2949319512424

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

A	For the	е 2017 с	alendar year, or tax year beginning , and ending				
В	Check if ap	pplicable	C Name of organization N. Louisiana National Electrical	D Emple	oyer identification number		
	Address cl	hange	Contractors Association	1			
$\Box$	Name cha	inge	Doing business as		-04 <b>4</b> 2166		
H		-	Number and street (or PO box if mail is not delivered to street address)  Room/suite  ROOM/suite		hone number 3-686-9541		
$\vdash$	Initial return		City or town, state or province, country, and ZIP or foreign postal code	1 310	10 080 3341		
Ш	terminated		l 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- 0	receipts \$ 288,123		
	Amended	return	Shreveport LA 71118  F Name and address of principal officer	G Gross	receipts \$ 288,123		
$\overline{\sqcap}$	Application	n nendina		oup return f	for subordinates? Yes X No		
ш			8909 Mansfield Road / H(b) Are all sul	oordinates i	ncluded? Yes No		
					ist (see instructions)		
_	_				,		
		npt status			. •		
7	Website			944 .944			
K	Part I	organization			M State of legal domicile LA		
			Immary				
	' '		escribe the organization's mission or most significant activities "4a" BELOW		•		
Se		SEE	4a BEDON		-		
Se ic					•		
್ರ್ರಿಡಿನೀರ Governance	, ,	Ch1, 4h.	the control of the consequence of the control of th	oto	•		
ာ ဖိ	2	Check the		t	s   9		
ું <b>જ</b> જ	3 1		of voting members of the governing body (Part VI, line 1a)	4			
يز و	4		of independent voting members of the governing body (Part VI, line 1b)	5	<del>-   </del>		
内UU 4 6 ACtivities & 6	] 5 ]		nber of individuals employed in calendar year 2017 (Part V, line 2a)	6			
er ₹	0		nber of volunteers (estimate if necessary)	7			
_			elated business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34	7			
<u></u> _	D I	Net unrei	Prior Ye		Current Year		
<u>z</u> .	8 (	Contribut	tions and grants (Part VIII, line 1h)		0		
	9 6		service revenue (Part VIII, line 2g) RFCEVED 19	2,76	197,203		
SCANNED Revenue	10	_	venue (Part VIII, column (A), lines 3, 4, and 7d) venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 111e) venue – add lines 8 through 11 (must equal Part VIII) column (A), line 12)	7,22	8,972		
ني ور	11 (		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 111e) 2 9 2018	6,17	77 81,948		
			enue – add lines 8 through 11 (must equal Part Mil) column (A), line 12)	6,16	288,123		
	13 (	Grants ai	nd similar amounts paid (Part IX, column (A), lines 1-3)	6,70	6,600		
	14 6	Benefits	paid to or for members (Part IX, column (A), line 4) OGDEN. U		0		
Ø	15 5	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,00	167,236		
Expenses	16a F	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0		
Ďe	Ь в	Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0				
û	i   17 (	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,27			
	18	Total exp	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,97			
_	19 F	Revenue		3,80			
Net Assets or	Sec	_	Beginning of Ci				
sset	20			1 45			
e A	할 21 -		pilities (Part X, line 26)	1,45			
				5,34	800,410		
_	Part II		gnature Block				
(	Jnder per	naities of	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	est of my	knowledge and belief, it is		
	iue, corre	ect, and c	omplete Declaration appropriate (other than officer) is based on all information of which preparer has any knowledge	7	1 0510		
			Standard of officer		5-43-/3		
	gn	" "			oate		
Н	ere	=	Steven Martin Executive Di	rect	or		
		+	Type or pnnt name and title	1.	, James A		
D-	id	1	e preparer's name Preparer's signature Date	1	eck PTIN		
Pa		Terri			f-employed P00745810		
	eparer	Firm's na		Firm's EIN	<u>47-3979156</u> (		
US	e Only		624 Travis St Ste 900		) - 210404 - 2105 -		
_		Firm's ad		Phone no	318-424-3185		
			ss this return with the preparer shown above? (see instructions)		Yes No		
Fo DA		vork Redi	uction Act Notice, see the separate Instructions.		Form <b>990</b> (2017)		

		ational Electrical	72-0442166	Page
	_	Service Accomplishments	o in Aleia Dane III	$\Box$
	neck if Schedule O con	tains a response or note to any line	e in this Part III	
SEE "4a'		· .		
2 Did the orga	unization undortake any signif	icant program services during the year which	th were not listed on the	
-	190 or 990-EZ?	learn program services during the year wine	ar were not risted on the	Yes X No
•	cribe these new services on	Schedule O	•	
=	nization cease conducting, o	r make significant changes in how it conduc	cts, any program	
services?				Yes X No
	cribe these changes on Sche	equie O rice accomplishments for each of its three la	argest program services, as measured by	
		4) organizations are required to report the a		
		or each program service reported	-	
		0.00 0.00	6.600	107 000
4a (Code:	)(Expenses \$	260,339 including grants of \$ l Workshops, Convention	6,600 ) (Revenue \$	197,203
Seminar	s pertaining to	the Electrical Contr	racting	
		ately 25-30 contractor		
•		-		
			•	
	) /F		) (Days and 6	
<b>b</b> (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
lc (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
c (Code	) (Expenses $\phi$	including grants of \$	) (Nevenue <b>D</b>	
			<u>.</u>	
			•	•
1d Other progr	am services (Describe in Sch	edule O )		
(Expenses		including grants of \$	) (Revenue \$	)
	am service expenses >	260,339		
А				Form <b>990</b> (201

( DT 1)

	990 (2017) N. Louisiana National Electrical 72-0442166		F	age <b>3</b>
_Pa	tet 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,"		163	110
•	complete Schedule A	1		x
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	ŀ	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 98-19? 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			
	"Yes," complete Schedule D, Part I	6	<u> </u>	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			ĺ
	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	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ļ
	complete Schedule D, Part VI	. 11a	X	<u> </u>
b	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	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d			. [	٠,,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. <u>11d</u>	<del></del>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	+	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a	+	<u> </u>

Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

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

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

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

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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

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

Form 990 (2017)

X

X

X

X

X

12b

13

14a

14b

15

16

17

18

			Yes	
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			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			ļ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<b></b>
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			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	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
b	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		ĺ
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		1
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		1 "	
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ĺ
	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		1	1
	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			
	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,	<del></del>		
	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)	1 2 2 2	<b>†</b>	
·	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	25	<b>—</b>	<del></del>
30		30		x
24	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<del></del>
31	-	31		x
22	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	191.	_	
32	· · · · · · · · · · · · · · · · · · ·	32		х
22	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		-
33	· · · · · · · · · · · · · · · · · · ·	33		x
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		x
	or IV, and Part V, line 1	34	1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	+	$\vdash$
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			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	+	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

-	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	] :		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>X</u>
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			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<b></b> _	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del> </del>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<del>/</del> n		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١.,	•	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a	Ì	
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make an distribution to a deport deport advisor, or related person?	9b		-
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter	- 35	<del>                                     </del>	<del> </del>
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	7		
11	Section 501(c)(12) organizations. Enter	1		
''	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
ŭ	against amounts due or received from them.)			
12a		12a	İ	1
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		Fo	m 99	0 (2017)

Form 990 (2017) N. Louisiana National Electrical 72-0442166 Page 6 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 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? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X 8a X Each committee with authority to act on behalf of the governing body? 8Ь 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.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 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 Did the organization have a written whistleblower policy? X 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? X 16a 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 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) 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 State the name, address, and telephone number of the person who possesses the organization's books and records > Chapter Office 8909 Mansfield RD

DAA

Shreveport

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Page 7

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	ess pe	ition more rson is	than on s both a	ın	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Ken Welch										
	0.00									
Director	0.00	X						0	0	0
(2) Keith Wilhite										
	0.00					1				
Vice President	0.00	X		X				0	0	0
(3) Richard Roberts										
	0.00									_
President	0.00	X	<u> </u>	X				0	0	0
(4) Jimmy Feazel										
	0.00							,		
Director	0.00	X	<u> </u>		L			0	0	0
(5)Robert Rodgers										
_	0.00	l		l						
Treasurer	0.00	X	<b>├</b>	X				0	0	0
(6) Jack Spring			ļ		ì	1 1				
	0.00					1 1			^	_
Director	0.00	X	-	├	_	$\vdash$		0	0	0
(7) Ron Pyles	0.00									
	0.00	1			İ			ا	^	o
Director	0.00	X	$\vdash$	$\vdash$	$\vdash$	$\vdash \vdash$		0	0	
(8) Steven Martin	0.00							1		
	4			x		li		92,622	0	o
Executive Director (9) Kirk Davis	0.00	+	$\vdash$	┢	$\vdash$	+		92,622		
(9) KIIK DAVIS	0.00									
Governor	0.00			x				o	0	o
	0.00	+	1	-	┢╌	╁				
(10)										
(11)					-				<u> </u>	
DAA										Form <b>990</b> (2017

_Pa	TY VH Section A. Officers	, Directors, Trus	stees	5, NE	;y ⊏i	пріс	yee	s, an	id Hignest Compensated	Employees (continuea)				
	(A) Name and title	Name and title Average hours per week (list any hours for		x, unle	Pos check ess pe nd a c	rson ı	than o	an ee)	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N. D. 1855 Miles)	ā	rganiza and rela ganiza	ition ited	
												_		
													-	
									00 600					
1b c <u>d</u>	Sub-total Total from continuation shee Total (add lines 1b and 1c)							<b>&gt;</b>	92,622					
	Total number of individuals (in reportable compensation from				hose	e list	ed a	oove	e) who received more than s	5100,000 of 			V I	Na
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Sched	lule J	for	such	ınd	ıvidu	aĺ	•			3	Yes	No X
5	organization and related organ individual Did any person listed on line 1	nizations greater a receive or acci	than rue c	\$15 omp	0,00 ensa	0? <i>li</i> ation	f "Ye. from	s <i>," c</i> o n any	omplete Schedule J for suc	<b>h</b> -	-	4		x
Sect	for services rendered to the or ion B. Independent Contracto		es," (	comp	olete	Sch	iedul	e J t	or such person			5		Х
1	Complete this table for your five compensation from the organi	ve highest compe zation Report co	ensat empe	ed ir	ndep tion f	end or th	ent c ie ca	ontra lend	actors that received more that received more that received more that	nan \$100,000 of n the organization's tax yea	ır	-		·
		(A) business address								(B) tion of services		Co	(C) npensati	וסח
						_		-						
								-				<u> </u>		
			<u> </u>											
	Total number of independent	contractors (inclu		but	not I	ımıte	ed to	thos	e listed above) who			·		
	received more than \$100,000									0			000	

Pa	rt V		<b>nent of Reve</b> if Schedule (		ains a	response o	r note to any line i	n this Part VIII		
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated can	npaigns	1a						
rar	b	Membership d		1b						
S, G	С	Fundraising ev	vents	1c						
sifts ar /	d	Related organ		1d						
s, G mil	е	Government grants		1e						
ion	f	All other contribution	•							
but			not included above	1f						
Offi	g	Noncash contributio	ns included in lines 1a	-1f \$	 }					
Contributions, Gifts, Grants and Other Similar Amounts	h					▶	Ì			
ne						Busn Code				
en.	2a	Members	hip Dues			900099	197,203	197,203		
Re	b		•				, ,	,		
ice	С									
Šez	d								· · · · · · · · · · · · · · · · · · ·	
Ē	е						***	<del>-</del> -		-
Program Service Revenue	f	All other progr	am service reve	nue					·· -	
P	g	Total. Add line				<b>•</b>	197,203			
-	3		come (including	dıvıdend	ds, intere	st,	•			
		and other simi				•	8,972	8,972		
	4	Income from in	nvestment of tax	-exemp	t bond pr	oceeds ►				_
	5	Royalties				▶ [				
			(ı) Real		(II) F	Personal				
	6a	Gross rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
ĺ	d	Net rental inco	me or (loss)			<b>•</b>				
	7a Gross amount from (i) Securities				(11)	) Other				
		sales of assets other than inventory								
	b	Less cost or other		_						
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	ss)			<b>•</b>				
as .	8a	Gross income fro	om fundraising ever	nts					`	
nu.		(not including \$								
eve		of contributions r	eported on line 1c)	- 1						
Other Revenue		See Part IV, line	18	a	_					-
Ę.	b	Less direct ex	penses	ь[						
٥	C	Net income or	(loss) from fund	lraising_	events	<b>.</b>				
	9a	Gross income fro	om gaming activitie	s		T.				
		See Part IV, line	19	a						
	þ	Less: direct ex	penses	ь						2
	С	Net income or	(loss) from gam	ing act	vities	<b>•</b>				
	10a	Gross sales of	finventory, less							
		returns and all	owances	a						•
	b	Less: cost of g	oods sold	ьĹ						
	С	Net income or	(loss) from sale	s of inve	entory	<b>•</b>				
		Mis	cellaneous Revenue			Busn Code				
	11a	Service F	ees - EIRF			900099	68,588	68,588		
	b	Reimburse	ements - Misc	<b>c</b>		900099	5,777	5,777		
	С	Service F	ees - NEBF			900099	5,580	5,580		
	d	All other reven	iue			900099	2,003	2,003		
	е	Total. Add line	es 11a–11d			<b>•</b>	81,948			
	12	Total revenue	. See instruction	าร		▶ [	288,123	288,123	0	0

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Form 990 (2017)

#### **Statement of Functional Expenses** Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations 6,600 6,600 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30,100 122,722 92,622 Other salaries and wages Pension plan accruals and contributions (include <u>11,937</u> 7,072 4,865 section 401(k) and 403(b) employer contributions) 11,544 23,088 11,544 Other employee benefits 7,136 2,353 9,489 Payroll taxes 10 Fees for services (non-employees) Management **b** Legal 4,455 4,455 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 11,297 8,473 2,824 13 Office expenses 14 Information technology 15 Rovalties 2,059 8,235 6,176 Occupancy 16 68,41468,414 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,187 4,187 Conferences, conventions, and meetings 19 242 242 20 Interest Payments to affiliates 21 3,874 15,495 11,621 22 Depreciation, depletion, and amortization 1,620 1,215 405 23 Insurance Other expenses Itemize expenses not covered 24 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) 28,659 28,659 Service charges - NECA 3,450 3,450 Dues - National & State 3,170 3,170 Auto Expenses C d e All other expenses 62,721 323,060 260,339 0 Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720) Form 990 (2017)

P	art )	Ralance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	40,534	1	49,005
	2	Savings and temporary cash investments	196,346	2	374,027
	3	Pledges and grants receivable, net		3	0,1,01.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		4	
	້	trustees, key employees, and highest compensated employees	u.		
		Complete Part II of Schedule L		_	
	_ ا			5	
	6	Loans and other receivables from other disqualified persons (as defined under section		-	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets	l <u>-</u>	organizations (see instructions) Complete Part II of Schedule L		6	
Ass	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 289, 976			
	b	Less accumulated depreciation 10b 61,578	243,893	10c	228,398
	11	Investments—publicly traded secunties		11	
	12	Investments—other securities See Part IV, line 11	356,028	12	150,507
	13	Investments—program-related See Part IV, line 11		13	·
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	836,801	16	801,937
	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	
S	22	Loans and other payables to current and former officers, directors,			
litie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	1,454	25	1,527
	26	Total liabilities. Add lines 17 through 25	1,454	26	1,527
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	835,347	27	800,410
3ala	28	Temporarily restricted net assets	<b>-</b>	28	
Jd E	29	Permanently restricted net assets	<del>, ,</del>	29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
or		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund			<del></del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		31	
ž	33	Total net assets or fund balances	835,347	32	800,410
	34	Total liabilities and net assets/fund balances	836,801	33	
	J4	Total natinues and het assets/fully datafices	636,601	34	801,937

Form **990** (2017)

Form	990 (2017) N. Louisiana National Electrical 72-0442166			Page <b>12</b>
Pa	ert 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	8,123
2	Total expenses (must equal Part IX, column (A), line 25)	2	32	3,060
3	Revenue less expenses Subtract line 2 from line 1	3	-3	4,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83	5,347
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	80	0,410
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		_	
	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			
	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			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single 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		3b	

## **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 201

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

Nam	of organization N. Louisiana Nation	al Electrical		Employer ident	ification number
	Contractors Associa	tion		72-04421	66
Pa	t I-A Complete if the organization is exen	npt under section 501(c)	or is a section	n 527 organizatio	n.
1	Provide a description of the organization's direct and indire	ect political campaign activities	n Part IV. (see insti	ructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instru				
Pa	t I-B Complete if the organization is exen	npt under section 501(c	(3).		
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
**********	If "Yes," describe in Part IV.			5544 3453	
Pa	t I-C Complete if the organization is exen			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt func	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for so	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2 En	ter here and on Form 1120-POI	-,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification n	, ,	<del>-</del>	-	
	organization made payments For each organization listed	•			
	the amount of political contributions received that were pro		• •	_ ·	
	as a separate segregated fund or a political action commit		1		Γ
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
		ł		filing organization's funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
<del>/</del> 4\	· · · · · · · · · · · · · · · · · · ·	<del></del>	-	<del> </del>	
(1)					
(2)		<del>                                     </del>	†		
(2)					
(3)		+	†	-	<del> </del>
(3)					
(4)					
(7)					
(5)					
(0)					
(6)					
(~)					1
For F	anenwork Reduction Act Notice, see the Instructions for Form	990 or 990-F7		Cala adula C (F.	000 or 000 EZ\ 2043

Sche	edule C (Form 990 or 990-EZ) 2017 <b>N</b> ]	Louisiana N	ational Ele	ctrical	72-044216	6 Bara S
	rt II-A Complete if the organisection 501(h)).					
A		on belongs to an affi	liated group (and list	t in Part IV each	affiliated group memb	er's name.
	address, EIN, expens				3. capc	or o manne,
В	Check ▶ ☐ if the filing organiza			•	s apply.	
		obbying Expendi			(a) Filing	(b) Affiliated
	(The term "expenditures				organization's totals	group totals
1a	Total lobbying expenditures to influence				-	
	Total lobbying expenditures to influence			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
c		• • • • • • • • • • • • • • • • • • • •	,,,,,,		· · · · · · · · · · · · · · · · · · ·	
d	0.1	,		<u> </u>		
е	Total exempt purpose expenditures (add	lines 1c and 1d)		i i	· · · · · · · · · · · · · · · · · · ·	
	f Lobbying nontaxable amount Enter the	•	ving table in both			
	columns					
	If the amount on line 1e, column (a) or (b)	is: The lobbying no	entaxable amount is			<del>-</del>
ĺ	Not over \$500,000	20% of the amou				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	5% of the excess over \$50	00.000		
	Over \$1,000,000 but not over \$1,500,000		)% of the excess over \$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	· · · · · · · · · · · · · · · · · · ·			
9	Grassroots nontaxable amount (enter 25	5% of line 1f)				······································
h	Subtract line 1g from line 1a If zero or le	ess, enter -0-				
i	Subtract line 1f from line 1c If zero or le	ss, enter -0-				
j	If there is an amount other than zero on	either line 1h or line 1i	, did the organization fi	ile Form 4720		
	reporting section 4911 tax for this year?					. Yes No
		4-Year Average	ging Period Under	section 501(h)	-	
	(Some organizations that m				te all of the five colur	nns helow
	, <b>.</b>		instructions for lin			mis below.
		Lobbying Expendi	tures During 4-Yea	r Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Part I	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed f	orm	5768		
	•	(a	1)	(b)	,	
	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed tion of the lobbying activity.	Yes	No	Amo	unt	
le re	uring the year, did the filing organization attempt to influence foreign, national, state or local gislation, including any attempt to influence public opinion on a legislative matter or iferendum, through the use of columners?			-		
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	edia advertisements?					
	ailings to members, legislators, or the public?					
	ublications, or published or broadcast statements?					
	rants to other organizations for lobbying purposes?					
	irect contact with legislators, their staffs, government officials, or a legislative body?					
-	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			1		
	ther activities?					
	otal Add lines 1c through 1i					
•	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1		
	"Yes," enter the amount of any tax incurred under section 4912					
	"Yes," enter the amount of any tax incurred by organization managers under section 4912	Ì				
d If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	•	c)(5), d	or sec	ction		
	501(c)(6).					
					Yes	No
	Vere substantially all (90% or more) dues received nondeductible by members?			1	-	X
	d the organization make only in-house lobbying expenditures of \$2,000 or less?			2	_	
	the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		X
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."			III-A, line 3		<u></u>
1 D	lues, assessments and similar amounts from members		1	1	97,	<u> 393</u>
<b>2</b> S	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
р	olitical expenses for which the section 527(f) tax was paid).					
a C	Current year		2a			
<b>b</b> C	Carryover from last year		2b			
	otal		2c			
3 A	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
е	xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
а	nd political expenditure next year?		4			
	axable amount of lobbying and political expenditures (see instructions)		5			
Part						
Provide	e 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, line	s 1 and	d		
2 (see	instructions), and Part II-B, line 1 Also, complete this part for any additional information					

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2017

Open to Public Inspection

	of the organization	1	Employer ic	lentification number
	. Louisiana National Electrical			
	ontractors Association			442166
Pa	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F		counts	-
		(a) Donor advised funds	(Ь	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclu			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	ert II Conservation Easements.	<del></del>		
	Complete if the organization answered "Yes" on F	form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	tant land	area
	Protection of natural habitat	Preservation of a certified historic s		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conserva	ation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	·
С	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c	
	Number of conservation easements included in (c) acquired after 7/25/0			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization	n during ti	he
	tax year ▶		_	
4	Number of states where property subject to conservation easement is lo	ocated >		
5	Does the organization have a written policy regarding the periodic monitoring			
•	violations, and enforcement of the conservation easements it holds?	J, J		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation eas	ements d	uring the year
•	b			
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easeme	nts dunno	the year
•	<b>\$</b>			, ,
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)(i)		
	and section $170(h)(4)(B)(n)$ ?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statement.	and	
_	balance sheet, and include, if applicable, the text of the footnote to the			•
	organization's accounting for conservation easements	-		
Pa	art III Organizations Maintaining Collections of Art,		milar A	ssets.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	•		et
	works of art, historical treasures, or other similar assets held for public e		ance of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b				
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthera	ance of	
	public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or	other sımılar assets for financıal gaın, provi	de the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.		
а	Revenue included on Form 990, Part VIII, line 1		•	\$
<u>b</u>	Assets included in Form 990, Part X			\$

	slana Natio.	ual Electi	cal	/2-0442166	Page A
Part III Organizations Maintain	ing Collections of	Art, Historical	Treasures, or	Other Similar Ass	ets (continued)
Using the organization's acquisition, accer- collection items (check all that apply)					
a Public exhibition	d 🗍	Loan or exchange	programs		
b Scholarly research	e 🗔	Other			
c Preservation for future generations	- 🗀				
4 Provide a description of the organization'	s collections and explain	n how they further th	ne organization's e	exempt purpose in Part	
XIII			Ü	,	
5 During the year, did the organization solid	cit or receive donations	of art, historical trea	sures, or other sir	nılar	— — —
assets to be sold to raise funds rather that		art of the organizati	ion's collection?		Yes No
Part IV Escrow and Custodial Complete if the organiza		" on Form 000	Part IV line 0	or reported an amou	unt on Form
990, Part X, line 21.	uon answered Tes	on Form 990,	raitiv, line 9,	or reported an amor	ant on rolli
1a Is the organization an agent, trustee, cus	todian or other intermed	iary for contribution	s or other assets	not	
included on Form 990, Part X?		,			Yes No
b If "Yes," explain the arrangement in Part	XIII and complete the fol	llowing table			. 🗆 🕓
	•				Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an amount of	on Form 990, Part X, line	21, for escrow or c	custodial account l	iability?	Yes No
b If "Yes," explain the arrangement in Part	XIII Check here if the ex	xplanation has beer	provided on Part	XIII	
Part V Endowment Funds.	<u> </u>				
Complete if the organiza	tion answered "Yes	" on Form 990,	Part IV, line 10	)	
	(a) Current year	(b) Pnor year	(c) Two year	s back (d) Three years b	oack (e) Four years back
1a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and					
losses					
d Grants or scholarships					
e Other expenditures for facilities and					
programs		<u></u>			
f Administrative expenses					
g End of year balance				<u>-</u>	
2 Provide the estimated percentage of the	current year end balanc	e (line 1g, column (	a)) held as		
a Board designated or quasi-endowment	<b>&gt;</b> %				
b Permanent endowment ►	%				
c Temporarily restricted endowment ►	%				
The percentages on lines 2a, 2b, and 2c	should equal 100%				
3a Are there endowment funds not in the po	ssession of the organization	ation that are held a	ind administered f	or the	
organization by					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If "Yes" on line 3a(ii), are the related orga			?		3b
4 Describe in Part XIII the intended uses o		owment funds			<del>-</del>
Part VI Land, Buildings, and E		" F 000	Dard IV line 44	la Cas Farra 000 D	and V line 10
Complete if the organiza					
Description of property	(a) Cost or other	''	st or other basis	(c) Accumulated	(d) Book value
4-1	(investment	"	(other)	depreciation	76 01
1a Land	<del> </del>		76,812	0.422	76,81
b Buildings	<del> </del>		144,292	8,433	135,85
c Leasehold improvements		<del></del>	40 272	20 672	10 60
d Equipment	<del> </del>		49,273 19,599	38,673 14,472	
e Other  Total, Add lines 1a through 1e (Column (d) mi	ust equal Form 000 Per	t X. column (R). line		14,4/2	228,39

Part VII Investments—Other Securities.	on Form 000. Bort IV line	11h Son Form 000 F	rage
Complete if the organization answered "Yes"			
' (a) Description of security or category (including name of security)	(b) Book value	(c) Method of	
		Cost or end-of-ye	al market value
(1) Financial derivatives			
(2) Closely-held equity interests	100 414	Manhah	
(3) Other CD-Home Federal Bank	100,414	Market	
(A) CD-Home Federal Bank 1611	50,093	Market	
(B)			
(C)	<del>-</del>		
(D)		<del></del>	
(E)		<del></del>	
(F)			
(G)			<del></del>
(H)	150 507		<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶	150,507		
Part VIII Investments—Program Related.	5 000 5 1841		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method o	
		Cost or end-of-ye	ear market value
(1)		· · · · · · · · · · · · · · · · · · ·	
(2)			
(3)			
(4)			
(6)			
(7)			
(8)		<u> </u>	
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, F	art X, line 15.
(a) Description			(b) Book value
(1)	<del></del>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	_		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form	990, Part X,
line 25			
1. (a) Description of liability	(b) Book value		:
(1) Federal income taxes			÷
(2) Louisiana Withholding	1,385		:
(3) FICA Withheld & Payable	142		: 한
(4)			1
(5)			
(6)			annadahadadadahahahada at ataun
(7)			Shareh .
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,527		*****
2. Liability for uncertain tax positions. In Part XIII, provide the text of the f		angual atatamanta that range	
organization's liability for uncertain tax positions under FIN 48 (ASC 740)			<del></del>

Sche	dule D (Form 990) 2017 N. Louisiana National Ele	ctrical	72-0442166	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Re	venue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12	a	
1	Total revenue, gains, and other support per audited financial statements	<del></del>	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b	<del></del>	4c	_
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Ex	xpenses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12	!a	
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
e	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.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	1)	5	

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

Schedule D (Form 990) 2017 N. Louisiana National Electrical
Part XIII Supplemental Information (continued)

72-0442166

Page 5

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. SCHEDULE (Form 990)

Open to Public 2017

OMB No 1545-0047

Inspection

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X Yes

Employer identification number 72-0442166 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. N. Louisiana National Electrical General Information on Grants and Assistance Contractors Association Department of the Treasury Internal Revenue Service Name of the organization Parti

the selection criteria used to award the grants or assistance?

(h) Purpose of grant Research/Relief or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 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 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 6,600 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section (if applicable) 52-1643734 501c3 (p) EIN 3 Bethesda Metro Center, Ste 1100 MD 20814 (a) Name and address of organization (1) Electri International or government Bethesda 1 2 3 3 9 3 8 6 Schedule I (Form 990) (2017)

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

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

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

6075

Schedule I (Fo	Schedule   (Form 990) (2017) N. Louisiana National Elect	National Elec	rical	72-0442166		. <b>Z</b> ade <b>Z</b>
Part III	Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Domestic Individual	is. Complete if the c	nrganization answerec	. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	V, line 22.
	(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, FMV, appraisal, other)
-						
2						
ო						
4						
က						
9						
,						
Part IV	Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information rec	quired in Part I, line	2; Part III, column (b)	; and any other additional ir	nformation.

6075

Monitoring provided by monthly communication and periodic reporting Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

from the organization(s) receiving the assistance.

6075.

**SCHEDULE Q** 

(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.

▶ Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.