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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 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 2015 Open to Public Inspection

| <u>A 1</u>                          | For the 2015 c       | alendar year, or tax year beginning , and ending   |                   |                    |                              |
|-------------------------------------|----------------------|--|-------------------|--------------------|------------------------------|
|                                     | heck if applicable   | C Name of organization N. Louisiana National Electrical  |                   | D Employe          | r identification number      |
| <u>X</u> A                          | ddress change        | Contractors Association  |                   | ┨                  |                              |
| ^                                   | lame change          | Doing business as  Number and street (or P O box if mail is not delivered to street address)   | Room/suite        | 72-0<br>E Telephon | 442166                       |
| lı                                  | nitial return        | 8909 Mansfield Road  | Hoonvalle         |                    | 686-9541                     |
|                                     | inal return/         | City or town, state or province, country, and Z!P or foreign postal code   |                   |                    |                              |
|                                     | erminated            | Shreveport LA 71118  |                   | G Gross rec        | eipts\$ 318,002              |
| =                                   | Amended return       | F Name and address of principal officer  |                   |                    | ubordinates? Yes X No        |
| _ ′                                 | Application pending  | Steven Martin  | H(a) Is this a g  | roup return for s  |                              |
|                                     |                      | 8909 Mansfield Road  | H(b) Are all su   | ibordinates incl   | uded? Yes No                 |
|                                     |                      | Shreveport, LA 71118   | If "No            | ," attach a list   | (see instructions)           |
| 1                                   | Tax-exempt status    | 501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527  |                   |                    |                              |
| J                                   | Website 🕨 🚶          | I/A  |                   | emption number     |                              |
|                                     | Form of organization |  | Year of formation | 1944               | M State of legal domicile LA |
| _ <u>P</u>                          |                      | ımmary   | <del></del>       |                    |                              |
|                                     | _                    | escribe the organization's mission or most significant activities  |                   |                    |                              |
| 9                                   | SEE                  | "a" BELOW  |                   |                    |                              |
| nan                                 |                      |  |                   |                    |                              |
| CIJNNVJS<br>Activities & Governance |                      |  |                   |                    |                              |
| NIII CINNACO<br>Activities & Gove   |                      | his box $lacktriangle$ if the organization discontinued its operations or disposed of more than  | 25% of its net as | ssets              | _                            |
| 2 8                                 |                      | of voting members of the governing body (Part VI, line 1a)   |                   | 3                  | 9                            |
|                                     |                      | of independent voting members of the governing body (Part VI, line 1b)   |                   | 4                  | 0                            |
| Π 🚡                                 |                      | mber of individuals employed in calendar year 2015 (Part V, line 2a)   |                   | 5                  | 2                            |
| <b>\rightarrow</b>                  |                      | mber of volunteers (estimate if necessary)   |                   | 6                  | 0                            |
| =                                   |                      | related business revenue from Part VIII, column (C), line 12   |                   | 7a                 | 0                            |
| <u>~</u> _                          | <b>b</b> Net unre    | elated business taxable income from Form 990-T, line 34  | Prior Y           | 7b                 | Current Year                 |
|                                     | 8 Contribu           | itions and grants (Part VIII, line 1h)   | 17.0.1            | Cur                | 0                            |
| 9102 9<br>Revenue                   | L                    | service revenue (Part VIII, line 2g)   | 23                | 3,175              | 226,803                      |
|                                     | -                    | ent income (Part VIII, column (A), lines 3, 4, and 7d)   |                   | 8,486              | 8,635                        |
| Ον <u>«</u>                         |                      | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 7                 | 0,352              | 82,564                       |
|                                     | 12 Total rev         | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 31                | 2,013              | 318,002                      |
|                                     | 13 Grants a          | and similar amounts paid (Part IX, column (A), lines 1-3)  |                   |                    | 1,600                        |
|                                     | 14 Benefits          | paid to or for members (Part IX, column (A), line 4)   |                   |                    | 0                            |
| တ္တ                                 | 15 Salanes           | , other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 13                | 0,112              | 147,068                      |
| Expenses                            | 16a Professi         | onal fundraising fees (Part IX, column (A), line 11e)  |                   |                    | 0                            |
| , a                                 | <b>b</b> Total fur   | ndraising expenses (Part IX, column (D), fine 25) ▶ 0  |                   |                    |                              |
| ú                                   | 17 Other ex          | cpenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                   | 5,110              | 155,614                      |
|                                     | 18 Total ex          | penses Add lines 13–17 (must equal Part IX, column (A), line 25)   |                   | 5,222              | 304,282                      |
|                                     | 19 Revenue           | e less expenses. Subtract line 18 from line 12   |                   | 6,791              | 13,720                       |
| Net Assets or<br>Fund Balances      |                      |  | Beginning of C    |                    | End of Year                  |
| sset<br>Bala                        | 20 Total as          | sets (Part X, line 16)   | 87                | 6,631              | 890,530                      |
| et A                                | 21 Totallia          | bilities (Part X, line 26)   | 0.7               | 1,197              | 1,376                        |
|                                     |                      | ets or fund balances Subtract line 21 from line 20   | 8/                | 5,434              | 889,154                      |
|                                     |                      | ignature Block   |                   |                    |                              |
|                                     |                      | f perjury, I declare that I have examined this return, including accompanying schedules and state complete, peclaration of prepares for the prepares of the pr |                   |                    | owledge and belief, it is    |
|                                     | de, concer, and      | somplete declaration of gepared on the property to based on an information of which prepared   |                   |                    |                              |
| 6:-                                 | • `                  | Signature of officer   |                   | Date               | 5-24-16                      |
| Siç<br>He                           |                      | •  | metica Di         |                    |                              |
| ne                                  | re                   | Type or print name and title   | cutive Di         | rector             | 4                            |
| _                                   | Print/Tv             | pe preparer's name Preparer's signature  | Date              | Check              | of PTIN                      |
| Pai                                 | َ ا نہ               |  | : // '            |                    | L_J"                         |
|                                     | Darer Telli          | L. Watkins   Terri L. Watking    |                   | 3/16 self-em       | 17-3979156                   |
|                                     | Only                 | 624 Travis St Ste 900  | <del></del>       | Firm's EIN         | 41-3313130                   |
|                                     | - 1                  | Chmorrow I 3 71101 2010  |                   | Dhane              | 318-424-3185                 |
| Mar                                 | the IBS disci        | uss this return with the preparer shown above? (see instructions)  |                   | Phone no           |                              |
|                                     |                      | duction Act Notice, see the separate instructions.   |                   |                    |                              |
| DAA                                 | . apelwork net       | rection Act Notice, see the separate instructions.   |                   | G ,                | 23 Form <b>990</b> (2015)    |

|                                   |                               | ational Electrical   | 72-0442166                                 | Page 2                                |
|-----------------------------------|-------------------------------|--|--|---------------------------------------|
|                                   |                               | Service Accomplishments tains a response or note to any line | in this Dort III                           |                                       |
|                                   | be the organization's mission |  | in this Part III                           |                                       |
| SEE "a"                           | BELOW                         |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
| 2 Did the organi<br>prior Form 99 | · -                           | icant program services during the year which                 | were not listed on the                     | Yes X No                              |
| •                                 | ribe these new services on    | Schedule O   |  | ies zz No                             |
|                                   | ization cease conducting, o   | r make significant changes in how it conduct                 | s, any program                             |                                       |
| services?                         | ribe these changes on Sch     | edule O  |  | Yes X No                              |
|                                   |                               | rice accomplishments for each of its three la                | gest program services, as measured by      |                                       |
|                                   |                               | 4) organizations are required to report the an               | nount of grants and allocations to others, |                                       |
| tne total expe                    | enses, and revenue, it any, t | or each program service reported                             |  |                                       |
| 4a (Code.                         | ) (Expenses \$                | 228,298 including grants of \$                               | 1,600 ) (Revenue \$                        | )                                     |
|                                   |                               | l Workshops, Convention                                      |  |                                       |
|                                   |                               | o the Electrical Contrately 25-30 contractor                 |  |                                       |
| <b></b>                           |                               |  | · <del>-</del>                             |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   | _                             |  |  |                                       |
| 4b (Code                          | ) (Expenses \$                | including grants of \$                                       | ) (Revenue \$                              | )                                     |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
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|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
| 4c (Code                          | ) (Expenses \$                | including grants of \$                                       | ) (Revenue \$                              | )                                     |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  |                                       |
|                                   |                               |  |  | · · · · · · · · · · · · · · · · · · · |
| 4d Other progra<br>(Expenses \$   | m services (Describe in Sc    | •  | ) (Boyonia f                               | ,                                     |
|                                   | n service expenses ▶          | including grants of \$ 228,298                               | ) (Revenue \$                              |                                       |

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   |             | х        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   |             | X        |
| 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   |             | 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  | 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 98-197 if "Yes," complete Schedule C,   |     |             |          |
|     | Part III  | 5   | X           |          |
| 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   |             | _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   |             | X        |
| 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   |             | X        |
| 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  |             | 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   | 1   |             |          |
| 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   | 5 The second of |     | ., l        |          |
| _   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b | X           |          |
| С   | 5 Production Program relation to the state of the s      |     |             | v        |
| d   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |             | <u> </u> |
| u   | 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  | 444 | ļ           | x        |
| е   | <b>_</b>  | 11d | X           |          |
| f   |   | 11e | ^           |          |
| •   | the organization's separate of consolidated infancial 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  | 116 |             | x        |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | 11f |             |          |
|     | Schedule D, Parts XI and XII  | 12a |             | X        |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If  | 120 |             | - 22     |
|     | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |             | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  | $\neg \neg$ | X        |
| 14a | · · · · · · · · · · · · · · · · · · ·   | 14a |             | X        |
| b   |   |     |             |          |
|     | 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 |             | X        |
| 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  | - 1         | X        |
| 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  |             | X        |
| 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  |             | 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?  |     |             |          |
|     | If "Yes," complete Schedule G, Part III   | 19  |             | X        |
|     |   |     | =           |          |

## Part IV Checklist of Required Schedules (continued)

| •   |  |      | Yes | No          |
|-----|--|------|-----|-------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |     | X           |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |     |             |
| 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? If "Yes," complete Schedule I, Parts I and II  | 21   |     | X           |
| 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? 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 25a   | 24a  |     | X           |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |     |             |
| С   | 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  |     |             |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |     |             |
| 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? If "Yes," complete Schedule L, Part I  | 25a  |     |             |
| þ   | 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  | 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  | i i  |     | 7.          |
|     | disqualified persons? If "Yes," complete Schedule L, Part II   | _ 26 |     | <u> </u>    |
| 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  | _    |     | v           |
| 28  | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27   |     | X           |
| 20  | 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) |      |     |             |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 380  |     | X           |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   | 28a  |     |             |
|     | Schedule L, Part IV  | 28b  |     | X           |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  | 200  |     |             |
| _   | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c  |     | X           |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   |     | X           |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |      |     |             |
|     | conservation contributions? If "Yes." complete Schedule M  | 30   |     | X           |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  |      |     |             |
|     | Part I   | 31   | 1   | X           |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |      |     |             |
|     | complete Schedule N, Part II   | 32   | 1   | X           |
| 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? If "Yes," complete Schedule R, Part I  | 33   |     | X           |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,  |      |     |             |
|     | or IV, and Part V, line 1  | 34   |     | X           |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | X           |
| 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)? If "Yes," complete Schedule R, Part V, line 2  | 35b  | j   |             |
| 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   |     |             |
| 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   |     | <u> </u>    |
| 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  | 38   | X   | <del></del> |

72-0442166 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1a 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 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 X 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a 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). 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 ь If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a ь Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a b 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 а 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? X 14a 14a 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 line 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 X 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. 0 Enter the number of voting members included in line 1a, above, who are independent b 1b 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 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Did the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X 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 None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X 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. Chapter Office 8909 Mansfield RD

Shreveport

| Form 990 (2015) N . | Louisiana | National | Electrical |
|---------------------|-----------|----------|------------|
|---------------------|-----------|----------|------------|

72-0442166

Page 7

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

Check if Schedule O contains a response or note to any line 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 organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                   | (B) Average hours per week (list any                           | bo:<br>off                        | x, unle<br>icer ar    | Pos<br>heck<br>ss pe | (C) Position lock more than one person is both an a director/trustee) |                              | เก     | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |  |
|---|--|-----------------------------------|-----------------------|----------------------|---|------------------------------|--------|--------------------------------------|--|---|--|
|   | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer              | Key employee  | Highest compensated employee | Former | organization<br>(W-2/1099-MISC)      | (W-2/1099-MISC)  | trom the organization and related organizations     |  |
| (1)Ken Welch                            |  |                                   |                       |                      |   |                              |        |                                      |  |   |  |
| Dimantan                                | 0.00   |                                   |                       | 1                    |   |                              |        |                                      | _  |   |  |
| Director (2) Keith Wilhite              | 0.00   | X                                 |                       | <u> </u>             | ├   |                              |        | 0                                    | 0  | 0   |  |
| (2) Reich Willice                       | 0.00   |                                   |                       |                      |   | 1                            |        |                                      |  |   |  |
| Director                                | 0.00   | x                                 | Ì                     |                      | ļ   | 1 1                          |        | . 0                                  | 0  | 0   |  |
| (3) Richard Roberts                     | 0.00   | 1                                 |                       |                      | $\vdash$  | T                            |        |                                      |  | <u> </u>  |  |
| (,,==================================== | 0.00   |                                   |                       |                      | 1   | 1                            |        |                                      |  |   |  |
| Vice President                          | 0.00   | X                                 |                       | x                    |   | 1                            |        | O.                                   | 0  | 0   |  |
| (4) Scott King                          |  |                                   |                       |                      |   |                              |        |                                      |  |   |  |
| _                                       | 0.00   | į                                 |                       |                      |   |                              |        |                                      |  |   |  |
| Director                                | 0.00   | X                                 |                       |                      |   |                              |        | 0                                    | 0  | 0   |  |
| (5) Jimmy Feazel                        |  |                                   |                       |                      |   |                              |        |                                      |  |   |  |
|   | 0.00   |                                   |                       | ŀ                    |   |                              |        |                                      |  |   |  |
| President                               | 0.00   | X                                 |                       | X                    |   | $\perp \perp$                |        | 0                                    | 0  | 0   |  |
| (6) Robert Rodgers                      |  |                                   |                       |                      | İ   | 1 }                          |        |                                      |  |   |  |
| _                                       | 0.00   |                                   |                       |                      |   |                              |        |                                      |  |   |  |
| Treasurer                               | 0.00   | X                                 | -                     | X                    |   | +                            |        | 0                                    | 0  | 0   |  |
| (7) Jack Spring                         | 0.00   |                                   |                       |                      |   |                              |        |                                      |  |   |  |
| Director                                | 0.00   | $ _{\mathbf{x}}$                  |                       |                      |   |                              |        | 0                                    | o  | 0   |  |
| (8) Steven Martin                       | 0.00   | +^                                | ļ <u>-</u>            | ┢                    | <b> </b>  | ╁╌┼                          |        |                                      |  | <u> </u>  |  |
| (b) beeven Marcin                       | 40.00  | 1                                 |                       |                      |   |                              |        |                                      |  |   |  |
| Executive Director                      | 0.00   |                                   |                       | x                    | ļ   |                              |        | 87,650                               | 0  | 5,522   |  |
| (9) Kirk Davis                          |  | T                                 |                       | <del> </del>         |   |                              |        | 0,,000                               |  | 3,322   |  |
| (,,                                     | 0.00   | 1                                 |                       |                      |   |                              |        |                                      |  |   |  |
| Governor                                | 0.00   |                                   |                       | x                    |   | 1                            |        | 0                                    | 0  | 0   |  |
| (10)                                    |  |                                   |                       |                      |   |                              | -      |                                      |  |   |  |
| (11)                                    |  | <del> </del>                      |                       |                      | -   |                              |        |                                      |  |   |  |
| DAA                                     |  |                                   |                       |                      |   |                              |        |                                      |  | 5 990   |  |

| <u>Par</u> | <u>t VII</u>        | Section A. Officers   | , Directors, Tru   | stee                           | s, K                  | ey E     | mple                    | oyee                         | <u>s, a</u> | ind Highest Compensated                              | Employees (continued)                                  |  |   |                |          |  |
|------------|---------------------|---|--|--------------------------------|-----------------------|----------|-------------------------|------------------------------|-------------|--|--|--|---|----------------|----------|--|
|            | Na                  | (A)<br>ame and title  | (B) Average hours per week (list any                           | bo                             | k, unle               | ss pe    | ition<br>more<br>rson i | than o<br>s both<br>r/truste | an          | (D) Reportable compensation from the                 | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |   |                |          |  |
|            |                     |   | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer  | Key employee            | Highest compensated employee | Former      | organization<br>(W-2/1099-MISC)                      | (W-2/1099-MISC)  | į a  | from the<br>rganizati<br>and relati<br>ganization | ion<br>ed      |          |  |
|            |                     |   |  | :                              |                       |          |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   |  |                                |                       |          |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   |  |                                |                       |          |                         |                              |             |  |  |  | ···   |                |          |  |
|            |                     |   |  |                                |                       | ŀ        |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   |  |                                |                       |          |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   | 1<br>1<br>1<br>1   |                                |                       |          |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   |  |                                |                       |          |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   | ·  |                                |                       |          |                         |                              |             |  |  |  |   |                |          |  |
| 1b<br>c    | Sub-to              | tal<br>om continuation she  | ets to Part VII,   | Sect                           | ion /                 | <b>A</b> |                         |                              | <b>&gt;</b> | 87,650   |  |  |   | 5,5            |          |  |
| d<br>_2    | Total n             | add lines 1b and 1c) umber of individuals (ir<br>ole compensation from                  |  |                                |                       | thos     | e lis                   | sted a                       | abov        | 87,650<br>ve) who received more than                 | \$100,000 of   |  |   | 5,5            | 522      |  |
| 3          |                     | organization list any fo  |  |                                |                       |          |                         |                              |             | loyee, or highest compensa                           | ated   |  | 3   | Yes            | No<br>X  |  |
| 4          | organiz<br>individu | ation and related orga<br>ial   | nizations greater  | thar                           | า \$15                | 50,00    | 00?                     | lf "Ye                       | es," (      | on and other compensation complete Schedule J for su | ch   |  | 4   |                | х        |  |
| 5          | for serv            | r person listed on line of the offices rendered to the offices rendered to the offices. | rganization? If "\   |                                |                       |          |                         |                              |             | ny unrelated organization or<br>I for such person    | Individual   |  | 5   |                | x        |  |
| 1          | Comple              | ete this table for your fi  | ve highest comp  |                                |                       |          |                         |                              |             | tractors that received more                          |  | ear  |   |                |          |  |
|            |                     |   | (A)<br>d business address                                      |                                |                       |          |                         |                              | -           |  | (B)<br>tion of services                                |  | Com   | (C)<br>pensati | on       |  |
|            |                     |   |  |                                | -                     | -        |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   |  |                                |                       |          |                         |                              |             |  |  |  |   |                |          |  |
|            |                     |   |  | -                              |                       |          |                         |                              | -           |  |  |  |   |                | <u> </u> |  |
| 2          |                     | umber of independent<br>d more than \$100,000   |  |                                |                       |          |                         |                              |             | ose listed above) who                                | 0  |  |   |                | <u></u>  |  |

## Form 990 (2015) N. Louisiana National Electrical Part VIII Statement of Revenue 72-0442166

|  |          | Check if Schedule O contains a                   | response or  | note to any line II  | n this Part VIII                       |   |  |
|--|----------|--|--------------|----------------------|--|---|--|
|  |          |  |              | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| th<br>th   | 1a       | Federated campaigns 1a                           |              |                      |  |   |  |
| 훒蕳   | b        | Membership dues 1b                               |              |                      |  |   |  |
| A, (   | c        | Fundraising events 1c                            |              |                      |  |   |  |
| 뜵삞   | d        | Related organizations 1d                         |              |                      |  |   |  |
| E, S   | е        | Government grants (contributions) 1e             |              | İ                    |  |   |  |
| PS.  | f        | All other contributions, gifts, grants,          |              |                      |  |   |  |
| 돌림   |          | and similar amounts not included above 1f        |              |                      |  |   |  |
| 들임   | g        | Noncash contributions included in lines 1a-1f \$ |              |                      |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | h        | Total. Add lines 1a-1f                           | <b>•</b>     |                      |  |   |  |
| Program Service Revenue                                |          |  | Busn. Code   |                      |  |   |  |
| 틸  | 2a       | Membership Dues                                  | 900099       | 226,803              | 226,803                                |   |  |
| æ  | b        | ·  |              |                      |  |   |  |
| Ş.   | С        |  |              |                      |  |   |  |
| Ser  | d        |  |              |                      | -                                      |   |  |
| ᇣ  | е        |  |              |                      |  |   |  |
| ğ  | f        | All other program service revenue                |              |                      |  |   |  |
| ٥  | g        | Total. Add lines 2a-2f                           | <u> </u>     | 226,803              | ***                                    |   |  |
|  | 3        | Investment income (including dividends, inter    | est,         |                      |  |   |  |
|  |          | and other similar amounts)                       | ▶            | 8,635                | 8,635                                  |   |  |
|  | 4        | Income from investment of tax-exempt bond        | proceeds 🕨 📙 |                      |  |   | <u> </u>   |
|  | 5        | Royalties  | <u> </u>     |                      |  |   | <del> </del>   |
|  |          |  | Personal     |                      |  |   |  |
|  | 6a       | Gross rents                                      |              |                      |  |   | 1  |
|  | þ        | Less rental exps                                 |              |                      |  |   | [  |
|  | C        | Rental inc or (loss)                             |              |                      |  |   |  |
|  | d<br>7a  | Net rental income or (loss) Gross amount from    | u) Other     |                      |  | ·                                       | <u> </u>   |
|  |          | sales of assets                                  | i) Other     |                      |  |   |  |
|  | <b>b</b> | other than inventory                             |              |                      |  |   |  |
|  | þ        | Less cost or other basis & sales exps            |              |                      |  |   |  |
|  | _        | Gain or (loss)                                   |              |                      |  |   |  |
|  | d        | Net gain or (loss)                               | •            |                      |  |   |  |
|  |          |  |              |                      |  |   | <u> </u>   |
| J.   | 0a       | (not including \$                                |              |                      |  |   |  |
| , ve   | i        | of contributions reported on line 1c)            |              |                      |  |   |  |
| 8  |          | See Part IV, line 18                             |              |                      |  |   |  |
| Other Revenu   | b        | Less direct expenses b                           |              |                      |  |   |  |
| ō  |          | Net income or (loss) from fundraising events     |              |                      |  |   |  |
|  |          | Gross income from gaming activities              |              |                      |  |   |  |
|  |          | See Part IV, line 19                             |              |                      |  |   |  |
|  | ь        | Less direct expenses b                           |              | i                    |  |   |  |
|  |          | Net income or (loss) from gaming activities      | <b>&gt;</b>  |                      |  |   |  |
|  |          | Gross sales of inventory, less                   |              |                      |  | -                                       |  |
|  |          | returns and allowances a                         |              |                      |  |   |  |
|  | b        | Less cost of goods sold b                        |              |                      |  |   |  |
|  | С        | Net income or (loss) from sales of inventory     | <b></b>      |                      |  |   |  |
|  |          | Miscellaneous Revenue                            | Busn Code    |                      |  |   |  |
|  | 11a      | Service Fees - EIRF                              | 900099       | 73,381               | 73,381                                 |   |  |
|  | ь        | Service Fees - NEBF                              | 900099       | 5,880                | 5,880                                  |   |  |
|  | С        | Reimbursements - Misc                            | 900099       | 1,372                | 1,372                                  |   |  |
|  | d        | All other revenue                                | 900099       | 1,931                | 1,931                                  |   |  |
|  | е        |  | ▶            | 82,564               |  |   | <del> </del>   |
|  | 12       | Total revenue. See instructions                  | <u> </u>     | 318,002              | 318,002                                |   | 0  |

Part IX **Statement of Functional Expenses** 

| <u>Decill</u> | On 501(c)(3) and 501(c)(4) organizations must co<br>Check if Schedule O contains a respo    |                    |                              | Diete column (A)                    |                                       |
|---------------|---|--------------------|------------------------------|-------------------------------------|---------------------------------------|
|               | ot include amounts reported on lines 6b,<br>p, 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   | 1,600              | 1,600                        |                                     |                                       |
| 2             | Grants and other assistance to domestic   |                    |                              |                                     | <u>-</u>                              |
|               | individuals See Part IV, line 22  |                    |                              |                                     |                                       |
| 3             | Grants and other assistance to foreign  |                    |                              |                                     |                                       |
|               | organizations, foreign governments, and foreign   |                    |                              |                                     |                                       |
|               | individuals See Part IV, lines 15 and 16  |                    |                              |                                     |                                       |
| 4             | Benefits paid to or for members   |                    |                              |                                     |                                       |
| 5             | Compensation of current officers, directors,  |                    |                              |                                     |                                       |
|               | trustees, and key employees   | 93,172             | 93,172                       |                                     |                                       |
| 6             | Compensation not included above, to disqualified  |                    |                              |                                     |                                       |
|               | persons (as defined under section 4958(f)(1)) and   |                    | ļ                            |                                     |                                       |
|               | persons described in section 4958(c)(3)(B)  |                    |                              |                                     |                                       |
| 7             | Other salaries and wages  | 28,440             |                              | 28,440                              |                                       |
| 8             | Pension plan accruals and contributions (include  |                    |                              |                                     |                                       |
|               | section 401(k) and 403(b) employer contributions)   | 4,443              |                              | 4,443                               |                                       |
| 9             | Other employee benefits   | 12,033             |                              | 12,033                              |                                       |
| 10            | Payroll taxes   | 8,980              | 6,755                        | 2,225                               |                                       |
| 11            | Fees for services (non-employees)   |                    |                              |                                     |                                       |
| а             | Management  |                    |                              |                                     |                                       |
| ь             | Legal   |                    |                              |                                     |                                       |
| С             | Accounting  | 4,189              |                              | 4,189                               |                                       |
| d             | Lobbying  |                    |                              |                                     |                                       |
| e             | Professional fundraising services See Part IV, line 17                                      |                    |                              |                                     |                                       |
| f             | Investment management fees  |                    |                              |                                     |                                       |
| g             | Other (If line 11g amount exceeds 10% of line 25, column                                    |                    |                              |                                     |                                       |
| 40            | (A) amount, list line 11g expenses on Schedule O )  |                    |                              | <del></del>                         |                                       |
| 12            | Advertising and promotion   | 15 001             | 11 210                       | 2 772                               |                                       |
| 13            | Office expenses   | 15,091<br>670      | 11,318                       | 3,773                               |                                       |
| 14<br>15      | Information technology  | 070                | 870                          |                                     | -                                     |
| 16            | Royalties   | 10,805             | 8,104                        | 2,701                               |                                       |
| 17            | Occupancy<br>Travel   | 40,005             | 40,005                       | 2,701                               |                                       |
| 18            | Payments of travel or entertainment expenses  | 40,005             | 40,003                       |                                     |                                       |
| .0            | for any federal, state, or local public officials   |                    |                              |                                     |                                       |
| 19            | Conferences, conventions, and meetings  | 19,895             | 19,895                       |                                     |                                       |
| 20            | Interest  | 1000               |                              |                                     |                                       |
| 21            | Payments to affiliates  |                    |                              |                                     | · · · · · · · · · · · · · · · · · · · |
| 22            | Depreciation, depletion, and amortization   | 11,471             | 8,556                        | 2,915                               |                                       |
| 23            | Insurance   | 15,265             |                              | 15,265                              |                                       |
| 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)   |                    |                              |                                     |                                       |
| а             | Service charges - NECA  | 34,773             | 34,773                       |                                     |                                       |
| b             | Dues - National & State   | 3,450              | 3,450                        |                                     |                                       |
| С             |   |                    |                              |                                     |                                       |
| d             |   |                    |                              |                                     |                                       |
| е             | All other expenses  |                    |                              |                                     |                                       |
| 25            | Total functional expenses Add lines 1 through 24e   | 304,282            | 228,298                      | 75,984                              | 0                                     |
| 26            | Joint costs. Complete this line only if the organization reported in column (B) joint costs |                    |                              |                                     |                                       |
|               | from a combined educational campaign and  | ł                  | 1                            |                                     |                                       |
|               | fundraising solicitation. Check here ▶ ☐ if   |                    |                              |                                     |                                       |
| DAA           | following SOP 98-2 (ASC 958-720)  |                    |                              |                                     | - 000                                 |
| _, 57         |   |                    |                              |                                     | Form <b>990</b> (2015)                |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 51,596 Cash-non-interest bearing 1 644,832 2 Savings and temporary cash investments 2 144,835 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 285,491 other basis Complete Part VI of Schedule D 10a 30,555 **b** Less accumulated depreciation 10b 41,246 254,936 10c 11 Investments—publicly traded securities 11 190,553 439,163 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 15 876,631 890,530 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities 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 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 1,197 25 1,376 1,197Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 875,434 Unrestricted net assets 27 889,154 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 32 875,434 33 Total net assets or fund balances 889,154 33 876,631 890,530 Total liabilities and net assets/fund balances 34

| Form   | 990 (2015) N. Louisiana National Electrical 72-0442166  |          |          | Pag       | ge <b>12</b> |
|--|---|----------|----------|-----------|--------------|
| Pa   | rt XI Reconciliation of Net Assets  |          |          |           |              |
| <u>.                                    </u> | Check if Schedule O contains a response or note to any line in this Part XI                                   |          |          |           |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |          |           | 002          |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        |          |           | 282          |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3        |          |           | 720          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4        | <u> </u> | <u>5,</u> | <u>434</u>   |
| 5  | Net unrealized gains (losses) on investments  | 5        |          |           | _            |
| 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        |          |           |              |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |          |          |           |              |
|  | 33, column (B))   | 10       | 88       | 9,        | <u> 154</u>  |
| Pa   | rt XII Financial Statements and Reporting   |          |          |           |              |
|  | Check if Schedule O contains a response or note to any line in this Part XII                                  | <u> </u> |          |           |              |
|  |   |          |          | Yes       | No           |
| 1  | Accounting method used to prepare the Form 990 X Cash Accrual Other   |          |          |           |              |
|  | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |          |          | ĺ         | l            |
|  | Schedule O  |          |          |           |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?               |          | 2a       |           | X            |
|  | 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   |          | 1        |           |              |
|  | Separate basis Consolidated basis Both consolidated and separate basis  |          |          |           |              |
| b  | Were the organization's financial statements audited by an independent accountant?                            |          | 2b       |           | x            |
|  | 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  |          |          |           |              |
| С  | 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 |          |          |           |              |
|  | Schedule O  |          |          |           | ĺ            |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |          |          |           | 1            |
|  | the Single Audit Act and OMB Circular A-133?  |          | 3a       |           | x            |
| 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       |          | 3ь       | l         | 1            |
|  |   |          | Form     | 990       | (2015)       |

#### 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

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► 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. 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

| • 5 | Section 501(c)(4), (5), or (6) organizations Complete Part III   |                                    |                      |                         |  |
|-----|--|------------------------------------|----------------------|-------------------------|--|
|     | e of organization N. Louisiana Nationa   | l Electrical                       |                      | Employer ident          | ification number                                     |
|     | Contractors Associat   | ion                                |                      | 72-04421                | 66   |
| Pa  | rt I-A Complete if the organization is exem  | pt under section 501(c)            | or is a sectio       | n 527 organizatio       | on.  |
| 1   | Provide a description of the organization's direct and indirect  | ct political campaign activities i | n Part IV            |                         |  |
| 2   | Political expenditures   |                                    |                      | ▶ \$                    |  |
| 3   | Volunteer hours  |                                    |                      |                         |  |
|     |  |                                    |                      |                         |  |
| Pa  | rt I-B Complete if the organization is exem  | pt under section 501(c)            | (3).                 | <del> </del>            |  |
| 1   | Enter the amount of any excise tax incurred by the organization  |                                    |                      | <b>&gt;</b> \$          |  |
| 2   | Enter the amount of any excise tax incurred by organization  | J                                  | 5                    | ▶ \$                    |  |
| 3   | If the organization incurred a section 4955 tax, did it file For   | m 4720 for this year?              |                      |                         | Yes No   |
|     | Was a correction made?   |                                    | Yes No               |                         |  |
|     | If "Yes," describe in Part IV  | mtdow openious 501/c)              | \                    | an F01/a)/2)            |  |
| -   | rt I-C Complete if the organization is exem  |                                    |                      | on 501(c)(3).           |  |
| 1   | Enter the amount directly expended by the filing organization  | on for section 527 exempt func     | tion                 | • •                     |  |
| _   | activities   |                                    |                      | ▶ \$                    |  |
| 2   | - · · · · · · · · · · · · · · · · · · ·  | ▶ ↑                                |                      |                         |  |
| _   | 527 exempt function activities   | ▶ \$                               |                      |                         |  |
| 3   | Total exempt function expenditures Add lines 1 and 2 Enti-<br>line 17b   | er here and on Form 1120-POI       | <b>_</b> ,           | ▶ \$                    |  |
| 4   |  | 2                                  |                      | 9                       | Yes No   |
| 5   | Did the filing organization file <b>Form 1120-POL</b> for this year<br>Enter the names, addresses and employer identification nu |                                    | olitical organizatio | one to which the filing | ☐ 162 ☐ 140  |
| 3   | 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 committee  |                                    |                      |                         |  |
| _   | (a) Name   | (b) Address                        | (c) EIN              | (d) Amount paid from    | (e) Amount of political                              |
|     | (a) Hamb   | (b) Address                        | (6) 2                | filing organization's   | contributions received and                           |
|     |  |                                    |                      | funds If none enter -0- | promptly and directly                                |
|     |  |                                    |                      |                         | delivered to a separate<br>political organization If |
|     |  |                                    |                      |                         | none, enter -0-                                      |
| (1) |  |                                    |                      |                         |  |
|     |  |                                    |                      |                         |  |
| (2) |  |                                    |                      |                         |  |
|     |  |                                    |                      |                         |  |
| (3) |  |                                    |                      | -                       |  |
|     |  |                                    |                      |                         |  |
| (4) |  |                                    |                      |                         |  |
|     |  |                                    |                      |                         |  |
| (5) |  |                                    |                      |                         |  |
|     |  |                                    |                      |                         |  |
| (6) |  |                                    |                      |                         |  |
|     |  |                                    | <u></u>              |                         |  |

| Schedule C (Form 990 or 990-EZ) 2015 N. Lo      | ouisiana Na   | ational Ele              | ctrical         | 72                        | 2-0442166        | Pa   | age 2 |  |  |  |
|---|---|--------------------------|-----------------|---------------------------|------------------|--|-------|--|--|--|
| Part II-A Complete if the organia               | zation is exemp   | t under section          | 501(c)(3) and   | filed F                   | orm 5768 (elec   | tion under                                       |       |  |  |  |
| <u>section 501(h)).</u>                         |   |                          | <u> </u>        |                           |                  |  |       |  |  |  |
| A Check ► _ if the filing organization          |   |                          |                 |                           |                  | p member's                                       |       |  |  |  |
| name, address, EIN,                             |   |                          |                 |                           |                  |  |       |  |  |  |
| B Check ▶ if the filing organization            | on checked box  | A and "limited cor       | ntrol" provisio | ns apply                  | •                |  |       |  |  |  |
|   | bying Expendit  |                          |                 | (a) Filing (b) Affiliated |                  |  |       |  |  |  |
| (The term "expenditures"                        |   |                          |                 | organiz                   | ation's totals   | group totals                                     |       |  |  |  |
| 1a Total lobbying expenditures to influence p   | ublic opinion (grass r  | oots lobbying)           | Ļ               |                           |                  |  |       |  |  |  |
| b Total lobbying expenditures to influence a    | b Total lobbying expenditures to influence a legislative body (direct lobbying) |                          |                 |                           |                  |  |       |  |  |  |
| c Total lobbying expenditures (add lines 1a     |   | _                        |                 |                           |                  |  |       |  |  |  |
| d Other exempt purpose expenditures             |   |                          | 1               |                           |                  |  |       |  |  |  |
| e Total exempt purpose expenditures (add l      | e Total exempt purpose expenditures (add lines 1c and 1d)                       |                          |                 |                           |                  |  |       |  |  |  |
| f Lobbying nontaxable amount Enter the ar       | nount from the follow   | ng table in both         |                 |                           |                  |  |       |  |  |  |
| columns   |   |                          | ·               |                           |                  |  |       |  |  |  |
| If the amount on line 1e, column (a) or (b) is  | : The lobbying no   | ntaxable amount is:      |                 |                           |                  |  |       |  |  |  |
| Not over \$500,000                              | 20% of the amour  | nt on line 1e            |                 |                           |                  |  |       |  |  |  |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 159  | % of the excess over \$5 | 00,000          |                           |                  |  |       |  |  |  |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 109  | % of the excess over \$1 | ,000,000        |                           |                  |  |       |  |  |  |
| Over \$1,500,000 but not over \$17,000,000      |   |                          |                 |                           |                  |  |       |  |  |  |
| 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 les  | s, enter -0-  |                          | l               |                           |                  |  |       |  |  |  |
| i Subtract line 1f from line 1c If zero or less | s, enter -0-  |                          |                 |                           |                  |  |       |  |  |  |
| j If there is an amount other than zero on e    | ther line 1h or line 1i   | , did the organization   | file Form 4720  |                           |                  | -  |       |  |  |  |
| reporting section 4911 tax for this year?       |   |                          |                 |                           |                  | Yes  | No    |  |  |  |
|   | 4-Year Averag   | ing Period Under         | section 501(h   | )                         |                  |  |       |  |  |  |
| (Some organizations that mad                    | _   | •                        | •               | •                         | the five colum   | ns below.  |       |  |  |  |
|   | · ·   | nstructions for lir      | •               |                           |                  |  |       |  |  |  |
|   |   |                          |                 |                           |                  |  |       |  |  |  |
| L(  | bbying Expendit   | ures During 4-Yea        | r Averaging F   | eriod                     |                  |  |       |  |  |  |
| Calendar year (or fiscal year                   |   |                          | 1               |                           |                  |  |       |  |  |  |
| beginning in)                                   | (a) 2012  | <b>(b)</b> 2013          | (c) 2014        |                           | ( <b>d)</b> 2015 | (e) Total  |       |  |  |  |
|   |   |                          |                 |                           |                  |  |       |  |  |  |
| 2a Lobbying nontaxable amount                   |   |                          |                 |                           |                  |  |       |  |  |  |
| b Lobbying ceiling amount                       | ··  |                          | -               |                           |                  | <del>                                     </del> |       |  |  |  |
| (150% of line 2a, column(e))                    |   | ]                        |                 | 1                         |                  |  |       |  |  |  |
| (10070 of mic 2a, column(c))                    |   |                          |                 | <del></del>               |                  | <del> </del>                                     |       |  |  |  |
| c Total lobbying expenditures                   |   |                          |                 |                           |                  |  |       |  |  |  |
| d Grassroots nontaxable amount                  |   |                          |                 |                           |                  |  |       |  |  |  |
| e Grassroots ceiling amount                     |   |                          | <u> </u>        |                           |                  |  |       |  |  |  |
| (150% of line 2d, column (e))                   |   |                          |                 |                           |                  |  |       |  |  |  |
|   | ~~~   |                          | 1               |                           | <del></del>      | 1  |       |  |  |  |
| f Grassroots lobbying expenditures              |   |                          | 1               | }                         |                  | 1  |       |  |  |  |

Schedule C (Form 990 or 990-EZ) 2015

5 Taxable amount of lobbying and political expenditures (see instructions)

Supplemental Information

and political expenditure next year?

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

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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

3

Part IV

3

5

Schedule C (Form 990 or 990-EZ) 2015 N. Louisiana National Electrical

72-0442166

Page 4

Part IV Supplemental Information (continued)

#### 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. Inspection

OMB No 1545-0047 Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number N. Louisiana National Electrical Contractors Association 72-0442166 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

|      | dule D (Form 990) 2015 N. Louis  |                         |                                       |                        | 72-044          |                     | <del>,</del>                                       | Page 2      |
|------|--|-------------------------|---------------------------------------|------------------------|-----------------|---------------------|--|-------------|
|      | Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)   |                         |                                       |                        |                 |                     |  |             |
| .3   | 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) |                         |                                       |                        |                 |                     |  |             |
| а    | Public exhibition  | d 🗌                     | Loan or exchai                        | nge programs           |                 |                     |  |             |
| b    | Scholarly research   | е 🗌                     | Other                                 |                        |                 |                     |  |             |
| С    | Preservation for future generations  |                         |                                       |                        |                 |                     |  |             |
| 4    | Provide a description of the organization's  | collections and explair | n how they furth                      | ner the organization   | s exempt purp   | ose in Part         |  |             |
|      | XIII   |                         |                                       |                        |                 |                     |  |             |
| 5    | During the year, did the organization solicit  | or receive donations    | of art, historica                     | I treasures, or other  | sımılar         |                     |  |             |
|      | assets to be sold to raise funds rather than   |                         | art of the orga                       | nization's collection  | ?               |                     | Yes  | No          |
| Pa   | rt IV Escrow and Custodial A   |                         |                                       |                        |                 |                     |  |             |
|      | Complete if the organization 990, Part X, line 21.   | on answered "Yes"       | on Form 99                            | 90, Part IV, line      | 9, or reporte   | ed an amount        | on Form  |             |
| 12   | Is the organization an agent, trustee, custo   | dian or other intermed  | liant for contrib                     | utions or other sees   | to not          |                     |  |             |
| 14   | included on Form 990, Part X?  | dian or other intermed  | liary for contrib                     | utions or other asse   | ts not          |                     | □ v  |             |
| h    | If "Yes," explain the arrangement in Part X  | III and complete the fo | llowing table                         |                        |                 |                     | . Yes  | No          |
|      | " 105, explain the arrangement in 1 art X  | in and complete the lo  | nowing table                          |                        |                 |                     | Amount   | <del></del> |
| С    | Beginning balance  |                         |                                       |                        |                 | 12                  | Amount   | <del></del> |
|      | Additions during the year  |                         |                                       |                        |                 | 1c                  | <del></del>  |             |
| e    | Distributions during the year  |                         |                                       |                        |                 |                     |  | <del></del> |
| f    | Ending balance   |                         |                                       |                        |                 | 1e   1f             |  |             |
|      | Did the organization include an amount on  | Form 000 Part V Ima     | 21 for accres                         | . or austadial assault | الإستان المامية | [ 11 ]              |  | <u> </u>    |
|      | If "Yes," explain the arrangement in Part X  |                         |                                       |                        |                 |                     | Yes  | No          |
|      | rt V Endowment Funds.  | in Check here it the e  | xpianation has                        | been provided on P     | an Am           |                     |  |             |
|      | Complete if the organization   | on answered "Yes        | " on Form 9                           | 90 Part IV line        | 10              |                     |  |             |
|      |  | (a) Current year        | (b) Prior ye                          |                        |                 | d) Three years back | (e) Four yea                                       | rs hack     |
| 1a   | Beginning of year balance  | (-,,                    | (2)                                   | (0) (110 )01           | (2              | ay timoo youlo buon | (6) / 66. /62                                      | TO DOOR     |
| b    | Contributions  |                         |                                       |                        | — <del> </del>  |                     | <u> </u>   |             |
| -    | Net investment earnings, gains, and  |                         |                                       | <del></del>            | <u> </u>        |                     | <del>                                     </del>   |             |
| •    | losses   |                         |                                       |                        | i               |                     |  |             |
| d    | Grants or scholarships   | ·····                   | <u> </u>                              |                        |                 |                     | <del></del>  |             |
|      | Other expenditures for facilities and  |                         |                                       |                        | <u> </u>        |                     | <del>                                     </del>   |             |
| _    | programs   |                         |                                       |                        |                 |                     |  |             |
| f    | Administrative expenses  |                         | <u> </u>                              |                        |                 |                     | <del>  · · · · · · · · · · · · · · · · · · ·</del> |             |
| a    | End of year balance  | <del></del>             | · · · · · · · · · · · · · · · · · · · |                        | <del></del>     |                     | <del> </del>                                       |             |
| 2    | Provide the estimated percentage of the c  | urrent year end balanc  | e (line 1a. colu                      | mn (a)) held as        |                 |                     |  |             |
| а    | Board designated or quasi-endowment ▶  | %                       | - ( g,                                | (4)) (1014 44          |                 |                     |  |             |
| b    | Permanent endowment ▶ %  |                         |                                       |                        |                 |                     |  |             |
| С    | Temporarily restricted endowment ▶   | %                       |                                       |                        |                 |                     |  |             |
|      | The percentages on lines 2a, 2b, and 2c s  |                         |                                       |                        |                 |                     |  |             |
| За   | Are there endowment funds not in the pos   | ·                       | ation that are h                      | eld and administered   | d for the       |                     |  |             |
|      | organization by  | <del> </del>            |                                       |                        |                 |                     | Ye   | s No        |
|      | (i) unrelated organizations  |                         |                                       |                        |                 |                     | 3a(i)  | 1           |
|      | (ii) related organizations   |                         |                                       |                        |                 |                     | 3a(ii)   |             |
| b    | If "Yes" on line 3a(ii), are the related organ   | nzations listed as requ | ired on Schedu                        | ile R?                 |                 |                     | 3b   |             |
| 4    | Describe in Part XIII the intended uses of   |                         |                                       |                        |                 |                     |  |             |
| Pa   | rt VI Land, Buildings, and Eq  |                         |                                       |                        |                 |                     |  |             |
|      | 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       |                                       | ) Cost or other basis  | (c) Accumi      | 1                   | (d) Book value                                     | )           |
|      |  | (investment)            |                                       | (other)                | deprecia        | ation               |  |             |
| 1a   | Land   |                         |                                       | 76,812                 |                 |                     | 76   | ,812        |
| b    | Buildings  |                         |                                       |                        |                 |                     |  |             |
| С    | Leasehold improvements   |                         |                                       |                        |                 |                     |  |             |
| d    | Equipment  |                         |                                       |                        |                 |                     |  |             |
|      | Other  |                         |                                       | 208,679                | 3               | 30,555              | 178  | ,124        |
| Tota | I. Add lines 1a through 1e (Column (d) mu  | st equal Form 990, Par  | t X, column (B)                       | ), line 10c )          |                 | <b>&gt;</b>         | 254  | ,936        |

| Sche | aule D | (Form 99 | 0) 2015 | и. | TIC | JULB. | Lalla | Nacional | FIECTI | LCa. |
|------|--------|----------|---------|----|-----|-------|-------|----------|--------|------|
|      |        |          |         |    |     |       |       |          |        |      |
|      |        |          |         |    |     |       |       |          |        |      |

| Part VII         | Investments—Other Securities.  Complete if the organization answered "Yes" or | n Form 990 Part IV line         | 11b. See Form 990 F               | Part X. line 12 |
|------------------|---|---------------------------------|-----------------------------------|-----------------|
|                  | (a) Description of security or category                                       | (b) Book value                  | (c) Method o                      |                 |
|                  | (including name of security)  |                                 | Cost or end-of-ye                 | ar market value |
| (1) Financial    | derivatives   |                                 |                                   |                 |
| . ,              | eld equity interests  |                                 |                                   |                 |
| (3) Other C      | CD-Business First 3484  | 194,304                         |                                   |                 |
| (A) CD           | -Gibsland Bank 0400   | 133,055                         |                                   |                 |
| 7- /             | -Home Federal Bank 0230   |                                 | Market                            |                 |
| 1. 1             | -Home Federal Bank 1611   | 48,131                          | Market                            |                 |
| Y- /             | -Progressive National Bank 8744   |                                 | Market                            |                 |
| 1-7              | Home Federal Bank 0029  |                                 | Market                            |                 |
| 1                | O-Home Federal Bank 0965  |                                 | Market                            |                 |
| , ,              | O-Progressive National Bank 8731  | <u> </u>                        | Market                            |                 |
| ١ /              | O-Progressive National Bank 9093  | 420 262                         | Market                            |                 |
|                  | nn (b) must equal Form 990, Part X, col (B) line 12 )                         | 439,163                         | <del></del>                       |                 |
| Part VIII        | Investments—Program Related.  | - F 000 D- 4 IV I               | 44 · O · F-···· 000 ·             | 24 V -1 40      |
|                  | Complete if the organization answered "Yes" or                                |                                 |                                   |                 |
|                  | (a) Description of investment   | (b) Book value                  | (c) Method o<br>Cost or end-of-ye |                 |
|                  |   | <del></del>                     | Cost or end-or-ye                 | - market value  |
| (1)              |   |                                 | _ <del></del>                     |                 |
| (2)              |   |                                 | <del></del>                       | <del></del>     |
| (3)              |   |                                 | <del></del>                       |                 |
| (4)              |   |                                 |                                   |                 |
| (5)              |   |                                 |                                   |                 |
| (6)              |   |                                 |                                   | <del></del>     |
| (7)              |   |                                 |                                   |                 |
| (8)              |   |                                 | <del></del>                       | _ <del></del>   |
|                  | nn (b) must equal Form 990, Part X, col (B) line 13)                          | <del></del>                     |                                   |                 |
| Part IX          | Other Assets.   |                                 |                                   |                 |
| 1 6.11           | Complete if the organization answered "Yes" o                                 | n Form 990 Part IV line         | 11d See Form 990 J                | Part X line 15  |
|                  | (a) Description   | 111 0111 000, 1 01114, 1110     | <u> </u>                          | (b) Book value  |
| (1)              |   |                                 |                                   | <u> </u>        |
| (2)              |   |                                 |                                   | <u> </u>        |
| (3)              |   |                                 |                                   |                 |
| (4)              |   |                                 |                                   |                 |
| (5)              |   |                                 |                                   |                 |
| (6)              |   |                                 |                                   |                 |
| (7)              |   |                                 |                                   |                 |
| (8)              |   |                                 |                                   |                 |
| (9)              |   |                                 |                                   |                 |
|                  | mn (b) must equal Form 990, Part X, col (B) line 15)                          |                                 | <b>&gt;</b>                       |                 |
| Part X           | Other Liabilities.  |                                 |                                   |                 |
|                  | Complete if the organization answered "Yes" of                                | on Form 990, Part IV, line      | e 11e or 11f. See Form            | n 990, Part X,  |
|                  | line 25.  |                                 |                                   |                 |
| 1.               | (a) Description of liability  | (b) Book value                  |                                   |                 |
| (1) Federa       | al income taxes   |                                 |                                   |                 |
| (2) Stat         | te W/H  | 1,309                           |                                   |                 |
| (3) <b>FIC</b>   | A Payable   | 67                              |                                   |                 |
| (4)              |   |                                 |                                   |                 |
| (5)              |   |                                 |                                   |                 |
| (6)              |   |                                 |                                   |                 |
| (7)              |   |                                 |                                   |                 |
| (8)              |   |                                 |                                   |                 |
| (9)              |   |                                 |                                   |                 |
| Total. (Colu     | mn (b) must equal Form 990, Part X, col. (B) line 25 ) ▶                      | 1,376                           |                                   |                 |
| 2. Liability for | or uncertain tax positions. In Part XIII, provide the text of the f           | ootnote to the organization's f | nancial statements that rep       | orts 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 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2a from line 1 3 Investment expenses not 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 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 12b C Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12c) 5 S 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Pinor year adjustments c Other losses 2 a Donated services and use of facilities b Pinor year adjustments c Other losses 2 a Donated services and use of facilities a Investment expenses not included on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 b Donated services and use of facilities b Pinor year adjustments c Other losses 5 2a 5 Donated services and use of facilities c Other losses 7 2a 8 2a 9 2a 9 2a 9 2a 9 2a 9 2a 9 2a 9 2a 9  | Sche  | dule D (Form 990) 2015 N. Louisiana National Elect  | rical                                 | 72-0442166                    | Page <b>4</b> |  |  |  |
|--|---|---|---------------------------------------|-------------------------------|---------------|--|--|--|
| 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 3 Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prory ear grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3 3 Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 12, but not on line 1 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and losses 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Priory year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) Part XIII Supplemental Information.  Provide the descriptions Book Value Method   | Pa  | rt XI Reconciliation of Revenue per Audited Financial State                                 | ments With                            | Revenue per Retur             |               |  |  |  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gams (losses) on investments b Donated services and use of facilities c Recoveries of pror year grants d Ofter (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 b Ofter (Describe in Part XIII) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IVII, line 18 5 Total expenses and losses per audited financial statements 2 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses on Included on Form 990, Part IVII, line 7b 4 Amounts included on Form 990, Part IVII line 7b 4 Amounts included on Form 990, Part IVII line 7b 5 Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XII Supplemental Information.  Provide the descriptions required for Part II, lines 2d and 4b Also complete this part to provide any additional information Part VIII - Investments - Other Securities Continued  Description  | •   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                 |                                       |                               |               |  |  |  |
| a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of pror year grants d Other (Describe in Part XIII ) 2  | 1   | Total revenue, gains, and other support per audited financial statements                    |                                       | 1                             |               |  |  |  |
| b Donated services and use of facilities  c Recoveries of prory year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and isoses 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 isoses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 X, line 2, and 4b, and Part XII, 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 X, line 2, and 4b, and Part XII, 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 X, line 2, and 4b, and Part XII, lines 2, 5 and 4b Ab Also complete this part to provide any additional information  Part VIII - Investments - Other Securities Continued | 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12                          |                                       |                               |               |  |  |  |
| c Recovenes of prior year grants d Other (Describe in Part XIII) 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Fart 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 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses in cluded on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 4, 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 Part VII - Investments - Other Securities Continued  Description Book Value Method   | а   | Net unrealized gains (losses) on investments  | 2a                                    |                               |               |  |  |  |
| d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Amounts included on Form 990, Part VIII, line 7b 5 Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  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 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Amounts included on Iner 1 but not on Form 990, Part IX, line 25 b Prior year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 21 and 4b Also complete this part to provide any additional information Part VII - Investments - Other Securities Continued   | b   | Donated services and use of facilities  | 2b                                    |                               |               |  |  |  |
| e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a.  1 Total expenses and losses 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Pnor year adjustments c Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 2d, and 4b Also complete this part to provide any additional information Part VII - Investments - Other Securities Continued  Description Book Value Method  | C   | Recoveries of prior year grants   | 2c                                    |                               |               |  |  |  |
| 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses and losses 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Pror year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 18)  Part XII 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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | d   | Other (Describe in Part XIII )  | 2d                                    |                               |               |  |  |  |
| A 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Fart XII Reconcilitation 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Pnor year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18)  Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 2, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part X, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Part VII - Investments - Other Securities Continued  Description Book Value Method  | е   | Add lines 2a through 2d   | · · · · · · · · · · · · · · · · · · · | 26                            | e_            |  |  |  |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) c Add lines 4a and 4b c Total expense 3 and 4c. (This must equal Form 990, Part I, line 12.)  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  2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XIII Supplemental Information.  Provide the descriptions required for Part III, 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 XII - Investments - Other Securities Continued  | 3   | Subtract line 2e from line 1  |                                       | 3                             |               |  |  |  |
| b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)  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  Part VII - Investments - Other Securities Continued  Description Book Value Method   | 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1                         | 1 1                                   |                               |               |  |  |  |
| c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 25 and 4b Also complete this part to provide any additional information Part VII - Investments - Other Securities Continued  Description Book Value Method   | а   | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a                                    |                               |               |  |  |  |
| For tall revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconcilitation 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  2 Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities  b Prior year adjustments  c Other (Describe in Part XIII )  e Add lines 2a through 2d  3 Subtract line 2e from line 1  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  b Other (Describe in Part XIII )  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 2, 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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | b   | Other (Describe in Part XIII )  | 4b                                    |                               |               |  |  |  |
| 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 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Pror year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method   | С   | Add lines 4a and 4b   |                                       | 40                            | <b>;</b>      |  |  |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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. Also complete this part to provide any additional information Part VII - Investments - Other Securities Continued  Description Book Value Method  | 5   | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)              |                                       | 5                             |               |  |  |  |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part III, 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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | Pa  | art XII Reconciliation of Expenses per Audited Financial State                              | ements Witl                           | n Expenses per Ret            | urn.          |  |  |  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method   |   | Complete if the organization answered "Yes" on Form 990                                     | , Part IV, line                       | e 12a.                        |               |  |  |  |
| a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | 1   | Total expenses and losses per audited financial statements                                  |                                       | 1                             |               |  |  |  |
| b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |                                       |                               |               |  |  |  |
| c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method   | а   | Donated services and use of facilities  | 2a                                    |                               |               |  |  |  |
| d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | b   | Prior year adjustments  | 2b                                    |                               |               |  |  |  |
| 2e 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method   | С   | Other losses  | 2c                                    |                               |               |  |  |  |
| 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | d   | Other (Describe in Part XIII )  | 2d                                    |                               |               |  |  |  |
| 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method   | е   | Add lines 2a through 2d   |                                       | 26                            | •             |  |  |  |
| a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method   | 3   | Subtract line 2e from line 1  |                                       | 3                             |               |  |  |  |
| b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1                           |                                       |                               |               |  |  |  |
| c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | а   | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a                                    |                               |               |  |  |  |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | b   | Other (Describe in Part XIII )  | 4b                                    |                               |               |  |  |  |
| 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 Part VII - Investments - Other Securities Continued  Description Book Value Method  | C   | Add lines 4a and 4b   |                                       | 40                            | ;             |  |  |  |
| 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  Part VII - Investments - Other Securities Continued  Description Book Value Method  | 5   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)              |                                       | 5                             |               |  |  |  |
| 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information Part VII - Investments - Other Securities Continued  Description Book Value Method  | _P  | art XIII Supplemental Information.  |                                       |                               | -             |  |  |  |
| Part VII - Investments - Other Securities Continued  Description Book Value Method   | Pro۱  | ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par | t IV, lines 1b ar                     | nd 2b, Part V, line 4, Part 2 | X, line       |  |  |  |
| Description Book Value Method  |   |   |                                       |                               |               |  |  |  |
|  | Part VII - Investments - Other Securities Continued |   |                                       |                               |               |  |  |  |
|  |   |   |                                       |                               |               |  |  |  |
| CD-Citizens Bank 8732 0 Market   | Description Book Value Method                       |   |                                       |                               |               |  |  |  |
| CD-Citizens Bank 8732 0 Market   |   |   |                                       |                               |               |  |  |  |
|  | С   | D-Citizens Bank 8732 0 Mar  | ket                                   |                               |               |  |  |  |

CD-Citizens Bank 9425 0

Market

Schedule D (Form 990) 2015 N. Louisiana National Electrical

72-0442166

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Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) 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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization

N. Louisiana National Electrical Contractors Association

Employer identification number 72-0442166

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.