IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning	OCT	1	, 2016, and ending	SEP	30	, 20 17

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOC

72-0501072

Name and title of officer

THOMAS R. DANIEL

ADMINISTRATOR

Name of exempt organization

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

2a Form 990-EZ check here b b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4	2b _ 3b _	1,414,734.
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Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

37

X lauthorize DUPLANTIER,	HRAPMANN, HOGAI	N & MAHER,	ΤΓЪ	to enter my PIN	00/41
	ERO firm name				Enter five numbers, but do not enter all zeros
as my signature on the organization is being filed with a state agency(ie enter my PIN on the return's disclo	es) regulating charities as part o				. ,
As an officer of the organization, I with indicated within this return that a coprogram, I will enter my PIN on the	copy of the return is being filed	with a state agency	•	•	
Officer's signature			Date >		

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72397452524 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

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FILEABLE FORMS

EXTENDED TO AUGUST 15, 2018

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending SEP 30, 2017

6

OMB No. 1545-0047

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30,

Open to Public Inspection

B (Check if	C Name of organization	D Employer identifi	cation number
	∏Addres	BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS SINTERNATIONAL LONGSHOPEMEN'S ASSOC		
	_]chang∈ ∏Name		\dashv 72-0	501072
H	change	Doing business as VACA'I ION AND HOLIDAY FUNDS Number and street (or P.O. box if mail is not delivered to street address) Room/sui		
	return _Final	VACATION AND HOLIDAY FUNDS STE E		525-0309
	⊣return/ termin- ated		G Gross receipts \$	1,414,734.
	Ameno		H(a) Is this a group re	
	Application	-	for subordinates	
	pendin	721 RICHARD ST., SUITE B, NEW ORLEANS, LA	7 H(b) Are all subordinates in	
1.7	ax-exe			list. (see instructions)
		e: ► WWW.NOEILA.COM	H(c) Group exemptio	,
KF	orm of	organization: Corporation X Trust Association Other L Ye		√ State of legal domicile: LA
Pa	art I	Summary		
0	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t PROVII}$	DE VACATION A	ND HOLIDAY
Governance		BENEFIT PAYMENTS TO QUALIFIED EMPLOYEE PARTIC		
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of me	ore than 25% of its net as	
Š	l .	Number of voting members of the governing body (Part VI, line 1a)	—	10
∞ಶ		Number of independent voting members of the governing body (Part VI, line 1b)		10
Activities		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		11
ŧi		Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	р	Net unrelated business taxable income from Form 990-T, line 34		
		Contributions and grants (Part VIII line 1h)	Prior Year 0.	Current Year 0 .
Jue	l .	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	1,861,114.	1,402,121.
Revenue	l .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,610.	12,613.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,877,724.	1,414,734.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	1,643,396.	1,494,143.
ģ	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,951.	21,953.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe		Total fundraising expenses (Part IX, column (D), line 25)		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,364.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,711,711.	1,560,706.
	19	Revenue less expenses. Subtract line 18 from line 12	166,013.	-145,972.
Net Assets or Fund Balances		 	Beginning of Current Year	End of Year
sset 3alai	20	Total assets (Part X, line 16)	2,811,407.	2,518,352.
et A	21	Total liabilities (Part X, line 26)	1,657,930.	1,510,847.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	1,153,477.	1,007,505.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	oments, and to the hest of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	•	y knowledge and belief, it is
ii uo,	, 001100	t, and complete. Declaration of property (other than officer) is based on an information of which proper	I or nas any knowleage.	
Sig	n	Signature of officer	Date	
Her		THOMAS R. DANIEL, ADMINISTRATOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı	LINDSAY J. CALUB, CPA	if self-employ	P01268022
Pre	oarer	Firm's name DUPLANTIER, HRAPMANN, HOGAN & MAHER,		72-0567396
Use	Only	Firm's address 1615 POYDRAS STREET, SUITE 2100		
		NEW ORLEANS, LA 70112	Phone no. (5	
May	the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: FUND COMPENSATES ELIGIBLE EMPLOYEES FOR VACATION AND	HOLIDAY PAY.
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Les [22] NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	ces? Yes X No
3	If "Yes," describe these changes on Schedule O.	Jes:
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (FUND COMPENSATES ELIGIBLE EMPLOYEES FOR VACATION AND	Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$)	Revenue \$)
4d	Other program services (Describe in Schedule O.)	
-r u	(Expenses \$ including grants of \$) (Revenue \$	1
4e		,
		Form 990 (2016)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? 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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 10		
. •	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
	1 -1			

Form **990** (2016)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
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		
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 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 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, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			37
	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			37
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
••	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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 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			v
00	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 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section The number reported in Box 3 of Form 1006. Enter 0- If not applicable 10 10 10 10 10 10 10 1		Check if Schedule O contains a response or note to any line in this Part V								
b Enter the number of Forms W26I included in line 1a. Enter o'r Ind applicable				Yes	No					
b Enter the number of Forms W 26 included in line 1a. Enter 0. If not applicable D D D D D D D D D	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
c Did the organization comply with backup withholding fulles for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 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 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 unreated business gross income of \$1 all enquired federal employment tax returns? 3a I X Y 19 or Yes, 1 has it filed a Form 990. To this year? If "No," to file 30, provide an explanation in 8 checkule? 3b I "Yes," than it filed a Form 990. To this year? If "No," to file 30, provide an explanation in Schedule? 3b I "Yes," there the name of the freeign country? 4a At any time the hanse of the freeign country? 5b If "Yes," a file the freeign country? 5c Was the organization and the freeign country? 5c Was the organization have a provided that where transaction at any time during the tax year? 5c I "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax whelter transaction? 5c I "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes," to line 5a or 5b, did the organization file Form 88861? 6c I "Yes," to line 6a organization have not tax deductible as charitable contributions? 5c I will be organization have an ordan tax will be during the tax year? 6c I "Yes," to line 3a ordan tax were not tax deductible as charitable contributions and party for goods and services provided to the payor? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6d I were considered to the file organization than the file organization and the file organization and the organization medicate and contribution of qualified intell										
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. Each File F	С									
tiled for the calandary year ending with or within the year covered by this return. 1		(gambling) winnings to prize winners?								
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, "has it filed a Form 90-17 for this year" If "No." to fine 3b, provide an explanation in Schedule O 3b If Yes," has it filed a Form 90-17 for this year" If "No." to fine 3b, provide an explanation in Schedule O 3b If Yes, "has it filed a Form 90-17 for this year" If "No." to fine 3b, provide an explanation in Schedule O 3b If Yes," the third thing the calendary 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 accountly? 4a X 5b If Yes," the theorem 10 filed prediction of the foreign country (such as a bank account, securities account, or other financial accountly? 4a X 5b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization in lie Form 888617 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a payment in excess of \$5 made party as a contribution of particle payment in excess of \$5 made party as a contribution of the value of the goods or services provided to the payor? 7a Organization that may receive deductible contributions under section 170(c). 8b If Yes," did the organization of the value of the goods or services provided 7 7c If If	2a									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a X bif Yes, has it filed a form 990-17 or this year? If Yw, 1 to line 3, 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, level as a bank account, as cerular count in a foreign country, level as a bank account, securities account, or other financial accountry (see A X bif Yes, * enter the name of the foreign country, level as a bank account, securities account, or other financial accountry (see A X bif Yes, * enter the name of the foreign country, level as a bank account, securities account, or other financial accountry (see A X bif Ves, * line financial accountry (see A X X bif Yes, * line financial accountry (see A X X bif Ves, * line financial accountry (see A X X X bif Yes, * line financial accountry (see A X X X X X X X X X		1 1 44								
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
b if "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country. 4b if "Yes," enter the name of the foreign country. 5c einstructions for filing requirements for FincKH 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 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction and the organization of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles a charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 A X 5b If "Yes," indicate the number of Forms 8286 filed during the year 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7 C X 7 G If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 The Idia the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The Idia the organization have a contribution of cars, boats, anjanes, or other vehicles, did the organization file Form 899 as required? 8 Sponsoring organization have accessed business holdings at any time during the year		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 15a 15a 15a 15a 15a 15a 15a 15a 15a 15		1 1								
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a							
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 13a 13b 13b 13c 14a X										
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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b										
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b										
c Enter the amount of reserves on hand	b									
c Enter the amount of reserves on hand		organization is licensed to issue qualified health plans								
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	С									
	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	<u> </u>					

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1									
2										
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	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						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х						
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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
_	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THOMAS R. DANIEL, ADMINISTRATOR - (504)525-0309									
	721 RICHARD STREET, SUITE B, NEW ORLEANS, LA 70130-4505									

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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.

(A) Name and Title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	week officer		box, unless person is both an officer and a director/trustee)				compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below 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) NICK JUMONVILLE CO-CHAIRMAN	1.00	x						0.	0.	0
(2) RANDY O'NEIL	1.00	 						•		
MANAGEMENT TRUSTEE	4.00	х						0.	0.	0
(3) JAMES PARKER	1.00									
MANAGEMENT TRUSTEE	4.00	Х						0.	0.	0
(4) MARK CUMMINGS MANAGEMENT TRUSTEE	1.00	x						0.	0.	0
(5) DWAYNE BOUDREAUX	1.00									
CO-CHAIRMAN	4.00	Х						0.	0.	0
(6) DAVID R. MAGEE SR LABOR TRUSTEE	1.00	X						0.	0.	0
(7) MICHAEL A HOELZEL	1.00							0.	0.	0
LABOR TRUSTEE	4.00	X						0.	0.	0
(8) KERRY BROWN	1.00	7,						0	0	0
LABOR TRUSTEE	4.00	Х			_			0.	0.	0
(9) WILLIAM E FITZPATRICK MANAGEMENT TRUSTEE	1.00	x						0.	0.	0
(10) JAMES CAMPBELL	1.00							_	_	
LABOR TRUSTEE		Х						0.	0.	0
(11) THOMAS R. DANIEL ADMINISTRATOR	30.00			x				3,511.	113,533.	17,972
								3,0223		
					l					

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Form 990 (2016)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) (B) (C) (D) (E)									(F)				
	Name and title	Average	Position (do not check more than one		Reportable Reportabl)	e Estimated		:d				
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation			nount	of
		(list any	į						from the	from related organization			other pensa	tion
		hours for	direc				pa		organization	(W-2/1099-MI			om the	
		related	Individual trustee or director	rustee			Highest compensated employee		(W-2/1099-MISC)				anizati	
		organizations below	altru	onal t		loyee	comb						d relat	
		line)	divid	Institutional trustee	Officer	Key employee	ighest nploy	Former				orga	anizatio	วทร
		<u>'</u>	=	=	-	<u>~</u>	工品	Œ						
			i											
								L	3,511.	113,5	22	1	7 0	72
	Sub-total								3,511.	113,3	0.		7,9	0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								3,511.	113,5	-	1	7,9	
2	Total number of individuals (including but n							no re	·				. , ,	
_	compensation from the organization						- ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
	<u> </u>												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	or I	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	•				•			•			_		Х
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Scriedui	e J i	or si	icn	pers	son .					5		
1	Complete this table for your five highest co	mnensated in	dene	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of cor	nnens	ation 1	rom	
•	the organization. Report compensation for										пропо	ation	10111	
	(A)								(B)	,		(0	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
											<u> </u>			
								-						
								\dashv						
	Total number of independent control //	noludina but :	O+ 1:	mit -	4+-	+h -	00 15		l aboua) who wassins - !	oro than				
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	IOT II	mite	u to 		se lis	sted	above) who received m	iore trian				

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72-0501072 INTERNATIONAL LONGSHOREMEN'S ASSOC Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f Business Code 561000 951,996. 2 a TRANSFER FROM ROYALTY 951,996. Program Service Revenue 450,125. TRANSFER FROM CR5 FUND 561000 450,125. b С d f All other program service revenue 1,402,121. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 12,613. 12,613. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

414,734.1,402,121.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	1 404 142									
4	Benefits paid to or for members	1,494,143.									
5	Compensation of current officers, directors,	2 611									
_	trustees, and key employees	3,611.									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
-	persons described in section 4958(c)(3)(B)	11,471.									
7 8	Other salaries and wages Pension plan accruals and contributions (include	11,11.									
0	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	5,695.									
10	Payroll taxes	1,176.									
11	Fees for services (non-employees):	, -									
а	Management										
b	Legal	531.									
С	Accounting	1,476.									
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	1,577.									
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch O.)	25,586.									
12	Advertising and promotion	0.264									
13	Office expenses	2,364.									
14	Information technology	4,801.									
15	Royalties	1,350.									
16	Occupancy	1,330.									
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	1,190.									
20	Interest	_,									
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	5,393.									
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 0.)										
а	MISCELLANEOUS	342.									
b											
С											
d											
e	All other expenses	1 560 706									
25	Total functional expenses. Add lines 1 through 24e	1,560,706.									
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
				1							

72-0501072 Page **11** INTERNATIONAL LONGSHOREMEN'S ASSOC Form 990 (2016) 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 10,586. 15,658. Cash - non-interest-bearing 1 1,639,907. 1,521,867. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 1,157,642. 977,404. Notes and loans receivable, net 7 8 Inventories for sale or use 3,272. 3,423. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,811,407. 2,518,352. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 1,657,930. 17 1,510,847. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 25 Schedule D 1,657,930. 1,510,847. 26 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 30

2,518,352. Form **990** (2016)

1,007,505.

1,007,505.

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

0. 31

32

33

1,153,477.

1,153,477.

2,811,407.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,41	4,7	34.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,56 -14	0,7	06.	
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	l 1 1						
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				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	1	,00	7,5	05.	
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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
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	d 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 separat	e basis	s,				
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOC

Employer identification number 72-0501072

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
•	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic 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 tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		C

632051 08-29-16

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued)		<u> </u>	ollections of A				ner S		r Asse			
clasek all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other Scholarly research e Other Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization sollection? Yes No No Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability Yes No If Yes', explain the arrangement in Part XIII and complete the following table: Armount 1d												
a Public exhibition d Loan or exchange programs b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance I Amount 1c	3		on, and other record	is, criecr	ally of the	lollowing that are a	sigrili	Carit	ise oi its	COllectic	II ILEII	15
b Scholarly research c	_											
c						nange programs						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?			-		Julei							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, explain the arrangement in Part XIII and complete the following table: C		-	llootions and ovalai	n how th	ov further t	ho organization's av	omnt	nurna	oo in Dor	+ VIII		
to be sold to raise funds rather than to be maintained as part of the organization's collection?									se III Fai	t AIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	9									7 ٧		٦ ٨١٥
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d 1c 1d 1d 1c 1d 1d 1c 1d 1d	Pai											<u> </u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	ı u			ete ii tile	organizatio	iranswered res c	JII FOI	11 990	, rait iv,	iiie 9, 0	1	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C	12		· · · · · · · · · · · · · · · · · · ·	diany for a	contribution	ne or other accete n	at incl	ıdod				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d	ıa									Voc		٦ _{No}
c Beginning balance d Additions during the year e Distributions during the year 1 tel 2 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (ive the endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated (d) Book value b Buildings c Land b Buildings c Land	h									_ res		⊿ INO
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % The percentages on line 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) B Buildings c Leasehold improvements	b	ii res, explain the arrangement in Fart Ain a	and complete the to	mowning t	abie.		Г			Amoun	+	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. 2a Did the organizations (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Three years back (d) Three years back (e) Four years back (f) Three years back (e) Four years back (f) Three years back for years back for the years back for form years back	_	Deginning belongs						40		Amoun		
e Distributions during the year f Ending balance												
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												
Description of property If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Intervention								"		Voc		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back							•			_ res		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	. u	Endownient i dido: Oomplete ii						hree v	are hack	(a) Fou	r veare	hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	10	Paginning of year balance	,	(D) F	nor year	(C) TWO years back	(u) 1	ппес у	ais back	(e) 1 0u	years	Dack
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\) % b Permanent endowment \(\) % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) urrelated organizations (ii) related organizations b f "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation b Buildings c Leasehold improvements												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е											
g End of year balance												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
a Board designated or quasi-endowment ▶				- (line 1	l /-	-\\ h ald as:						
b Permanent endowment ▶			ent year end baland		g, column (a	a)) neid as:						
Temporarily restricted endowment ▶	_		0/	_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements	С											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements	_		•									
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements	Зa	·	ssion of the organiza	ation tha	t are neid a	ind administered for	tne o	rganız	ation			N
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered basis (other) 1a Land b Buildings c Leasehold improvements		-								0-12	res	INO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements											<u> </u>	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements		(ii) related organizations								3a(II)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Co Accumulated depreciation 1a Land b Buildings c Leasehold improvements	b									36	<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements	Bo:			wment t	unas.							
Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements	Pal) D+ " !	lline dd - C	200 Fower 000 D- 13	V 1!	10				
basis (investment) basis (other) depreciation 1a Land		· •				1				(-N.D.	1 1	
1a Land b Buildings c Leasehold improvements		Description of property	1 ' '						a	(a) Boo	k valu	е
b Buildings c Leasehold improvements			`	nent)	Dasis	(outer) a	eprec	auon				
c Leasehold improvements												
a Equipment												
e Other				V'	(D) !'	(0-)			+			0

Schedule D (Form 990) 2016

			W ORLEANS EN			
		L LONGSHO	REMEN'S ASSO	OC 7:	2-0501072 _{Pa}	age
Part VII Investments - Other	Securities.					
Complete if the organization						
(a) Description of security or category (include	ling name of security)	(b) Book value	(c) Method o	of valuation: Cost or er	nd-of-year market value	e
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
<u>(E)</u>						
(F)						
(G)						
(H) Total (Col. (h) must equal Form 000, Port V.	ool (D) line 12)					
Total. (Col. (b) must equal Form 990, Part X, o						
Complete if the organization		n Form 000 Bort IV	lina 11a Saa Farm 00	O Port V line 12		
(a) Description of investment		(b) Book value			nd-of-year market value	<u> —</u>
(1)		(a) Doon raido	(6)			_
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, o	col. (B) line 13.)					
Part IX Other Assets.						
Complete if the organization	answered "Yes" o	n Form 990, Part IV	, line 11d. See Form 99	90, Part X, line 15.		
	(a) D	escription			(b) Book value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990,	Part X, col. (B) line	15.))	•	
Part X Other Liabilities.	1 112 4 11	5 000 B 1 II	, "	000 5 17 1	\ -	
Complete if the organization (a) Description		n Form 990, Part IV	(b) Book value	orm 990, Part X, line 2	<u>25.</u>	
., , ,	Torliability		(b) Book value			
(1) Federal income taxes						
(2)						
(3)						
(4) (5)						
(5)						
(6)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2016

(7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With F	Revenue per R	eturn	l .
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	S		1	1,413,157.
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				
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,413,157.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,577.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	1,577.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,414,734.
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part I				
1	Total expenses and losses per audited financial statements			1	1,559,129.
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			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,559,129.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	4 500		
а	Investment expenses not included on Form 990, Part VIII, line 7b		1,577.		
b	/	4b			1 500
С	Add lines 4a and 4b			4c	1,577.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li. rt XIII Supplemental Information.	ne 18.)		5	1,560,706.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			4; Part	X, line 2; Part XI,

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOC

Employer identification number 72-0501072

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NUMBER OF HOURS WORKED UNDER A COLLECTIVE BARGAINING AGREEMENT.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR
REVIEW AFTER THE RETURN IS REVIEWED AND SIGNED BY THE PLAN ADMINISTRATOR
AND FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF TRUSTEES ADOPTED A CODE OF CONDUCT AND CONFLICT OF INTEREST
POLICY ON AUGUST 17, 2016
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES THE AUDITED FINANCIAL STATEMENTS AND FORM 990
AVAILABLE FOR REVIEW ON THEIR WEBSITE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOC

72-0501072

OMB No. 1545-0047

2016

Open to Public Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BOARD OF TRUSTEES, N.O. EMPLOYERS I.L.A.							i
WELFARE FUND - 72-0570875, 721 RICHARD ST,]						1
SUITE B, NEW ORLEANS, LA 70130-4505	WELFARE BENEFIT	LOUISIANA	501(C)(9)				X
BOARD OF TRUSTEES, N.O. EMPLOYERS I.L.A.							
PENSION FUND - 72-6023317, 721 RICHARD ST,							i
SUITE B, NEW ORLEANS, LA 70130-4505	PENSION PLAN	LOUISIANA	501 (A)				Х
	_						İ
							<u> </u>

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

BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOC

72-0501072

Page 2

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

	organization station at a parameter year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage ownership	
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	5
				·			1		, ,		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	ction (b)(13) trolled tity?
NOE-ILA ROYALTY ESCROW ACCOUNT - 72-0717007									
721 RICHARD ST, SUITE B	DISTRIBUTES ROYALTY								
NEW ORLEANS, LA 70130-4505	PAYMENTS	LA							X

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		х
a	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1 p		Х
	Reimbursement paid by related organization(s) for expenses	1q	X	
	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
NEW ORLEANS EMPLOYERS ILA ROYALTY ESCROW			
(1) ACCOUNT	Q	59.	SHARED SERVICES AGREEMENT
NEW ORLEANS EMPLOYERS ILA ROYALTY ESCROW			
(2) ACCOUNT	0	9,300.	SEE SUPPLEMENTAL INFORMATION
NEW ORLEANS EMPLOYERS ILA ROYALTY ESCROW			
(3) ACCOUNT	S	951,996.	SEE SUPPLEMENTAL INFORMATION
BOARD OF TRUSTEES, N.O. EMPLOYERS INT'L			
(4) LONGSHOREMAN'S WELFARE	0	226,991.	SEE SUPPLEMENTAL INFORMATION
BOARD OF TRUSTEES, N.O. EMPLOYERS INT'L			
(5) LONGSHOREMEN'S PENSION FUN	0	260,691.	SEE SUPPLEMENTAL INFORMATION
(6)			

72-0501072

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotional allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

Schedule R (Form 990) 2016

BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS 72-0501072 Page 5 INTERNATIONAL LONGSHOREMEN'S ASSOC Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: BOARD OF TRUSTEES, N.O. EMPLOYERS I.L.A. WELFARE FUND EIN: 72-0570875 721 RICHARD ST, SUITE B NEW ORLEANS, LA 70130-4505 PART V LINE 2(A)(1) REIMBURSEMENT OF 6% OF MAIN OFFICE RENT EXPENSE BY THE ROYALTY ESCROW ACCOUNT TO THE VACATION AND HOLIDAY FUND. PART V LINE 2(A)(2) ANNUAL SALARIES PAID BY ROYALTY ACCOUNT TO FOUR FUND EMPLOYEES FOR PERFORMING ROYALTY RELATED SERVICES PART V LINE 2(A)(3) DISTRIBUTION FROM NOE-ILA ROYALTY ACCOUNT IS ALLOCATED BETWEEN VACATION/HOLIDAY FUND AND WELFARE FUND BASED UPON ESTIMATED CLAIMS AND EXPENSES OF EACH FUND FOR UPCOMING YEAR PART V LINE 2(A)(4) & (5)ANNUAL SALARIES PAID TO 11 FUND EMPLOYEES BY THE WELFARE FUND AND PENSION FUND.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must	use Form 7004 to request an extension of time to file incom	e tax retui	ns.	Enter file	er's identifying nu	mher				
Type o	BOARD OF TRUSTEES, NEW ORLE	Employer identification number (EIN) or $72 - 0501072$								
File by t due date filing yo return. S	e for Number, street, and room or suite no. If a P.O. box, sour VACATION AND HOLIDAY FUNDS	Social se	Social security number (SSN)							
instructi										
Enter the Return Code for the return that this application is for (file a separate application for each return)										
Application			Application			Return				
ls For			Is For	Code						
Form 990 or Form 990-EZ			Form 990-T (corporation)							
Form 990-BL			Form 1041-A	08						
Form 4720 (individual)			Form 4720 (other than individual)	09						
Form 990-PF			Form 5227							
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069							
Form 990-T (trust other than above)			Form 8870							
Tel If ti	e books are in the care of \blacktriangleright 721 RICHARD STE ephone No. \blacktriangleright (504) 525-0309 he organization does not have an office or place of business his is for a Group Return, enter the organization's four digit (\blacktriangleright 1. If it is for part of the group, check this box \blacktriangleright 1.	s in the Ur Group Exe	Fax No. ited States, check this box	f this is fo	r the whole group,	check this				
	3110110M 1F 0010									
	calendar year or X tax year beginning OCT 1, 2016 , and ending SEP 30, 2017 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period									
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any										
	nonrefundable credits. See instructions.				\$	0.				
	estimated tax payments made. Include any prior year overp	•			\$	0.				
c Balance due. Subtract line 3b from line 3a. Include your pay										
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.				
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment										

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

LHA