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MARKET III OF 2017

Form

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.

2016 Open to Public Inspection

OMB No 1545-0047

| A | For the | e 2016 calendar year, or tax year beginning , and ending | | | |
|---------------------------------|---------------|--|------------------------|-------------------|------------------------------|
| В | Check if a | ·· | | D Employer | identification number |
| _ | Address c | · · · · · · · · · · · · · · · · · · · | | | 44000 |
| | Name cha | Doing business as Number and street (or PO box if mail is not delivered to street address) | T Room/suite | 72 - 0 | 442166 |
| = | Initial retur | 0000 Non-Ed-14 D-14 | Hoonvalle | | 686-9541 |
| = | Final retur | rn/ City or town, state or province, country, and ZIP or foreign postal code | <u> </u> | | |
| \equiv | terminated | Shreveport LA 71118 | | G Gross rece | eipts \$ 286,166 |
| = | Amended | F Name and address of principal officer | | | |
| | Application | on pending Steven Martin | H(a) Is this a gre | oup return for st | |
| | | 8909 Mansfield Road | H(b) Are all sub | ordinates incli | uded? Yes No |
| | | Shreveport, LA 71118 | If "No, | " attach a list | (see instructions) |
| | Tax-exen | mpt status 501(c)(3) X 501(c) (6) ◄ (insert no) 4947(a)(1) or 527 | | | |
| <u>J</u> _ | Website | | H(c) Group exe | | |
| <u>K</u> | | | Year of formation 1 | 944 | M State of legal domicile LA |
| | Part I | Summary Durafty describe the comparation of most equipment estimates | | | |
| | | Briefly describe the organization's mission or most significant activities SEE "4a" BELOW | | | |
| ළු |) | SEE "Id" DEDOW | | | |
| ria Fia | <u>}</u> | | | | |
| Akfivitiesisiskopyerians | 9 0 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than | 25% of its net as | sets | |
| 35 | 3 1 | Number of voting members of the governing body (Part VI, line 1a) | 20 70 01 110 1101 40 | 3 | 9 |
| S | 4 1 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 0 |
| ₩ <u>₩</u> | 5 1 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | 5 | 2 |
| ₩ | 6 1 | Total number of volunteers (estimate if necessary) | | 6 | 0 |
| 8 | 7a 7 | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| | b1 | Net unrelated business taxable income from Form 990-T, line 34 | . | 7b | 0 |
| 25 | _ , | O . I . I | Prior Ye | ar | Current Year |
| 0 20 anna | | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | 22 | 6,803 | 192,760 |
| ven | 1 | Program service revenue (Fart VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 8,635 | 7,229 |
| Re | 1 | Other revenue (Part VIII, column (A), lines 5, 4, and 7d) | | 2,564 | 86,177 |
| | | Total revenue – add lines 8 through 11 (must equal Part VIII, column (4), line 12) | | 8,002 | 286,166 |
| _ | 13 (| Grants and similar amounts paid (Part IX, column (A) hass Fair (FU | | 1,600 | 6,700 |
| | 14 E | Grants and similar amounts paid (Part IX, column (A) lines 23/ED Benefits paid to or for members (Part IX, column (A), REA Salaries, other compensation, employee benefits (Part IX, column (A)) fires 5 10 Professional fundraising fees (Part IX, column (A)) line (18) 2 | | | 0 |
| Ś | 15 5 | Salaries, other compensation, employee benefits (Part IX, column (A)) (Part IX) | 7,068 | 165,001 | |
| xpenses | | Professional fundraising fees (Part IX, column A) line 120 20 20 1 | | 0 | |
| Ç | 1 | - 10-1 - 101/2 | | | |
| ũ | 17 (| Total fundraising expenses (Part IX, column (D) (156 25) Other expenses (Part IX, column (A), lines 11a-17d, 11f 23a) Total expenses Add lines 13–17 (must equal Part IX, column (A); line 25) | | 5,614 | 168,272 |
| | | | | 4,282 | 339,973 |
| | 19 F | Revenue less expenses Subtract line 18 from line 12 | | 3,720 | |
| Net Assets or | 20 7 | Total assets (Part X, line 16) | Beginning of Cu 8 9 | 0,530 | End of Year 836,801 |
| Asse | 20 | Total liabilities (Part X, line 26) | | 1,376 | 1,454 |
| Set | 22 1 | Net assets or fund balances Subtract line 21 from line 20 | 88 | 9,154 | 835,347 |
| | art II | Signature Block | | | |
| | | nalties of perjury, I declare that I have examined this return, including accompanying schedules and state | | | nowledge and belief, it is |
| tr | ue, corre | ect, and complete Declaration of preparer (other than officer) is based on all information of which prepare | er has any knowled | ge | |
| | | Surin S. Illantin | | 15 | 7-23-17 |
| Sig | gn | Signature of officer | | Date | |
| He | re | | <u>utive Di</u> | rector | <u> </u> |
| _ | | Type or print name and title | / | | DIN |
| Pai | id | Print/Type preparer's name Preparer's signature | Date | Check | L-J |
| | parer | Terri L. Watkins Terri L. Watking Machine Firm's name Watkins, Young, Hamaker & Bell LLC | | 0/17 self-er | |
| | e Only | 624 Travis St Ste 900 | | Firm's EIN | 47-3979156 |
| J-31 | ···y | Gh | | Dhane as | 318-424-3185 |
| Ma | v the IP | RS discuss this return with the preparer shown above? (see instructions) | | Phone no | Yes No |
| _ | | york Reduction Act Notice, see the separate instructions. | | | Form 990 (2016) |
| DAA | | | | | Pomi 930 (2016) |

| | | National Electrical | 72-0442166 | Page 2 |
|---|------------------------------|---|---|----------|
| | | Service Accomplishments | = | |
| | | ntains a response or note to any li | ne in this Part III | |
| SEE "4a" | ibe the organization's missi | on | | |
| שנע אנע פ | DEBON | | | |
| • | | | | |
| | | | | |
| Did the organ | nization undertake any sign | nificant program services during the year w | hich were not listed on the | |
| • | 90 or 990-EZ? | | | Yes X No |
| | cribe these new services or | | | |
| - | nization cease conducting, | or make significant changes in how it cond | ducts, any program | |
| services? | awba thasa abangsa an Cal | nadula O | | Yes X No |
| | cribe these changes on Scl | | e largest program services, as measured by | |
| | | | amount of grants and allocations to others, | |
| | | for each program service reported | amount of grants and anocations to others, | , |
| | , a, | | | |
| la (Code |) (Expenses \$ | 274,265 including grants of \$ | 6,700) (Revenue \$ | 192,760 |
| | | al Workshops, Convent | | |
| | | to the Electrical Con | | |
| Industry | y for approxim | mately 25-30 contract | ors | |
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| | | | | |
| b (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
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| (0.1 | \((\int_{ | | \(\(\text{P}\) | |
| : (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| : (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| : (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |
| : (Code |) (Expenses \$ | including grants of \$ | | - |
| c (Code |) (Expenses \$ | including grants of \$ | | - |
| c (Code |) (Expenses \$ | including grants of \$ | | - |
| c (Code |) (Expenses \$ | including grants of \$ | | - |
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| c (Code |) (Expenses \$ | including grants of \$ | | |
| c (Code |) (Expenses \$ | including grants of \$ | | |
| c (Code |) (Expenses \$ | including grants of \$ | | |
| | | | | |
| 4c (Code 4d Other program (Expenses \$ | m services (Describe in Sc | | | |

| | | ن | Yes | No |
|-----|--|-----------------|----------------|------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | 2 |
| 2 | complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 1 | | $\frac{x}{x}$ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 2 | | |
| 3 | 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) | <u> </u> | | |
| • | 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, | <u> </u> | | |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | X | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | ļ | | |
| | "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_ |
| 0 | 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_ |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | i | | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 1 | | 1 |
| | complete Schedule D, Part VI | 11a | X | |
| þ | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | l | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | <u> </u> |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 1 | | |
| | reported in Part X, line 167 If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | <u> </u> | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | <u></u> |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | l | | ٠,, |
| _ | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | 3.5 |
| _ | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 3 | is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | - | X |
| 4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | | } | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 146 | | v |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | | <u> </u> |
| 3 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | v |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 15 | | <u> </u> |
| • | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 10 | | ^ - |
| • | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | x |
| ē - | 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 |
| 9 | 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 |
| | | | - 99 | 0 (2016) |

| | | | Yes | No |
|-----|--|--------------|--|--|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| þ | 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 19 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 27 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 | | <u>X</u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| ¢ | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | 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 | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | { | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | ļ |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | } | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 1 | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 1 | | |
| | 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 | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? 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, | ١ | | ., |
| | Part I | 31 | | 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 | - | 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 | 22 | Ì | v |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | 33 | | X |
| 34 | or IV, and Part V, line 1 | 24 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 33a | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 330 | | |
| | 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 | 30- | - | |
| • | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | ļ | ļ |
| | Part VI | 37 | | x |
| 88 | 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 | |
| | | | | |

Form 990 (2016) N. Louisiana National Electrical 72-0442166 Page 5 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 No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За X 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 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 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? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b 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 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 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 а Gross income from members or shareholders 11a

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers. 13

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

Gross income from other sources (Do not net amounts due or paid to other sources

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

Enter the amount of reserves on hand C

against amounts due or received from them)

Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

12a

13a

14a

14b

11b

12b

13b

13c

72-0442166 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a 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 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 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 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 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X The governing body? 8a a X Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a 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 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 b X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b ь Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 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? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

Chapter Office

8909 Mansfield RD

State the name, address, and telephone number of the person who possesses the organization's books and records >

Shreveport

LA 71118-3859 318-686-9541

20

Form 990 (2016) 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) Name and Title | (B) Average hours per week (list any hours for | off | x, unle | Pos check ess pe | irson i | than on s both a r/trustee | an e) | (D) (E) (F) Reportable Reportable Estimated compensation from amount of related other the organization (W-2/1099-MISC) from the | | Estimated amount of other compensation |
|--|---|--|-----------------------|------------------------|--------------|----------------------------------|----------|--|-----------------|---|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-WIGO) | organization and related organizations |
| (1) Ken Welch | | | | | | | | | | |
| | 0.00 | | ĺ | | | 1 | | | _ | |
| Director | 0.00 | X | ļ | <u> </u> | <u> </u> | \sqcup | | 0 | 0 | 0 |
| (2) Keith Wilhite | 0.00 | | | Ì | 1 | 1 1 | | | | |
| Director | 0.00 | \mathbf{x} | | | | | | o | o | |
| (3) Richard Roberts | 0.00 | | | | ┢╌ | \vdash | _ | | | 0 |
| (3) KICHAIA KODCI CO | 0.00 | | | | | | | | | |
| Vice President | 0.00 | x | | x | | | | 0 | 0 | 0 |
| (4) Scott King | | | _ | | \vdash | \vdash | | | | <u>~</u> |
| (1,2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 0.00 | | | ļ | | | | | | |
| Director | 0.00 | x | | | l | 1 1 | | 0 | 0 | 0 |
| (5) Jimmy Feazel | | | | | | | | | | |
| _ | 0.00 | | | | | 1 | | | | |
| President | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (6) Robert Rodgers | | 1 | | Ì | Ì | 1 | | | | |
| | 0.00 | | | Į | | | | | | |
| Treasurer | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (7) Jack Spring | | | | | ļ | | | | | |
| | 0.00 | l | | ľ | | | | | | |
| Director | 0.00 | X | | | | - | _ | 0 | 0 | 0 |
| (8) Steven Martin | 40.00 | | | | ļ | | | | | |
| man and the mineral and | 40.00 | | | x | | 1 | | 00 000 | | 15 505 |
| Executive Director (9) Kirk Davis | 0.00 | 1- | - | <u> </u> | - | ╁┼ | | 90,200 | 0 | 17,531 |
| (9) KIFK Davis | 0.00 | } ' | | | | 1 | | | | |
| -Gowarnar | 0.00 | l | | _ x - | ļ-— | - | | - | | |
| Governor (10) | 0.00 | | \vdash | ^ | \vdash | 1 | | | \ <u></u> | 0 |
| (10) | 1 | | | | | | | | | |
| (11) | | | | | - | | | | | |
| | | | _ | | | | | | | |

| <u> Pa</u> | rt VII Section A. Officers | s, Directors, Tru | Stee | S, N | ey c | mpı | oyee | s, a | nd Highest Compensated | Employees (continued) | | | | |
|---------------------|--|--|-----------------------------------|--|--|--------------|------------------------------|----------------------|---------------------------------|------------------------|---------|---|-----------------|----------|
| | (A) Name and title | (B) (C) (D) Average Position Reportable compensation week box, unless person is both an (list any officer and a director/trustee) | | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | | | | | | | | |
| | | hours for related organizations below dotted line) | Individual trustee or director | | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | or a | from the ganizat nd relat ganizati | e on ed | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | : | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b c <u>d</u> | Sub-total Total from continuation sheet Total (add lines 1b and 1c) | ets to Part VII, S | Secti | on A | ١ | | | ▶ ▶ | 90,200 | | | | 7,5 | |
| <u>2</u> | Total number of individuals (in reportable compensation from | | | | thos | e lis | ted a | bov | e) who received more than | \$100,000 of | | | Yes | No |
| 3 | Did the organization list any for employee on line 1a? If "Yes," | | | | | | | | oyee, or highest compensa | ated | ſ | 3 | 162 | X |
| 4 | For any individual listed on line organization and related organization and related organizational | e 1a, is the sum | of re | porta | able | com | pens | atio | | | | 4 | | x |
| 5 | Did any person listed on line 1 for services rendered to the or | ganization? If "Y | | | | | | | | r individual | | 5 | | <u>x</u> |
| Sect 1 | ion B. Independent Contracto Complete this table for your fix compensation from the organi | e highest comp | ensa | ted i | ndep | end | ent c | conti | ractors that received more | than \$100,000 of | | | | |
| | | (A) business address | | 5113 <u>0</u> | | | 16 02 | | Descrip | (B) tition of services | cai | Con | (C) npensati | on |
| | | | | | | | | - | · | | | | | |
| | | | | | | | | ļ | | | | | | |
| | | | | | | _ | | | | | | | | |
| | Total number of independent of | contractors (incli | ıdına | ı hut | not ! | ımıtı | ed to | the | se listed above) who | | | | | |
| DAA | received more than \$100,000 | | | | | | | | | 0 | | Forn | 990 | (2016) |

| Pa | ırt V | Check if Schedule | | ıns a response o | or note to any line | ın thıs Part VIII | | |
|--|------------|--|-------------|------------------|----------------------|--|---|--|
| | | | <u></u> | i | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| t s | 1a | Federated campaigns | 1a | | | | | |
| irar | ь | Membership dues | 1b | | | | | 1 |
| A, G | С | | 1c | | | | | |
| 罪 | d | Related organizations | 1d | | | | | |
| S,E | е | | 1e | | | | | |
| r Sis | f | All other contributions, gifts, grants, | | | | | | |
| 햝 | | and similar amounts not included above | 1f | | | | | |
| 텵 | g | Noncash contributions included in lines 1a | -1f \$ | | | | | |
| Program Service Revenue Contributions, Gifts, Grants | h | Total. Add lines 1a-1f | | b | | | | |
| ĭe | | | | Busn Code | · | | | |
| ver | 2a | Membership Dues | | 900099 | 192,760 | 192,760 | | |
| æ | b | | | <u> </u> | | | | |
| ξ̈ | С | | | | | | | |
| Ser | ď | | | ļ | | | | |
| ram | е | | | | | | | |
| ē. | f | All other program service reve | enue | <u> </u> | | | | L |
| <u> </u> | g | | | <u> </u> | 192,760 | | | |
| | 3 | Investment income (including | dividends | , ınterest, | | | ı | |
| | | and other similar amounts) | | | 7,229 | 7,229 | | |
| | 4 | Income from investment of tax | x-exempt I | bond proceeds | | | | |
| | 5 | Royalties | | (v) D | | · | | <u> </u> |
| | 6 - | (i) Real | | (II) Personal | ļ | | i | |
| | 6a | Gross rents | | | | | | |
| | b | Less rental exps | | | | | | |
| | ٠ 2 | Rental inc or (loss) | | | | | | |
| | d 7a | Net rental income or (loss) Gross amount from (i) Securities | | (II) Other | | | | |
| | | sales of assets | | (1) (1) | | | l | |
| | b | other than inventory Less cost or other | | | | | ! | |
| | ~ | basis & sales exps | İ | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | | • | | | | |
| | | Gross income from fundraising eve | ents | | | | | |
| ng. | | (not including \$ | 1 | Ì | | | | |
| eve | | of contributions reported on line 1c |) | | | | | |
| ř | | See Part IV, line 18 | a | | | | | |
| Other Revenue | b | Less direct expenses | b | | | | | |
| 0 | С | Net income or (loss) from fund | draising ev | vents ▶ | | L | | |
| | 9a | Gross income from gaming activities | es | | | | | |
| | | See Part IV, line 19 | a | | | | | |
| | þ | Less. direct expenses | b[| | , | | | |
| | С | Net income or (loss) from gan | nng activit | ties 🕨 | | | | |
| | 10a | Gross sales of inventory, less | } | 1 | 1 | İ | | |
| | | returns and allowances | a | | | | | |
| | | Less cost of goods sold | b | | | | | |
| | <u> </u> | Net income or (loss) from sale | s of inven | | | | | <u> </u> |
| | | Miscellaneous Revenue | | Busn Code | | | | |
| | 11a | Service Fees - EIRF | | 900099 | 75,187 | 75,187 | | |
| | b | Service Fees - NEBF | | 900099 | | 5,880 | | |
| | C | Reimbursements - Misc | 2 | 900099 | 2,822 | 2,822 | | ļ |
| | d | All other revenue | | 900099 | 2,288 | 2,288 | | |
| | | Total. Add lines 11a-11d | | | 86,177 | 200 100 | | |
| | 12_ | Total revenue. See instructio | i iS | P _ | 286,166 | 286,166 | 0 | 0 |

| | rt IX Statement of Functional Exp | enses | | | - rage 10 |
|-----------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| Sect | ion 501(c)(3) and 501(c)(4) organizations must co | | | lete column (A) | |
| | Check if Schedule O contains a response | | | | |
| | ot include amounts reported on lines 6b, Bb, 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 | 6,700 | 6,700 | | |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıvıduals 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 | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 121,133 | 90,200 | 30,933 | |
| 7 | Other salaries and wages Pension plan accruals and contributions (include | 121,133 | 30,200 | 30,333 | |
| 8 | section 401(k) and 403(b) employer contributions) | 11,060 | 6,767 | 4,293 | |
| 9 | Other employee benefits | 23,442 | 10,764 | 12,678 | ··· |
| 10 | Payroll taxes | 9,366 | 6,950 | 2,416 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | , | | |
| b | Legal | | | | |
| С | Accounting | 4,651 | | 4,651 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 10 500 | 11 100 | 0 007 | |
| 13 | Office expenses | 13,723 | 11,426 | 2,297 | |
| 14 | Information technology | 1,419 | 1,064 | 355 | |
| 15 | Royalties | 13,482 | 10,112 | 3,370 | |
| 16 17 | Occupancy Travel | 56,898 | 56,898 | 3,370 | |
| 18 | Payments of travel or entertainment expenses | 30,030 | | | |
| ,,, | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 25,362 | 25,362 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 15,528 | 11,645 | 3,883 | |
| 23 | Insurance | 1,548 | 1,161 | 387 | |
| 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) | | 00 450 | | |
| а | | 28,479 | 28,479 | | · |
| b | Dues - National & State | 3,450 | 3,450 | | |
| c | Auto Expenses | 3,287 | 3,287 | | |
| d | <u>†</u> | 445 | | <u> </u> | |
| | All other expenses | 339,973 | 274,265 | 65,708 | 0 |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 339,913 | | 03,108 | 0 |
| €0 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if | | | | |

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 40,534 Cash—non-interest bearing 1 Savings and temporary cash investments 144,835 196,346 2 Pledges and grants receivable, net 3 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 10a Land, buildings, and equipment cost or 289,976 other basis Complete Part VI of Schedule D 10a 46,083 10b 254,936 10c 243,893 Less accumulated depreciation Investments—publicly traded securities 11 11 439,163 356,028 12 Investments-other securities. See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 890,530 836,801 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 1,376 1,454 1,376 1,454 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Fund Balances complete lines 27 through 29, and lines 33 and 34. 889,154 835,347 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 6 complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 889,154 835,347 33 Total net assets or fund balances 33 890,530 836,801 Total liabilities and net assets/fund balances

Form 990 (2016)

| Form | n 990 (2016) N. Louisiana National Electrical 72-0442166 | | | _ Pag | je 12 |
|------|---|-------------|-----|-------|----------------|
| Pa | art XI Reconciliation of Net Assets | | | | |
| | 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 | 28 | 36, | 166 |
| 2 | Total expensès (must equal Part IX, column (A), line 25) | 2 | 33 | 39,9 | 7 3 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 53,8 | 807 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 88 | 39,: | 154 |
| 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 | 83 | 35,3 | 347 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | · · · · · · | _ | | i |
| | Schedule O | | | i | i |
| 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 | | , , | | ı |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | Į |
| 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 | | | | l |
| | 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 | | | | l |
| | 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 | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | 1 | | İ |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | х |
| 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 | | 3b | | İ |

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

OMB No 1545-0047

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

| • | (see separate instructions), then | | | | | | |
|----------|--|----------------------------------|---------------------|--|--|--|--|
| | Section 501(c)(4), (5), or (6) organizations Complete Part III | | | | | | |
| Nam | e of organization N. Louisiana Nationa | | | Employer identi | | | |
| | Contractors Associat | | | 72-04421 | | | |
| | t I-A Complete if the organization is exem | | | | <u>n</u> _ | | |
| 1 | Provide a description of the organization's direct and indire | ct political campaign activities | in Part IV (see ins | tructions for | | | |
| _ | definition of "political campaign activities") | | | . . | | | |
| 2 | Political campaign activity expenditures (see instructions) | nt.maa\ | | ▶ \$ | | | |
| 3 | Volunteer hours for political campaign activities (see instru- t I-B Complete if the organization is exem | |)(3) | | | | |
| <u> </u> | Enter the amount of any excise tax incurred by the organization | · | ,(5). | ▶ \$ | | | |
| 2 | Enter the amount of any excise tax incurred by organization | | 5 | ▶ \$ | | | |
| 3 | If the organization incurred a section 4955 tax, did it file Fo | • | 5 | ΨΨ | Yes No | | |
| 4a | Was a correction made? | , | | | Yes No | | |
| b | If "Yes," describe in Part IV | | | | | | |
| Pa | t I-C Complete if the organization is exem | pt under section 501(c |), except secti | on 501(c)(3). | | | |
| 1 | Enter the amount directly expended by the filing organization | on for section 527 exempt func | tion | | | | |
| | activities | | | ▶ \$ | | | |
| 2 | Enter the amount of the filing organization's funds contribute | ted to other organizations for s | ection | | | | |
| | 527 exempt function activities | | | ▶ \$ | | | |
| 3 | 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, | | | | | | |
| | line 17b | | | ▶ \$ | | | |
| 4 | Did the filing organization file Form 1120-POL for this year | | | | Yes No | | |
| 5 | Enter the names, addresses and employer identification nu | | | | | | |
| | 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 filing organization's | (e) Amount of political contributions received and | | |
| | | | | funds If none, enter -0- | promptly and directly | | |
| | l | | | | delivered to a separate | | |
| | | | | | political organization If none, enter -0- | | |
| (1) | | | | | | | |
| (•) | | | | | | | |
| (2) | | | | | | | |
| (-) | | | ļ | | | | |
| (3) | | | | | | | |
| () | | } | | | | | |
| (4) | | | | | | | |
| | | <u></u> | <u></u> - | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| _ (6) | | | | | | | |
| | | 1 | 1 | 1 | 1 | | |

| Sche | edule C (Form 990 or 990-EZ) 2016 N. L | ouisiana N | ational Ele | ctrical | 7: | 2-0442166 | Page 2 |
|------|---|-------------------------|--|----------------|-------------|----------------------------|-----------------------------|
| | rt II-A Complete if the organ section 501(h)). | | | | | | |
| | Check if the filing organizat name, address, EIN if the filing organization if the filing organization. | , expenses, and s | share of excess lo | bbying expe | ndıtures) | | oup member's |
| | | bbying Expendi | tures | • | (a |) Filing ation's totals | (b) Affiliated group totals |
| 19 | Total lobbying expenditures to influence p | | | | | | g. 65p (616) |
| b | - | | | | | | |
| c | T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | • • • | g) | | | | |
| d | | , | | | - | | |
| e | Total exempt purpose expenditures (add | ines 1c and 1d) | | | | | |
| | f Lobbying nontaxable amount Enter the a | , | ving table in both | | | | <u> </u> |
| | columns | | | | | į | |
| ſ | If the amount on line 1e, column (a) or (b) is | s: The lobbying no | ntaxable amount is: | | | | |
| Ī | Not over \$500,000 | 20% of the amou | | | | | |
| Ī | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15 | % of the excess over \$50 | 00,000 | | | |
| [| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10 | % of the excess over \$1, | 000,000 | | 1 | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% | 6 of the excess over \$1,5 | 00,000 | | } | |
| | Over \$17,000,000 | \$1,000,000 | | | | | |
| g | Grassroots nontaxable amount (enter 25% | 6 of line 1f) | | | | | |
| h | Subtract line 1g from line 1a If zero or les | ss, enter -0- | | | | | |
| i | i Subtract line 1f from line 1c If zero or les | s, enter -0- | | | | | |
| i | If there is an amount other than zero on e | ither line 1h or line 1 | i, did the organization | file Form 4720 | | | |
| | reporting section 4911 tax for this year? | · | | | | | Yes No |
| | (Some organizations that made | le a section 501(h | ing Period Under : a) election do not hinstructions for lin | nave to comp | lete all of | f the five colur | nns below. |
| | Lo | obbying Expendit | ures During 4-Yea | r Averaging | Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 201 | | (d) 2016 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| С | Total lobbying expenditures | | | | | | |
| d | Grassroots nontaxable amount | | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | - <u> </u> | | | | | |
| f | Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2016

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 192.760

| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | |
|---|--|----|--|
| | political expenses for which the section 527(f) tax was paid). | | |
| а | Current year | 2a | |
| b | Carryover from last year | 2b | |
| С | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | |
| | and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | _5 | |

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

DAA

Schedule C (Form 990 or 990-EZ) 2016 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Open to Public Inspection

| | . Louisiana National Electrical | j | Employer identification number |
|----|--|---|--|
| | ontractors Association | | 72-0442166 |
| _ | ort I Organizations Maintaining Donor Advised F | unds or Other Similar Funds or | |
| Г | Complete if the organization answered "Yes" or | | accounts. |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (2) 201101 2011020 121103 | (b) i and one offer accounts |
| 2 | Aggregate value of contributions to (during year) | | |
| | , , , | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year Did the organization inform all donors and donor advisors in writing the | and the goods hold in depar advised | |
| 5 | • | | □ v _a , □ v _a |
| | funds are the organization's property, subject to the organization's ex | J | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors | | |
| | only for charitable purposes and not for the benefit of the donor or do | nor advisor, or for any other purpose | |
| Da | conferring impermissible private benefit? | | Yes No |
| 10 | Complete if the organization answered "Yes" or | Form 990. Part IV line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization (chec | | |
| • | Preservation of land for public use (e.g., recreation or education) | Preservation of a historically imp | ontant land area |
| | Protection of natural habitat | Preservation of a certified histori | |
| | Preservation of open space | L Treservation of a certified Histori | o structure |
| 2 | Complete lines 2a through 2d if the organization held a qualified cons | conversion contribution in the form of a cons | anyation |
| _ | easement on the last day of the tax year | servation contribution in the form of a const | Held at the End of the Tax Year |
| _ | Total number of conservation easements | | —————————————————————————————————————— |
| a | Total acreage restricted by conservation easements | | 2a 2b |
| b | Number of conservation easements on a certified historic structure in | reluded in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/1 | | 20 |
| u | | 7706, and not on a | 2d |
| _ | historic structure listed in the National Register | Outing uphed or terminated by the ergonize | —————————————————————————————————————— |
| 3 | Number of conservation easements modified, transferred, released, | eximpulshed, or terminated by the organiza | ation during the |
| 4 | tax year | a located N | |
| 4 | Number of states where property subject to conservation easement is | | |
| 5 | Does the organization have a written policy regarding the periodic mo | onitoring, inspection, nandling of | ☐ voo ☐ No |
| _ | violations, and enforcement of the conservation easements it holds? | of valetions, and informing consequence | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling | or violations, and emorcing conservation to | easements during the year |
| - | A count of expenses incorrect in magnitudes unconsisting bandling of co | colotions and auto-company and auto- | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of v | lolations, and enforcing conservation ease | ments during the year |
| | | u the requirements of eastern 170/b\/4\/D\/ | A |
| 8 | Does each conservation easement reported on line 2(d) above satisfiand section 170(h)(4)(B)(ii)? | y the requirements of section 170(f)(4)(B)(| Yes No |
| 0 | In Part XIII, describe how the organization reports conservation ease | manta in its revenue and expense stateme | |
| 9 | balance sheet, and include, if applicable, the text of the footnote to the | · · · · · · · · · · · · · · · · · · · | |
| | organization's accounting for conservation easements | o organization o manoial statements that t | sesembes the |
| Pa | art III Organizations Maintaining Collections of Ar | t. Historical Treasures, or Other | Similar Assets |
| | Complete if the organization answered "Yes" or | 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 publ | • | |
| | public service, provide, in Part XIII, the text of the footnote to its finar | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), | | |
| | works_of_art,_historical_treasures,_or_other similar-assets-held-for-publ | · | |
| | public service, provide the following amounts relating to these items | ,,, | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, historical treasures, | or other similar assets for financial dain, n | • • |
| _ | following amounts required to be reported under SFAS 116 (ASC 95) | • , | 525 mo |
| a | Revenue included on Form 990, Part VIII, line 1 | -, | ▶ \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| | organizations Maintaini | ng Collections of | | | | | r Similar A | ecate | (continu | | ige Z |
|----------------|---|--------------------------|-------------|-----------------|-----------------|--------------|---------------------------------------|-------------|--|------------|---|
| 3 | Using the organization's acquisition, access collection items (check all that apply). | | | | | | | | COMM | <u>eu)</u> | |
| а | Public exhibition | d 🗍 | Loan or | exchange pro | grams | | | | | | |
| b | Scholarly research | е 🦳 | Other | | - | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's | collections and explain | n how the | ey further the | organization's | exempt p | ourpose in Par | t | | | |
| | XIII | | | | | | • | | | | |
| 5 | During the year, did the organization solic | t or receive donations | of art, his | storical treasu | res, or other s | sımılar | | | | | |
| | assets to be sold to raise funds rather that | | | | | | | | Yes | ; [] | No |
| Pa | art IV Escrow and Custodial A | | | | | | | | | | |
| | Complete if the organizati 990, Part X, line 21. | on answered "Yes | " on Fo | rm 990, Pa | ırt IV, line 9 | , or repo | orted an am | nount o | on Form | | |
| 1a | Is the organization an agent, trustee, custo | odian or other intermed | liary for d | contributions o | or other asset | s not | | | | | |
| | included on Form 990, Part X? | | | | | | | | Ye | 3 | No |
| b | If "Yes," explain the arrangement in Part X | (III and complete the fo | llowing to | able | | | | | | | |
| | | | | | | | \! | | Amount | | |
| C | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | | | |
| | Did the organization include an amount or | | | | | - | | | Ye: | s | No |
| | If "Yes," explain the arrangement in Part X | III Check here if the e | xplanatio | n has been pr | rovided on Pa | rt XIII | | | | | |
| Pa | irt V Endowment Funds. | 1.00 | ~ | | | _ | | | | | |
| | Complete if the organizati | | | | T | | | | | | |
| | | (a) Current year | (b) | Prior year | (c) Two yea | rs back | (d) Three year | s back | (e) Four | years b | ack |
| | Beginning of year balance | | <u> </u> | | | | | | | | |
| | Contributions | - | <u> </u> | | | | | | | | |
| С | Net investment earnings, gains, and | | <u> </u> | | | | | | } | | |
| | losses | | | | ļ | | | | | | |
| | Grants or scholarships | ļ | <u> </u> | | | | · · · · · · · · · · · · · · · · · · · | | ļ | | |
| е | Other expenditures for facilities and | | | | | | | | | | |
| | programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | ··· | | - | | |
| g | End of year balance | <u> </u> | L | | L | | | | ــــــــــــــــــــــــــــــــــــــ | | |
| 2 | Provide the estimated percentage of the c | | e (line 1 | g, column (a)) | held as | | | | | | |
| | Board designated or quasi-endowment | % | | | | | | | | | |
| b | Permanent endowment > 9 | | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c s | | ation that | bald | | 1 60 4 4 4 4 | | | | | |
| зa | Are there endowment funds not in the pos | session of the organiza | ation that | are neio ano | auministered | i for the | | | ſ | V 1 | NI- |
| | organization by | | | | | | | | | Yes | No |
| | (i) unrelated organizations(ii) related organizations | | | | | | | | 3a(i) 3a(ii) | | |
| h | If "Yes" on line 3a(ii), are the related organ | uzatione lietod ae rodui | ired on S | chedule B2 | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of | | | | | | | | [30] | | |
| P ₂ | art VI Land, Buildings, and Eq | | JWITTETT ! | urius | | | | | | | |
| | Complete if the organizati | · - | " on Fo | rm 990 Pa | nt IV line | ila Sec | Form 990 | Part ' | X Jine 1 | n | |
| | Description of property | (a) Cost or other | | (b) Cost or o | | | Accumulated | 1 | (d) Book | | |
| | Door plants of property | (investment) | | (oth | | • | preciation | - | (4) 500 | , u, u, u | |
| 10 | Land | | | | 76,812 | | | | | 6 | 812 |
| | Buildings | | | | 44,292 | | 4,73 | 3 | | | 559 |
| | Leasehold improvements | | | _ | | | | _ | | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| | Equipment | | | | 49,273 | | 28,58 | 6 | | 0 - | 687 |
| | Other | | | | 19,599 | | 12,76 | 4 | | | 835 |
| | I. Add lines 1a through 1e (Column (d) mus | st equal Form 990. Par | t X. colu | | | | | <u>-</u> | 2.4 | | 893 |
| | 1 | | ., | 12/1/11/10 | / | | | | | / | 5 / 5 |

| 1 | (a) Description of liability | (b) Book value |
|-------|---|----------------|
| (1) | Federal income taxes | |
| (2) | Louisiana Withholding | 1,383 |
| (3) | FICA Withheld & Payable | 71 |
| (4) | | |
| _(5)_ | | |
| (6) | | |
| _(7) | | |
| _(8)_ | | |
| (9) | | |
| Total | I. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 1,454 |

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

| _ | edule D (Form 990) 2016 N. Louisiana National Electri | | 72-0442166 | | Page 4 |
|-----|--|--------------|------------|------|--|
| Pa | art XI Reconciliation of Revenue per Audited Financial Stateme | | • | urn. | |
| | Complete if the organization answered "Yes" on Form 990, Pa | art IV, line | 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | 1 | |
| а | Net unrealized gains (losses) on investments | 2a | | - 1 | |
| b | Donated services and use of facilities | 2b | | ŀ | |
| С | Recoveries of prior year grants | 2c | | - 1 | |
| d | Other (Describe in Part XIII) | 2d | | - 1 | |
| е | Add lines 2a through 2d | | Ĺ | 2e | ······································ |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | l | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | l | |
| b | Other (Describe in Part XIII) | 4b | | ļ | |
| C | Add lines 4a and 4b | | Ĺ | 4c | |
| _5_ | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | |
| Pa | art XII Reconciliation of Expenses per Audited Financial Statem | | | etur | n. |
| | Complete if the organization answered "Yes" on Form 990, Pa | art IV, line | 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | L | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | I | |
| а | Donated services and use of facilities | 2a | | l | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | | İ | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | į | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| þ | Other (Describe in Part XIII) | 4b | |] | |
| C | Add lines 4a and 4b | | Ĺ | 4c | |
| _5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | |
| Ps | art 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

Schedule D (Form 990) 2016 N. Louisiana National Electrical 72-0442166

Part XIII Supplemental Information (continued)

Page 5

Open to Public Inspection 2 2016 OMB No 1545-0047 (h) Purpose of grant Research/Relief Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number X Yes 72-0442166 noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance ▶ Attach to Form 990. 009'9 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 52-1643734 501c3 N. Louisiana National Electrical General Information on Grants and Assistance (p) EIN Contractors Association Enter total number of other organizations listed in the line 1 table the selection criterial used to award the grants or assistance? 3 Bethesda Metro Center, Ste 1100 MD 20814 (a) Name and address of organization (1) Electri International or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Bethesda Part II Part 3 9 3 9 6 8 6 3

Schedule I (Form 990) (2016)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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| | |

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 72-04 Schedule | (Form 990) (2016) N. Louisiana National Electrical Part III Grants and Other Assistance to Domestic Individuale Commonst

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other) |
|---------|---|--------------------------|--------------------------|----------------------------------|---|---|
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| | | | | | | |
| Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | de the information rec | quired in Part I, line | 2; Part III, column (b) | and any other additional | nformation. |

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Monitoring provided by monthly communication and periodic reporting

from the organization(s) receiving the assistance.

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.

2016

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.