Act Notice, see the separate instructions.		<u>-</u>	Form 990 (2010)
DA		- · · · · · · · · · · · · · · · · · · ·			

orm 990 (2010) N. Louisiana			72-044216	6		age 2
Part Jil Statement of Progra Check if Schedule O			in thic Part III			1
Briefly describe the organization's mis		se to any question	iii tiiis Fait iii			X
SEE "a" BELOW						
					•	·
•		•	•			
2 Did the organization undertake any si	gnificant program service	es during the year which	were not listed on t	he		
prior Form 990 or 990-EZ?	0.1.1.0				Yes X	No 2
If "Yes," describe these new services Did the organization cease conductin		anges in how it conduct	s any nrogram			
services?	g, or mane organicality		o, any program		Yes X	No 2
If "Yes," describe these changes on S						_
Describe the exempt purpose achieve 501(c)(3) and 501(c)(4) organizations						
others, the total expenses, and reven			port and amount or g			
	106 072		·····			
4a (Code:) (Expenses \$ To provide Education		ncluding grants of \$	ons. and) (Revenue \$		
Seminars pertaining						
Industry for approx	imately 25 c	ontractors				
		•				
		•				
						٠
						•
	•					
1 (O-d-						
1b (Code:) (Expenses \$	I.	ncluding grants of \$) (Revenue \$		
		•				•
	•	•				
		•				
					-	
4c (Code.) (Expenses \$	——————————————————————————————————————	ncluding grants of \$) (Revenue \$		
, , , , , , , , , , , , , , , , , ,		g grants or ¢		, (•
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· · · · .						• •
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•			•		• •	• •
•	• • •					
				•		
						•
4d Other program services (Describe in	Schedule O.)	·	·.			
(Expenses \$	including grants of) (Revenue \$	i)	
4e Total program service expenses ▶	196,0	72				
IAA					Form 990	J (2010

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		<u>x</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ا ا	İ	v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-	^	
U	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."			
•	complete Schedule D, Part III	8	1	x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	Ť		
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	· · · ·		
	endowments? If "Yes," complete Schedule D, Part V	10	1	x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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	Х	
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		X
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		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		<u> </u>
13	organization or entity located outside the United States? If "Yes," complete Schedule F. Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-'0-		
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	j	x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	٣		 -
. •	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			_ - -
_	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20Ь		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	,,,,,			ŀ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		_	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			~
_	Schedule L, Part IV	28b		X
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
2 9 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
٠.	Part I	21		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		l.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	L
			200	

Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable Is 0		Check if Schedule O contains a response to any question in this Part V				\Box
1s Enter the number reported in Box 3 of Form 1096. Enter 0-th in ot applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable game (gambing) withholding rules for reportable payments to vendors and reportable game (gambing) withholding rules for reportable payments to vendors and reportable game (gambing) withholding rules for reportable payments to vendors and reportable game (gambing) withholding rules for reportable payments to vendors and reportable game (gambing) withholding rules for reportable game (gambing) withholding rules for reportable game (gambing) withholding rules for reportable game (gambing) withholding rules (game) r					Yes	No
be Enter the number of Forms W-2G included in line 1s Enter -0- In oil applicable 15	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
bit the organization comply with backup withfolding rules for reportable payments to vendors and reportable gamming (gambling) withing the prize witness? 2 Enter the number of employees reported on Form W.3, Transmital of Wage and Tax Statements, filed or the calendary ever anding with or within the year covered by this return. 3 It all east one is reported on line 2a, did the organization file all required federal employment tax returns? 4 Note: If the sun of lines 1 and 2a is greater than 500, you may be required to define (see instructions) 5 It if "Fes", has if tilled a Form 890-T for this year? If "No", provide an explanation in Schedule O. 5 It "Yes", has the did a Form 890-T for this year? If "No", provide an explanation in Schedule O. 5 It "Yes", if the till a Form 890-T for this year? If "No", provide an explanation in Schedule O. 5 It "Yes", enter the name of the foreign country. In the secondary year, did the organization has been entered in, or a significant or other named accountry. 5 Was the organization a party to a prohibided tax shelter transaction at any time during the tax year? 5 It "Yes", enter the name of the foreign country. In the secondary year, or the secondary year of the secondary year of the secondary year. 5 It "Yes", enter the name of the foreign country. In the year of year year year year. 5 It was the organization aparty to a prohibided tax shelter transaction at any time during the tax year? 5 It yes to line Sa or So, of the organization the Form 8886-T. 5 It was the organization should year year year year year year year year		· · · · · · · · · · · · · · · · · · ·	1b 0	1		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, like for the celestradry area ending with or within the year covered by this return. 1 It aleast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file. (see instructions) 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation in Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation in Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation or Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation or Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation or Schedule O 3 It is a file or the service of the foreign country. It is a file or the file or the service of the foreign country. It is a file or the file or file or the file or the file or the file or the file or or the file or organization file or organization file or the file organization	С	Did the organization comply with backup withholding rules for reportable payments to vendors and		1 1		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, like for the celestradry area ending with or within the year covered by this return. 1 It aleast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file. (see instructions) 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation in Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation in Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation or Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation or Schedule O 3 It is a file of a Form 990-Tile or this year? If No.; provide an explanation or Schedule O 3 It is a file or the service of the foreign country. It is a file or the file or the service of the foreign country. It is a file or the file or file or the file or the file or the file or the file or or the file or organization file or organization file or the file organization		reportable gaming (gambling) winnings to prize winners?		1c		
It aleast one is reported on line 2a, did the organization the all required federal employment tax returns? 2b X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		,	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to c-file. (see instructions) □ Did the organization have unrelated business gress income of \$1,000 m ormore dump the year? □ If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O □ If "Yes," that it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O □ Vovr, a financial account in a foreign country (such as a bank account, excurtiles account, or other financial account in a foreign country. □ If "Yes," enter the name of the foreign country. □ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. □ Was the organization for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. □ Was the organization that it was or is a party to a prohibeted tax shelter transaction? □ If "Yes," on the Sacro 5d, did the organization the Form 8886-T? □ Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization to the organization that were not tax deductible? □ If "Yes," did the organization mixture were not tax deductible? □ If "Yes," did the organization mixture were not tax deductible? □ Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided the the payor? □ Organization statin any receive deductible contributions under section 170(c). □ If "Yes," did the organization onlity the donor of the value of the goods or services provided? □ Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided the payor? □ Did the organization is the payor? □ Did the organization may be a payor the payor the payor the payor the payor		Statements, filed for the calendar year ending with or within the year covered by this return	2a 2			
38 Dut the organization have unrelated business gross income of \$1.000 or more during the year? 49 If "Yes," shall filled a Form 990-FT for the year? "I'No, provide an explanation in Schodule O 40 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. Explanation is shall be accounted to the part of the provided of the part of	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
bit 1**es,** has it liked a Form 990-T for this year? If 1*\%0,** provide an explanation in Schedule O vevr. a financial account in a foreign country (such as a bank account, securities account, or other authority vevr. a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? bit 1**es,** enter the name of the foreign country. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 58 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibile? 68 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 deductibile? 69 T**vex**, did the organization the organization that it was or is a party to a prohibited tax sheller transaction? 50 If 1**vex**, did the organization the organization the organization the organization is obtained to contributions that were not tax deductibile? 60 If 1**vex**, did the organization is obtained to the organization to clude with every solicitation an express statement that such contributions or gifts were not tax deductibile? 70 Organizations that may receive deductible contributions under section 170(c): 10 If the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? 71 If **vex**, did the organization notify the value of the goods or services provided? 72 If **vex**, did the organization orbity the other of the value of the goods or services provided? 73 If **vex**, did the organization orbity the other of the value of the goods or services provided? 74 If **vex**, did the organization orbity the ordinary organization or services provided? 75 If **vex**, did the organization orbity the organization organization organization orbity the payor? 75 If **vex**, did the organiza		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	· ·			
4a At any time dump the calendar year, dult 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)? b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Saw the organization a party to a prohibited tax shelter transaction at any time during the tax year? See in "Yes" to line Sa or 5b, did the organization file Form 8886-17 Does the organization a party to a prohibited flax shelter transaction at any time during the tax year? See in "Yes" to line Sa or 5b, did the organization file Form 8886-17 Oces the organization shelt any contributions that were not tax deductible? If "Yes," did the organization in the were not tax deductible? If "Yes," did the organization in the were not tax deductible? Old the organization shelt may receive deductible contributions under section 170(c). Did the organization that may receive deductible contributions under section 170(c). Did the organization stell, exchange, or otherwise dispose of tangbile personal property for which it was required to life payor? If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year Ye are used to the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of achieved fund maintened by a sponsoning organization must report on grain the protein of the sponsoning organization, but th	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? SponsorIng organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year? SponsorIng organizations maintaining donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? SponsorIng organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Intitiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of lax-exempt interest received or accrued during the year 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is icensed to issue qualified health plans Chief the amount of reserves on hand In the amount of	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract? .	7e		
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		11 100, 100 it filed a 1 offin 720 to report these payments? If 140, provide an explanation in Scriedule			990	(2010)

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below		d for	a
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Sc	hedu	ıle
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
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		<u>X</u>
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		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	لــــــــــــــــــــــــــــــــــــــ	<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Cod</u>	e.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>x</u>
ь	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	ļ		
	form?	11a		<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	j :		
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?	14		X
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		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>x</u>
4.5	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		<u> </u>
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			•
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Chapter Office 9435 Mansfield Rd			
	nreveport LA 71118-3859 318	<u>-68</u>	<u>6-9</u>	<u>541</u>

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Form 990 (2010)

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

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

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

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

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

Check this box if neither the orga	nization nor an	y rela	ted			tions	com		er, director, or trustee	
(A)	(B)	<u>ا</u>			C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
(1) Jimmy Feazel							-			
Director	0.00	X	ļ	_		L-1		0	0	0
(2) Richard Roberts									_	_
Director	0.00	X			ļ	\vdash		0	0	0
(3) Kirk Davis			1		Ì					_
Director	0.00	X	<u> </u>		_	 		0	0	0
(4) Keith Wilhite										_
Director	0.00	X	_	<u> </u>	┝	Н		0	0	0
(5) Jack Spring	0 00									
Director Vinc	0.00	X	-		┝	├ ─┤		0	0	0
(6) Scott King President	0.00			x				o	o	
(7) Ken Welch	0.00	╁	H	┢	\vdash	Н		<u></u>	<u> </u>	0
V. President	0.00	1		x				o	o	o
(8) Bob Rodgers	0.00	\vdash	┝	^	├	╁╌┤			Ų	
Treasurer	0.00			x				0	o	O
(9)	0.00	╁	<u> </u>	<u> </u>	┢	1				
(9)										
(10)										
(11)										
(12)		t		}	_					
(13)						\vdash				
(14)			_							
(15)		\vdash	\vdash	\vdash	\vdash			<u> </u>		
(16)				\vdash	\vdash	\vdash				 .

<u>Paı</u>	rt VII Section A. Officers	, Directors, Trus	stees	в, Ке	y Er	nplo	yees	з, аг	d Highest Compensated	Employees (continued)			
	、 (A) Name and Title	(B) Average hours per		_	chec		that a		(D) Reportable compensation	(E) Reportable compensation from	Est	(F) Imated ount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	other ensation m the nization related nizations	
(17)	-												
(18)													
(19)	•••												
(20)	<u> </u>		\Box										
(21)													
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(24)													
(25)													
(26)				-									
(27)						-							
(28)													
1b	Sub-total			4			.4	<u> </u>					
d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ecuc	on A									
2	Total number of individuals (in reportable compensation from	•			thos	e lis	ted a	abov	re) who received more than	\$100,000 in			
3	Did the organization list any fo				ruste	ee k	ev e	mole	ovee or highest compensa	ted		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on lin	" complete Sche e 1a, is the sum	dule of re	J for	suc able	h ind	dividi ipen:	ual satio	on and other compensation	from the	3		х
_	organization and related organization and related organization								•		. 4		x
5	Did any person listed on line for services rendered to the o									r individual	5		x
Sec 1	ction B. Independent Contract Complete this table for your fi			nted	ınde	nenr	ient (cont	ractors that received more	than \$100 000 of			
	compensation from the organ	zation.						T				(C)	
	Name and	(A) d business address						╁	Descrip	(B) tion of services		(C) Compensa	ition
								1					
		. .	—					1					
								\vdash					
	Total number of independent	contractors (incl	udini	a but	not	lımıt	ted to	the	se listed above) who				_
DAA	received more than \$100,000									0		orm 990	(00:0
DAM											F	orm サダし	(2010)

Pa	rt V	III Statement of Reve	nue						
					i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
တ္ တ	1a	Federated campaigns	1a				10101100		312, 313, 01 314
E	b	Membership dues	1b						
호팀		Fundraising events	1c						
# E	d	Related organizations	1d						
ê. Biş		Government grants (contributions)	1e						
50		All other contributions, gifts, grants,							
돌림	•	and similar amounts not included above	1f						
E B	g	Noncash contributions included in lines 1a-		\$					
Program Service Revenue Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f		•	•				
ē				•	Busn. Code				
Ę	2a	Membership Dues				194,338	194,338		
윤	b								
.පු	C	• •					-		
چ	d			• •					
Ē	е	•							
ğ	f	All other program service reve	nue						
۳	q	Total. Add lines 2a-2f				194,338			
	3	Investment income (including	dıvıder	nds, intere	est,				
		and other similar amounts)			▶ [21,980	21,980		
	4	Income from investment of tax	-exem	pt bond p	roceeds ►				
	5	Royalties			▶				
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)							
	_d	Net rental income or (loss)			•		i		
	7a	Gross amount from (i) Securities	S	(n)	Other				
		other than inventory		<u> </u>					
	b	Less cost or other			1				
		basis & sales exps		ļ					
	С	Gain or (loss)							
	d	Net gain or (loss)			▶				,, ,, , , , , , , , , , , , , , , , ,
<u>o</u>	8a	Gross income from fundraising eve	nts						
en.		(not including \$							
ě		of contributions reported on line 1c)						
Other Revenue		See Part IV, line 18	a						
뒫		Less: direct expenses	b	L					
	1	Net income or (loss) from fund		events	· •				
	9a	Gross income from gaming activities	es.						
		See Part IV, line 19	a						
		Less direct expenses	p			· ·			
	ı	Net income or (loss) from gam	-	tivities	•				
	10a	Gross sales of inventory, less			Ì				
	Ι.	returns and allowances	a	-	-				
		Less. cost of goods sold	b	L					
	┝╾	Net income or (loss) from sale		ventory	Buon Code			<u> </u>	
	-	Miscellaneous Revenue			Busn. Code	EA 645	50 64-		ŀ
	11a				 	50,647			 -
	b	Reimbursements - NEB				5,880			
	C	Reimbursements-Ark II	BEW			718 525			
	d	All other revenue				525 57 770			
	e	Total. Add lines 11a-11d			.	57,770			
	12	Total revenue. See instruction	ns.			274,088	274,088	0	0

Part IX Statement of Functional Expenses

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

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

	All other organizations must			 	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		2	gantial enpended	
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22		,		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
	trustees, and key employees	75,080	75,080		
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	25,400		25,400	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	8,441	4,683	3,758	
9	Other employee benefits	4 4 4 4 4 4			
10	Payroll taxes	10,635	8,625	2,010	
11	Fees for services (non-employees)				
a	Management				······
b	Legal	3 400		3,400	
C	Accounting	3,400		3,400	
d	Lobbying Referenced fundraising converse See Bort IV line 17	· · · · · · · · · · · · · · · · · · ·			····
8	Professional fundraising services. See Part IV, line 17	95	·····	95	
f	Investment management fees Other				
g 12	Advertising and promotion				
13	Office expenses	11,246	8,814	2,432	
14	Information technology	,			
15	Royalties				
16	Occupancy	6,600	4,950	1,650	
17	Travel	19,755	19,755		
18	Payments of travel or entertainment expenses		,		_
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	41,417	41,417		
20	Interest	152		152	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,958		7,958	
23	Insurance	19,409		19,409	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If		ļ	}	
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
a	Service charges - NECA (P	29,098	29,098	£ 50.0	
b	Market Study Expense	6,500	3 650	6,500	
C	Dues - National & State -	3,650	3,650	3 04 0	
d	NEC Code Books	3,210		3,210	_
9	A11111				-
f 	All other expenses	272 246	100 000	75 074	
25	Total functional expenses. Add lines 1 through 24f	272,046	196,072	75,974	0
26	Joint costs. Check here ► if following SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
DAA	campaign and fundraising solicitation				Form 990 (2010)

Part,	X Balance Sheet	······································		(A)		(8)
				Beginning of year		End of year
1	Cash—non-interest bearing	-			1	
2	Savings and temporary cash investments		·	261,462	2	614,541
3	Pledges and grants receivable, net	•	• •		3	
4	Accounts receivable, net	•	F		4	
5	Receivables from current and former officers, director	ors trustees key	<u> </u>			
"	employees, and highest compensated employees. C	· · · · · · · · · · · · · · · · · · ·				
	Schedule L	omplete t alt ii oi			5	
6	Receivables from other disqualified persons (as defin	ned under section	F			
-	4958(f)(1)), persons described in section 4958(c)(3)(j		
- 1	employers and sponsoring organizations of section 5		1			
1	employees' beneficiary organizations (see instruction		Ī		6	
祭 7	Notes and loans receivable, net	F		7	·	
Assets 8	Inventories for sale or use	•	ľ		8	
و اتح	Prepaid expenses and deferred charges	•	•		9	
	a Land, buildings, and equipment, cost or	1 1	ļ-			
	other basis. Complete Part VI of Schedule D	10a	47,533	·		
1	Less accumulated depreciation	10b	36,258	19,232	100	11,275
11	Investments—publicly traded securities	. []	00,000		11	
12		• •	539,449		196,769	
13		•	<u> </u>	13		
14		-		14		
15	_		F		15	
16	•	e 34)	ŀ	820,143		822,585
17					17	<u> </u>
18				18		
19	Deferred revenue	Ī		19		
20	Tax-exempt bond liabilities	•	F		20	
တ္က 21	Escrow or custodial account liability Complete Part	IV of Schedule D	Ī		21	
Liabilities 21			Ī			
<u> </u>	employees, highest compensated employees, and d	•				7
<u>.</u> =	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 thir	rd parties	Γ	_	24	
25	Other liabilities. Complete Part X of Schedule D		[1,539	25	4,211
26	Total liabilities. Add lines 17 through 25		[1,539		4,211
တ္ထ	Organizations that follow SFAS 117, check here	X and complete				_
힐	lines 27 through 29, and lines 33 and 34.	_				
를 27	Unrestricted net assets		[279,155		621,605
m 28	Temporarily restricted net assets			539,449	28	196,769
[29	Permanently restricted net assets		[29	
2	Organizations that do not follow SFAS 117, check	here 🕨 🔲 and	[_
5	complete lines 30 through 34.		l			
<u>છ</u> 30	Capital stock or trust principal, or current funds			30		
평 31	Paid-in or capital surplus, or land, building, or equipr	ment fund	[31	
Ø 32	Retained earnings, endowment, accumulated incom	e, or other funds	[32	
Net Assets or Fund Balances			· . [818,604	33	818,374
Ž 34	Total liabilities and net assets/fund balances			820,143		822,585

Form **990** (2010)

orm	990 (2010) N. Louisiana National Electrical 72-0442166			Page	e 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any guestion in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	27	2,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0	42
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>8,6</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	2,2	72
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	81	8,3	74
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\prod
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_	- 1	
	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?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			ľ	
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			- 1	
	issued on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		j		
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			ŀ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	L.	
			Form	990 ((2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

To decitor of topy the top organizations. Complete that in	organizations: Comp	olete Part III.
--	---------------------------------------	-----------------

Nan	ne of organization N. Louisiana Nationa Contractors Associat	Employer identification number 72-0442166			
Dar	t I-A Complete if the organization is exem	not under section 501(c)	or is a section		
1 2 3	Provide a description of the organization's direct and indirect Political expenditures Volunteer hours			▶ \$	
Par	t I-B Complete if the organization is exen	opt under section 501(c)	(3).		······
<u> </u>	Enter the amount of any excise tax incurred by the organiz		(0).	> \$	
2	Enter the amount of any excise tax incurred by organization		5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	<u> </u>			Yes No
4a	Was a correction made?	•			Yes No
b	If "Yes," describe in Part IV.			·	
Pai	t I-C Complete if the organization is exen	npt under section 501(c)	, except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt func	tion		
	activities .			▶ \$;	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection		
	527 exempt function activities			▶ \$_	
3	Total exempt function expenditures. Add lines 1 and 2 En	ter here and on Form 1120-PO	L,	. .	
_	line 17b			> \$ _	
4	Did the filing organization file Form 1120-POL for this yea	•		na ta udish tha filina	Yes No
5	Enter the names, addresses and employer identification n				
	organization made payments. For each organization listed the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action commit			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) Liiv	filing organization's funds if none, enter -0-	contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)				:	
(5)					
(6)					
For	Privacy Act and Paperwork Reduction Act Notice, see th	e Instructions for Form 990 or	990-EZ.	Schedule C (Forn	l n 990 or 990-EZ) 2010

75					
Schedule C (Form 990 or 990-EZ) 2010 N.	Louisiana	National El	ectrica	1 72-0442	
Part II-A Complete if the organize section 501(h)).	zation is exemp	t under section 5	01(c)(3) and	l filed Form 5768 (e	lection under
A Check ▶ ☐ if the filing organizat	ion belongs to a	n affiliated group.			··
B Check ▶ ☐ if the filing organizat			ntrol" provis	sions apply.	
Limits on Lot	bying Expendi			(a) Filing	(b) Affiliated
(The term "expenditures"				organization's totals	group totals
1a Total lobbying expenditures to influence pr			. -		
b Total lobbying expenditures to influence a		ect lobbying)	·		
c Total lobbying expenditures (add lines 1a	and 1b)		 -		
d Other exempt purpose expenditures		•	-		
e Total exempt purpose expenditures (add li			}		<u> </u>
f Lobbying nontaxable amount. Enter the ar	nount from the follow	ving table in both			
columns.					
If the amount on line 1e, column (a) or (b) is:	The lobbying nont				
Not over \$500,000	20% of the amount of				
Over \$500,000 but not over \$1,000,000		of the excess over \$500,00			i
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
Over \$1,500,000 but not over \$17,000,000	1	rine excess over \$1,500,00	"		
Q Grassroots nontaxable amount (enter 25%	\$1,000,000				
			ŀ		
h Subtract line 1g from line 1a. If zero or les	•		ŀ		
If there is an amount other than zero on each	· ·	i did the organization f	le Form 4720		
reporting section 4911 tax for this year?		i, aid the organization i	101011114720		Yes No
reporting section 4911 tax for this year					
		ng Period Under			Ale - 41
(Some organizations that					tne five
columns bel	low. See the ins	tructions for line	s 2a throug	n 2t on page 4.)	
Lobi	oying Expenditu	res During 4-Yea	r Averaging	Period	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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))					
		1	1	ı	ı

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

	1.	a)		(b)		
	Yes	T	 			
	res	No		Amoi	JITE	
During the year, did the filing organization attempt to influence foreign, national, state or local		ļ				
legislation, including any attempt to influence public opinion on a legislative matter or						
referendum, through the use of:		1	l			
Volunteers?			-			
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-	<u> </u>	4			
Media advertisements?		<u> </u>				
Mailings to members, legislators, or the public?	-	 				
Publications, or published or broadcast statements?	-	 				
Grants to other organizations for lobbying purposes?	<u> </u>	┼	 			
Direct contact with legislators, their staffs, government officials, or a legislative body?		 	 		·	
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	<u> </u>	-			
Other activities? If "Yes," describe in Part IV	-	 	-			
Total. Add lines 1c through 1i						
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912			1			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1					-
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		İ	<u> </u>			
rt III-A Complete if the organization is exempt under section 501(c)(4), section 50)1(c)(5)	ors	ection			
501(c)(6).	. (=)(=),					
001(0)(0).					Yes	I
Were substantially all (90% or more) dues received nondeductible by members?				1		1 3
			•	2		1
Did the organization make only in-house lobbying expenditures of \$2,000 or less? <u>Did the organization agree to carryover lobbying and political expenditures from the prior year?</u> rt III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A				3		13
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50				3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? <u>Did the organization agree to carryover lobbying and political expenditures from the prior year?</u> rt III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-4" "Yes."				3 ed	94,	1
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-" "Yes." Dues, assessments and similar amounts from members				3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-4" "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50 to 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		3 is a		3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50 to 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-4" Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year		1 2a		3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50 (501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-" "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b		3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50 to 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-" "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year		1 2a 2b 2c		3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50 (501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-" "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 2a 2b 2c		3 ed	94,	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 50 (c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		1 2a 2b 2c		3 ed	94,	3

Schedule C (Forn	n 990 or 990-EZ) 2	2010 N. LC	ouisiana	National	Electrical	72-0442166	Page 4
Part IV	Supplementa	l Information	(continued)				
					•		
• •							•
		•	•				
							•
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		,			•		
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•		• •					
	•		•				••
		•					•
•	•						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2010

Open to Public Inspection

Employer Identification number Name of the organization N. Louisiana National Electrical 72-0442166 Contractors Association Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Part II 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 28 Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to 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 XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical 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: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2010 N. Louisia	<u>na National</u>	Electrical	<u> 72-044</u>	12166	Page 2
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other S	Similar Assets	(continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, che	eck any of the following	g that are a significal	nt use of its	
а	Public exhibition	d 🗍 Loan	or exchange program	ıs		
a b	Scholarly research	e Other		.5	•	
-	Preservation for future generations	o 🗀 Oule	•			
	Provide a description of the organization's colle	ections and evolain how	they further the organ	nization's exempt nur	nose in Part	
4	XIV	ections and explain now	they luttlet the organ	iization s exempt pui	pose iii i ait	
_	During the year, did the organization solicit or i	racewa densitions of art	historical transuras	or other cimilar		
5	assets to be sold to raise funds rather than to					Yes No
Da	art IV Escrow and Custodial Arra	ngemente Comple	ete if the organiza	ation answered "	Ves" to Form	
Га	line 9, or reported an amoun			ation answered	103 10 101111	550, 1 41114,
	Is the organization an agent, trustee, custodiar			or accets not		
18	included on Form 990, Part X?	if or other intermediary i	or contributions or off	iei assets 110t		Yes No
_	•	nd complete the followin	na tablo:	•		1es NO
D	If "Yes," explain the arrangement in Part XIV a	ind complete the lollowing	ig table.			Amount
_	Residence belonce				10	7 tinount
	Beginning balance	•		•	1c	···
a	Additions during the year			•	10 1e	
е.	Distributions during the year				1	
1	Ending balance				1f	
	Did the organization include an amount on For	m 990, Part X, line 21?	•			∐ Yes ∐ No
	If "Yes," explain the arrangement in Part XIV. If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete	ata if arganization	anawarad "Vas" t	o Form 000 Pou	+ IV/ line 10	
PE	art V Endowment Funds. Comple			(c) Two years back	(d) Three years ba	ck (e) Four years back
	B. J. and archalons	(a) Current year	(b) Prior year	(C) TWO years back	(d) Three years ba	ck (e) Four years back
1a	3 3 ,					+
b			·		· · · · · · · · · · · · · · · · · · ·	
С	Net investment earnings, gains, and	1		1		
	losses					
đ	Grants or scholarships	<u> </u>	_ 		<u> </u>	-
ө	Other expenditures for facilities and	l i				
	programs				 	
f	Administrative expenses		 		 	
g	End of year balance			<u></u>	1	
2	Provide the estimated percentage of the year					
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	•					
3а	Are there endowment funds not in the possess	sion of the organization	that are held and adm	ninistered for the		
	organization by·					Yes No
	(i) unrelated organizations			•		3a(I)
	(ii) related organizations					3a(ii)
þ	If "Yes" to 3a(ii), are the related organizations	•	•			_3b
4	Describe in Part XIV the intended uses of the					
<u> P</u>	art VI Land, Buildings, and Equip	· · · · · · · · · · · · · · · · · · ·				
	Description of investment	(a) Cost or other basis		1 ''	umulated	(d) Book value
		(investment)	(other)	depre	eciation	
1a	Land					
þ	Buildings .					·
C	Leasehold improvements					
d	l Equipment		47	,533	36,258	11,275
	Other	<u> </u>		l		
Tota	al. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, o	column (B), line 10(c).) .	▶	11,275

Schedule D (Form 990) 2010 N. LOUISIANA NACIONAL		72-0442100	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation.
(including name of security)		Cost or end-of-yea	r market value
4) Financial derivatives			· · · · · · · · · · · · · · · · · · ·
1) Financial derivatives			•
Closely-held equity interests	44-45		
3) Other CD-Citizens Bank & Trust-48317	117,630		
(A) CD-Ouachita Ind Bank 42107615	45,000	Market	
	34,139		
		Market	
(D) CD-Business First #20002633		Market	
(E) CD-Business First #20006922		Market	
(F) CD-Regions #445383045		Market	
, , , , , , , , , , , , , , , , , , , ,		Market	
		Market	
(H) CD-Capital One #849231			·····
(I) CD-Goldman Sachs		Market	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	196,769		
Part VIII Investments—Program Related. See Form 990	D. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
(a) Dosenphon of investment type	(2) 20011 12:20	Cost or end-of-year	
		Cost of end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	 	·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	-		
(7)		-	
			
(9)			
(10)			· , · , · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 25	5.		
1. (a) Description of liability	(b) Amount		 _
		i	
(1) Federal income taxes	2 252	4	
(2) FICA Payable	2,950		
(3) State W/H	1,261		
(4) FUTA Taxes Payable		1	
<u> </u>	-	1	
(5)	 	1	
(6)		4	
(7)	L	1	
(8)	!	1	
(9)]	
	 	1	
(10)	 	1	
(11)		4	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,211		
2 FIN 48 (ASC 740) Footnote In Part XIV provide the text of the footnote to	o the organization's financi	al statements that reports the	

	dule D (Form 990) 2010 N. Louisiana National Electric		72-044216			Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Auditec	rinancial Staten	nents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		•	3		
4	Net unrealized gains (losses) on investments			4		
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments .			7		
8	Other (Describe in Part XIV)		•	8		
9	Total adjustments (net). Add lines 4 through 8		••	9		
<u> 10 </u>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<u> </u>	10		
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts Witi	n Hevenue per He			
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains on investments	2a		-		
b	Donated services and use of facilities	2b	 	-		
C	Recoveries of prior year grants	2c		4		
d	Other (Describe in Part XIV.)	2d		4		
0	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3	·	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		4		
C	Add lines 4a and 4b			4c		
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per		'n	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	L _ L				
а	Donated services and use of facilities	2a		4		
b	Prior year adjustments	2b		4	ļ	
C	Other losses .	2c		┥		
d	Other (Describe in Part XIV)	2d		-	1	
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1	1 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	}	
b	Other (Describe in Part XIV)	_4b	.	-		
C	Add lines 4a and 4b			4c		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u> </u>	
	irt XIV Supplemental Information		14.5.404.546			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin				1_	
	V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar	no 40. Als	so complete this part to	provid	ie	
any a	additional information					
	•	•			•	•
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				•		
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	· · · · · ·		•			

Schedule D (Fo		O N. Louisia		LELECTY	1Cal	72-0442166)	Page
Part XIV	Supplem	ental Information (continued)					
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 **2010**

2010
Open to Public

Department of the Treasury

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.

Inspection
Employer identification number

72-0442166

Internal Revenue Service

Name of the organization

N. Louisiana National Electrical Contractors Association

Form 990, Part III, Line 4d - All Other Achievements
To provide Educational Workshops, Conventions, and
Seminars pertaining to the Electrical Contracting
Industry for approximately 25 contractors

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public.

6075 N. Louisiana National Electrical

72-0442166

Federal Statements

FYE: 12/31/2010

Taxable Interest on Investments

Description						
		Amount	Unrelated Business Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest income	- Unr	estricte				
	\$	16,058				
Total	\$	16,058				

6075 N. Louisiana National Electrical

72-0442166

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonu	Basis is for Depr	PerConv Meth	<u>Prior</u>	Current
Other 2 3 4 6	Depreciation: Computer Furniture & Fixtures Copier Dell Computer Total Other Depreciation	12/20/99 12/31/89 8/22/01 12/16/02	2,409 11,055 866 1,371 15,701		2,409 11,055 866 1,371	5 MO S/L 5 MO S/L 5 MO S/L	2,409 11,055 866 1,371 15,701	0 0 0 0
Total ACRS and Other Depreciation			15,701		15,701	ı	15,701	0
Listed Property: 7 2008 Chevrolet Suburban (VIN #46008) 6/02/08		6/02/08 - =	31,832 31,832		31,832 31,832	•	12,600	7,958 7,958
Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals			47,533 0 0 47,533		47,533 0 0 47,533	! !	28,301 0 0 28,301	7,958 0 0 7,958

6075 N. Louisiana National Electrical

72-0442166

FYE: 12/31/2010

AMT Asset Report Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS: 4 Copier	8/22/01 <u> </u>	866 866		866 866	7 HY I50DB	866 866	0
Other Depreciation: 2 Computer 3 Furniture & Fixtures 6 Dell Computer Total Other De	12/20/99 12/31/89 12/16/02 preciation	2,409 11,055 1,371 14,835		2,409 . 11,055 	5 MO S/L 5 MO S/L 7 MO S/L	2,409 11,055 1,371 14,835	0 0 0
Total ACRS and	1 Other Depreciation	14,835		14,835		14,835	0
Listed Property: 7 2008 Chevrolet Suburban (V	/IN #46008) 6/02/08 _ =	31,832 31,832		31,832 31,832	4 MO S/L	12,600	7,958 7,958
Grand Totals Less: Dispositio Net Grand Tota	ns and Transfers _ ls =	47,533 0 47,533		47,533 0 47,533		28,301 0 28,301	7,958 0 7,958

DAA

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions. N. Louisiana National Electrical

► Attach to your tax return.

Identifying number

	Contra	ctors Assoc	iation			72-	044	2166
	ess or activity to which this form relates	•						
	ndirect Depreciat		orte Under Coa					·····
Pa	rt I Election To Expe Note: If you have	•	•		u complete	Part I		
	Maximum amount (see instruction		ty, complete i a	iit v belole yo	u complete	i ait i.	1	500,000
2	Total cost of section 179 property		2	3007000				
3	Threshold cost of section 179 pro		3	2,000,000				
4	Reduction in limitation Subtract I		4					
5	Dollar limitation for tax year Subtract I		-	ried filing separately,	see instructions		5	
6		on of property		(b) Cost (business us) Elected cost		
7	Listed property Enter the amoun	t from line 29			7			
8	Total elected cost of section 179	property Add amount	ts in column (c), line	es 6 and 7			8	
9	Tentative deduction. Enter the sr	maller of line 5 or line	8	•			9	
10	Carryover of disallowed deduction	n from line 13 of your:	2009 Form 4562				10	
11	Business income limitation Ente		•		5 (see instruct	ons)	11	
12	Section 179 expense deduction						12	
13	Carryover of disallowed deduction			<u>2,</u> . ▶	13			
	Do not use Part II or Part III belo			1.11. (5)	• !II II	A = -1 =	- 4. \	(01-1)
						stea prop	eπy. _]	(See instructions)
14	Special depreciation allowance for		itner than listed prop	perty) placed in se	rvice		٠	
1=	during the tax year (see instruction	•		•			14	
15	Property subject to section 168(f) Other depreciation (including AC				•		15	
16 De	irt III MACRS Deprecia		ide listed prope	arty) (See inst	ructions \		1 10	<u> </u>
	III IIIAONO Deprecia	MON (DO NOT MOR	Section		ructions.j			
17	MACRS deductions for assets pl	aced in service in tax	vears beginning bef	ore 2010			17	0
18	If you are electing to group any assets		, ,	•	accounts, check h	ere ▶ 🗀		
		-Assets Placed in Se					ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprece (business/investment only—see instruction	nt use	(e) Convention	n (f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property	_						
<u>b</u>	5-year property				ļ			
<u>c</u>	7-year property				 _			
<u>d</u>	10-year property	_			ļ			
e	15-year property	_			ļ			ļ
	20-year property	4						
<u>g</u>	25-year property			25 yrs.	 	S/L		
h	Residential rental property			27.5 yrs.	MM	S/L		
				27 5 yrs.	MM	S/L		
ı	Nonresidential real property			39 yrs.	MM	S/L		-
	<u> </u>	Land Placed in Serv	doe During 2010 To	v Voor Helpa the	Alternative De	S/L		<u> </u>
20a	Class life	- Sets Flaced III Self	Too burning 2010 12	ax real Using the	Alternative De	Ì		<u> </u>
	12-year	Ⅎ		12 yrs.	<u> </u>	S/l		
	40-year			40 yrs.	MM	S/l		
	art IV Summary (See in	structions)	<u> </u>	1 40 yis.	I IAHAI	<u> </u>	-	<u> </u>
21	Listed property. Enter amount fro			· · · <u>-</u>	<u> </u>		21	7,958
22	Total. Add amounts from line 12.		 lines 19 and 20 in o	olumn (a), and line	21. Enter here	•		.,,,,,,,
	and on the appropriate lines of ye	=				•	22	7,958
23	For assets shown above and pla		•		<u></u>	· · ·	<u>, ~~</u>	.,,,,,,
	portion of the basis attributable to	-	carrown your, or		23			
For	Paperwork Reduction Act Notice		ctions.					Form 4562 (2010)

Dogo	2

	4302 (201															raye z
Pa	irt _, V	Listed Prope entertainmer Note: For any ve	nt, recreation	, or amus	ement.)					•	-		•	d for	
		24b, columns (a)) through (c) of S	Section A, al	of Section	n B, ar	nd Section	on C if a	pplicable							
		Section A-	—Depreciation	and Other I	nformatio				structions	for lim	its for p	assenge	r autom		_	
<u>24a</u>	Do you ha	ave evidence to suppo		estment use o	claimed?	<u> X</u>	Yes	No	24b (f "Yes,"	is the e	vidence	written?		X Yes	<u>No</u>
	(a) of property ehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or oth		basis (e) Basis for depreciation (business/investment use only)			(f) Recovery period		(g) lethod/ nvention		(h) Depreciation deduction			i) ection 179 ost
25	•	depreciation allowa	•		• •			•			2:	5				
26		used more than 5	·	•		. 1000		o ₁				-			<u> </u>	
		hevrolet				08)									ļ	
		06/02/08	100.00%	3	1,832		31	,832	4.0) s	/L-		7	,958	<u>.</u>	
				_												
			%			<u> </u>			<u> </u>			<u> </u>			<u> </u>	
<u>27</u>	Property	used 50% or less	in a qualified bu	isiness use:					1							
			9/							S/L	_	-				
			%			 				3/1	<u>•</u>	- 			1	
			%							S/L						
28	Add am	ounts in column (h), lines 25 throug	gh 27 Enter	here and	on line	21, pag	je 1			2	В	7	,958		
29_	Add am	ounts in column (ı)	, line 26. Enter h	ere and on	line 7, pa	ge 1								29		
				Sec	tion B—li	nforma	tion on	Use of	Vehicles							
Com	plete this	section for vehicle	es used by a sole	proprietor,	partner, c	r other	"more t	han 5%	owner," o	or relate	d perso	n. If you	provide	d vehicle	es	
to yo	ur emplo	yees, first answer t	the questions in	Section C to					1 .						,	
					(a) Vehic			o) :cle 2	Vehic	•		d) icle 4		e) icle 5		(f) icle 6
30		siness/investment		•	35	106										
24	•	(do not include co		•	25,	106			 	····					-	
31 32		mmuting miles driv her personal (nonc	• •	•							<u> </u>				 	
32	driven	nei personal (none	ommung) miles	•					1							
33		les driven during t	he year. Add line	es												
	30 throu	igh 32			25,	106	L.,		1.							
34	Was the	vehicle available	for personal use	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during o	ff-duty hours?			X							ļ	ļ	ļ	ļ	
35		vehicle used prim													1	
		owner or related p	•	_	X			ļ	 			 		 	 	├──
<u>36</u>	Is anoth	er vehicle available			<u> </u>		<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u>.</u>	<u> </u>	1
A	var thana	questions to deter	Section C—Qu							-						
		owners or related	•	-	on to com	pietiriy	Section	D IOI V	enicies u	eu by e	inploye	es wilo a	11011			
37		maintain a written			its all pers	sonal u	se of vel	nicles. II	ncludina (commut	ing. by				Yes	No
٠.	-	ployees?	,,												133	<u> </u>
38	•	maintain a written :	policy statement	that prohibi	its person	al use	of vehicl	es, exc	ept comn	uting, t	Dy your					
	employe	ees? See the instru	uctions for vehicl	es used by	corporate	officer	s, direct	ors, or 1	% or mo	re owne	ers				L	
39	Do you	treat all use of veh	icles by employe	ees as perso	onal use?											
40	Do you	provide more than	five vehicles to	your employ	rees, obta	ın infor	mation f	rom you	ur employ	ees abo	out the				İ	
		he vehicles, and re			•											—-
41	-	meet the requirem	_	-											ļ	<u>ــــــ</u>
_		your answer to 37		11 is "Yes," o	do not co	nplete	Section	B for th	e covered	vehicle	es		-		1	
_ <u>P</u> ;	art VI	Amortization	<u>n</u>	г		1					T	(e)	т			
		(a) Description of costs	s	(b Date amo beg	ortization			(c) able amo	unt	Code s		Amortiz perioc percen	ation I or	Amortiz	(f) ation for ti	nis year
42	Amortiz	ation of costs that	begins during yo	our 2010 tax	year (see	ınstru	ctions):									
										L						
43		ation of costs that			-								43			
44	Total. A	dd amounts in col	umn (f). See the	instructions	for where	e to rep	ort .					·	44			
DAA															Form 45	62 (2010

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		► File a	separate a	pplication for each return.				
		tomatic 3-Month Extension, complete	e only Part I	l and check this box				► X
•	•	• •	•	nplete only Part II (on page 2 of this for	m).			ت
-				-month extension on a previously filed f		3		
Electronic fili	ng (e-file). Yo	u can electronically file Form 8868 if yo	u need a 3-ı	month automatic extension of time to file	e (6 montl	ns for		
	•		•	onth extension of time. You can electron	•			
		•		art II with the exception of Form 8870, I		1		
				h must be sent to the IRS in paper form	•			
				gov/efile and click on e-file for Charities		fits.		
Part I				omit original (no copies needed				
A corporation Part I only	required to me	Form 990-1 and requesting an automa	auc o -monu	extension-check this box and complete	,			▶ 🗀
-	orations (includ	ling 1120-C filers) partnerships REMI	Cs. and trust	ts must use Form 7004 to request an ex	dension o	f time		
to file income		and the company baraners in potential	00, and au	is mast ass t o.m. / oo t to request arr o.				
Type or		empt organization			Employ	er ident	tification nur	mber
print		isiana National Ele	ectrica	al				
File by the	Contra	ctors Association			72-0	4421	.66	
due date for	Number, str	eet, and room or suite no If a P O box	c, see instruc	ctions.	_			
filing your return See	9435 N	Mansfield Road		4A				
instructions	1	r post office, state, and ZIP code. For a						
	Shreve	eport LA	71118	-3859				
Enter the Retu	urn code for th	e return that this application is for (file a	a separate a	pplication for each return)				03
Annilootion			Between	Application				Detum
Application Return Application							Return Code	
Is For Code Is For Form 990 01 Form 990-T (corporation)								07
Form 990-B	BL		02	Form 1041-A				08
Form 990-E								09
_Form 990-P	F		04	Form 5227				10
Form 990-T	(sec. 401(a)	or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other th	an above)	06	Form 8870				12
		Chapter Office						
		9435 Mansfield Rd						
		Shreveport			•	L	A 71118	3-3859
•		8-686-9541	FAX No					, n
_		not have an office or place of business			··-			
		rum, enter the organization's four digit 0 his box $lackbrack lackbrack $			this is			
	group, check t	Ns of all members the extension is for	the group, t	check this box	GF1			
		3-month (6 months for a corporation r	equired to fi	le Form 990-T) extension of time				
• -		•	•	ganization named above. The extension	ıs			
	organization's	· •						
	calendar year							
▶□	tax year begin	nning , and ending						
	v unar antara	t in line 1 in for loss than 12 months, at		C Initial cature C Shall cature				
	-	f in line 1 is for less than 12 months, ch	ieck reason:	Initial return Final return				
	hange in acco							
3a If this a	pplication is fo	r Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, ente	er the tentative tax, less any	1			
nonrefundable credits. See instructions. 3a \$								
		r Form 990-PF, 990-T, 4720, or 6069, or	•		1			
		its made Include any prior year overpa		··-	3b_	\$		
		t line 3b from line 3a Include your pay	ment with th	is torm, if required, by using EFTPS				
		x Payment System). See instructions.	th this Farm	9969 coo Form 9452 EO and Form 99	3c	\$		

payment instructions