EXTENDED TO AUGUST 15, 2019

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

AF	or the	2017 calendar year, or tax year beginning OC1 1, 2017 and	ending 5	EP 30, 2010					
B c	Check if pplicable	BOARD OF IROSIEES, NEW ORLEANS EMPLOY	ERS	D Employer identif	ication number				
	Addres								
Ļ	Name change				570875				
	_lnitial _return _Final _return/	721 RICHARD STREET, SUITE B	Room/suite	E Telephone number 504-525-0309					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,022,250.				
	Ameno return	NEW ORLEANS, LA 70130-4505		H(a) Is this a group r	eturn				
	Applic tion	F name and address of principal officer: I IIOMAS IN DANTED		for subordinates	s? Yes X No				
	pendir	9 \mid 721 RICHARD STREET, SUITE B, NEW ORLEAN	NS, LA	H(b) Are all subordinates i	included? Yes No				
Π1	Гах-ехе	empt status: \square 501(c)(3) \square 501(c) (9) \blacktriangleleft (insert no.) \square 4947(a)(1) of	or 527	If "No," attach a	a list. (see instructions)				
JΛ	Nebsit	e: WWW.NOEILA.COM		H(c) Group exemption	on number 🕨				
K F	orm of	organization: Corporation X Trust Association Other	L Year	of formation: 1957	M State of legal domicile: LA				
Pa	art I	Summary	·	·	-				
0	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ PI	ROVIDE	MEDICAL, M	ENTAL				
Š		HEALTH, DISABILITY AND LIFE INS. BENEFIT:	S TO Q	UALIFIED PA	RTICIPANTS.				
rne	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net a	ssets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	10				
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10				
es 8		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			10				
Ϋ́		Total number of volunteers (estimate if necessary)			0				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12							
٩		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.					
		Program service revenue (Part VIII, line 2g)		1,733,231.					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,315.	6,270.				
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,738,546.	2,022,250.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	_				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,139,326.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		332,264.	367,030.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0				
xbe		Total fundraising expenses (Part IX, column (D), line 25)	0.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		229,801.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,701,391.					
	19	Revenue less expenses. Subtract line 18 from line 12		37,155.	33,649.				
t Assets or nd Balances			Ве	ginning of Current Year	End of Year				
alar	20	Total assets (Part X, line 16)		1,775,724.	1,858,962.				
it As	21	Total liabilities (Part X, line 26)		779,273.	828,861.				
<u> ŽĒ</u>	22	Net assets or fund balances. Subtract line 21 from line 20		996,451.	1,030,101.				
	art II	Signature Block							
	•	lties of perjury, I declare that I have examined this return, including accompanying schedule		•	ny knowledge and belief, it is				
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
		Signature of officer		I Date					
Sig		-		Date					
Here THOMAS R. DANIEL, ADMINISTRATOR Type or print name and title									
			IT	Date Check	II PTIN				
Da!		Print/Type preparer's name T.TNDCAY .T. CAT.IIB .CDA	'	if					
Paid		LINDSAY J. CALUB, CPA Firm's name DUPLANTIER, HRAPMANN, HOGAN & MA	<u> </u>	LLP Firm's EIN	72-0567396				
-	parer Only	Firm's name DUPLANTIER, HRAPMANN, HOGAN & MI Firm's address 1615 POYDRAS STREET, SUITE 2100	mirk,	LLP Firm's EIN	14-0301330				
J36	Jilly	NEW ORLEANS, LA 70112		Dhone no 50	4-586-8866				
N/a:	, tha !!	-		Filotie ilo. 3 0					
ivia	/ une 11	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE MEDICAL, MENTAL HEALTH, LIFE/A&D AND TEMPORARY DISAE	3ILITY
	INCOME BENEFITS TO QUALIFIED PARTICIPANTS AND THEIR ELIGIBLE	
	DEPENDENTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Tes L21 NO
3		Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SOLE PROGRAM SERVICE ACTIVITY CONSISTS OF EMPLOYER AND RETIRED	
	CONTRIBUTIONS. DISBURSEMENTS ARE BASED ON MEDICAL, DISABILITY,	MENTAL
	HEALTH, & LIFE BENEFITS.	
4b	(Code:) (Expenses \$	
	y (Listonice 4	
4-		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$\frac{1}{2}\text{ including grants of \$}\frac{1}{2}\text{ (Revenue \$}\frac{1}\text{ (Revenue \$}\frac{1}{2} (Revenue)
<u>4e</u>	Total program service expenses ►	Form 990 (2017)
		. 5 555 (2017)

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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		
•	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	446		х
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	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?			
	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		Х
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			Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	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		Х
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

Form **990** (2017)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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	l		
_	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
h	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			
	Och all to L. Do Ll	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	230		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		
00	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

tale Enter the number reported in Box 3 of From 1096, Enter-0-1 find applicable be Fiether the number of Forms WSQ finculated in the La Enter-0-1 find applicable to 10		Check if Schedule O contains a response of note to any line in this Part V				Ш			
b Enter the number of Forms W.2G included in line 1a. Enter 0- If not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize witners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field of the celendary pare anding with or within the year covered by this return. 1b If all least one is reported on line 2a, did the organization field all required feederal employment tax returns? 2b If Was I least one is reported on line 2a, did the organization field all required feederal employment tax returns? 2b If Was I least one is reported on line 2a, did the organization field line feeder experience to e-file eles instructions. 3a I lot the organization have unrelated business gross income of \$1,000 or more during the year? 3a I lot the organization have unrelated business gross income of \$1,000 or more during the year? 3a I lot the organization the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a If I was, it can be the foreign country. 5a Was the organization have a protective tax without the security of the organization that it was or is a party to a prohibitod tax sheller transaction? 5b If Was, I did the organization that was or as a party to a prohibitod tax sheller transaction? 5c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a fem 888-17 6c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as fem 888-17 6c I was the organization than the organization than the way of the washed the good of the second party of the organization shall be a foreign tha					Yes	No			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize wirenes? 2a Enter the number of employees reported on Form W.9, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If we shall be sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If the same particular than 150 to 150									
a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 2 10 10 11 11 11 11 11 11 11 11 11 11 11		· ·	10						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendary year and ringly with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Ab IV Now. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A lary time during 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 account)? 4a A lary time the name of the foreign country Such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5b If Yes, 's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxabib party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5c C IV Yes, 't to line 5a or 5b, did the organization file Form 8886-17 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d IV Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 9c Did the organization receive a payment in excess (\$75 male party as a contribution of quality or goods and services provided? 9c Did the organization receive a payment in excess (\$75 male party as a contribution of quality or goods	С								
filed for the calendary year ending with or within the year covered by this return bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions) 3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 5a bif 1'Yes, "is the filed a form 990-ff for this year?" 1"No," 1 bine 2b, provides an explanation in Schedule 0 5a that any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account 1 in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization to a financial accounts (FBAR). 5c enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization to a financial accounts (FBAR). 5b Was the organization to a financial accounts (FBAR). 5c enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductible from 88867. 6c 1'Yes, "did the organization neith a declarable contributions are contributions or of the organization solicit any centributions that were not tax deductible? 6c 1'Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c 1'Yes, "did the organization include with every solicitation and partly for goods and services provided to the payor? 7c 1 Organizations that may receive adeductible contributions and as calcinable for the organization file a form 1046 to organization file a form 1046 to file form				1c					
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Different than 1 and 1 an		· · · · · · · · · · · · · · · · · · ·			v				
3a 2 2	b			2b					
b If "Yes," has it filled 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 account in a foreign country (such as a bank account, even the financial accounts) 5 b If "Yes," enter the name of the foreign country; IP 5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelder transaction at any time during the tax year? 5 a Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Did any taxable party nority the organization file Form 8886-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 b 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 Did the organization notify the donor of the value of the goods or services provided to the payor? 7 b If "Yes," indicate that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282 filed during the year 1 b If "Yes," indicate the number of Forms 8282 filed during the year 1 b Did the organization received a contribution of or the value of the goods or services provided? 7 b Did the organization received as contribution of cars, boats, aniplenaes, or other vehicles, did the organization for Porms 829 as required? 1 b H the organization received as contribution of clars, boats, aniplenaes, or other vehicles, did the organization	_	D. I.				Х			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation for screepits, included on Form 990, Part VIII, line 12, for public use of club facilities India Gross income from members or shareholders Intia Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Intia Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? Intia 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 Interest is required to maintain by the states in which the organization is licensed to issue qualified health plans Interest is required to maintain by the states in which the organization is licensed to issue qualified health plans Interest is possible to see qualified to sequence of the sequence of th	8		by the						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b									
				-		X			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		000	(00.17			

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72-0570875

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			
<u>Sec</u>	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	.0					
	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	.0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other						
	officer, director, trustee, or key employee?		. 2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			X			
	of officers, directors, or trustees, or key employees to a management company or other person?							
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 as	sets?	. 5		Х			
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 a	appoint one or						
	more members of the governing body?		. 7a		Х			
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		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear 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 re	ached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	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 of	chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \cdot		. 10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy 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					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	. 12b	X				
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	X				
13	Did the organization have a written whistleblower policy?			X				
14	Did the organization have a written document retention and destruction policy?		. 14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al 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	<u> </u>	X			
b	Other officers or key employees of the organization		. 15b		Х			
	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 arrange	ement with a						
	taxable entity during the year?		. 16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic							
_	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	/) availa	ble				
	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, co	onflict of interest policy, a	and fina	ncial				
	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 be	ooks and records:						
	THOMAS DANIEL - 504-525-0309							
	721 RICHARD ST. SUITE B. NEW ORLEANS. LA 70130							

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INTERNATIONAL LONGSHOREMEN'S ACCOC

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) (C) Position (do not check more than one							(D) Reportable	(E) Reportable	(F) Estimated
וומוווכ מווט ווגוכ	hours per week	box	not c	heck ss pe	more rson		h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NICK JUMONVILLLE CO-CHAIRMAN	3.00	x						0.	0.	0
(2) RANDY O'NEIL	2.00								•	
MGMT TRUSTEE		Х						0.	0.	0
(3) WILLIAM E. FITZPATRICK	2.00									
MGMT TRUSTEE		Х						0.	0.	0
(4) JAMES PARKER MGMT TRUSTEE	3.00	x						0.	0.	0
(5) MARK CUMMINGS	2.00	 								
MGMT TRUSTEE		x						0.	0.	0
(6) DWAYNE BOUDREAUX	2.00							_		
CO-CHAIRMAN		Х				_		0.	0.	0
(7) DAVID R. MAGEE LABOR TRUSTEE	3.00	x						0.	0.	0
(8) KERRY BROWN	2.00	 								
LABOR TRUSTEE	3.00	Х						0.	0.	0
(9) MICHAEL A. HOELZEL	3.00							0.	0.	0
LABOR TRUSTEE (10) JAMES CAMPBELL	2.00	Х				-		0.	0.	0
LABOR TRUSTEE	3.00	X						0.	0.	0
(11) THOMAS DANIEL	15.00								-	
ADMINISTRATOR	20.00			Х				59,759.	66,699.	19,319
		_				_				
		-								
	1					T				

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BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS 72-0570875 INTERNATIONAL LONGSHOREMEN'S ACCOC Page 8 Form 990 (2017) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 66,699 1b Sub-total c Total from continuation sheets to Part VII, Section A 59,759. 66,699. 19,319. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but			

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\$100,000 of compensation from the organization

Transfer from tax under sections revenue 1 a Federated campaigns	orm	990 (2	T1.000			W ORLEANS REMEN'S AC		72-0570	875 Page 9
Total revenue Restant	Pai	t VII	Statement of Rever	nue					
Total revenue Related or exempt function revenue business segments and the segment of the segmen			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
2 a TRANSFER FROM ROYALTY b TRANSFER FROM MILA 900099 1,220,000. 1,220,000. 0 1					·	` '	Related or exempt function	Unrelated business	Revenuè éxcluded from tax under
3 Investment income (including dividends, interest, and other similar amounts) 6,270. 6,270. 4 Income from investment of tax-exempt bond proceeds 5 Royafties (i) Real (ii) Personal 6 a Gross rents (ii) Real (iii) Personal 6 a Gross rents (iii) Personal 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) 4 Net gain or (loss) of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b 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 b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Such and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Such and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Such and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Such and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Such and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Such and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory.	200	b c d e f 2 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f TRANSFER FROM R TRANSFER FROM M RETIRED EMPLOYE FORMER EMPLOYEE	1b 1c 1d ions) 1e ts, and ve 1f 1a-1f: \$ COYALTY IILA E CONTRI	900099 900099 900099 900009	744,595. 51,428. -43.	744,595. 51,428.		
11 a	Other Revenue	4 5 6 a b c d 7 a b c d 8 a b c 2 9 a b c 10 a b	other similar amounts)	(i) Real (i) Securities (i) Securities (i) Securities g events (not of 1c). See a b draising events ctivities. See a b s of inventory	roceeds (ii) Personal (ii) Other	6,270.			6,270.
					Dasiness Code				

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

2,022,250.2,015,980.

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 (D) (B) (C) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 1,394,601 Benefits paid to or for members Compensation of current officers, directors, 61,528 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 186,435. Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 94,850. Other employee benefits 9 24,217. 10 Payroll taxes Fees for services (non-employees): Management 10,360. Legal 24,108. Accounting Lobbying Professional fundraising services. See Part IV, line 17 9,652. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 33,653 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 12,439. Office expenses 13 59,895. Information technology 14 Royalties 15 23,566. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,233. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 19,356. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,180. COMMUNICATIONS MISCELLANEOUS 4,713. EQUIPMENT RENTAL & MAIN 1,815. С d All other expenses е 1,988,601. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2017)

72-0570875 Page **11** INTERNATIONAL LONGSHOREMEN'S ACCOC Form 990 (2017) 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 136,345. 172,132. Cash - non-interest-bearing 1 140,405. 219,843. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 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 1,442,974. 1,481,618. Notes and loans receivable, net 7 Inventories for sale or use 8 20,213. 21,156. 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 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,775,724. 1,858,962. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 17 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 779,273. 828,861. Schedule D 779,273. 828,861. 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

> 1,858,962. Form **990** (2017)

1,030,101.

1,030,101.

0.

29

32

33

0. 30

0. 31

996,451.

996,451.

1,775,724.

29

32

33

Permanently restricted net assets

and complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

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

72-0570875 Page **12**

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,02	2,2	50.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,98			
3	Revenue less expenses. Subtract line 2 from line 1	3		49. 51.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
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			1.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,03	0,1	01.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				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	O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	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,				
	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 O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2017)	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 72-0570875

Pa	t I Organizations Maintaining Donor Advised		or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	3.		·
		(a) Donor advised funds	(b) Fur	nds 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 wri	iting that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's ex	_		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or c			
			ū	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic struc-	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, relea			n during the tax
	year ▶			
4	Number of states where property subject to conservation easer	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it he	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	tion easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organiza	tion's accounting for
_	conservation easements.			
Pa	t III Organizations Maintaining Collections of A		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib	,	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	blic service,	provide the following amounts
	relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
_				\$
2	If the organization received or held works of art, historical treasures in the control of the co	, , , , , , , , , , , , , , , , , , ,	ıı gaın, provid	ie
	the following amounts required to be reported under SFAS 116	-	_	Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

732051 10-09-17

Schedule D (Form 990) 2017

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

	()	TIONAL LON				ls s Oiss	/2-05			age 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	ion, and other record	ds, check	k any of the	following that are	a significa	nt use of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	C			hange programs					
b	Scholarly research	6	• [(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							t XIII.		
5	During the year, did the organization solicit of		•		•			٦		٦
D	to be sold to raise funds rather than to be m							Yes		No
Pai	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, Pa		l' 6							
1a	Is the organization an agent, trustee, custod							٦.,		٦
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
						<u> </u>		Amoun	<u>t</u>	
C	Beginning balance									
	Additions during the year									
e	Distributions during the year									
1	Ending balance						·	7.7	$\overline{}$	Τ
	Did the organization include an amount on F					•		Yes		∐ No
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
ı aı	Endownient Fanas. Complete	(a) Current year		rior year	(c) Two years back		an vaare hack	(e) Fou	r veare	hack
10	Paginning of year balance	(a) Current year	(0) P	nor year	(C) TWO years back	(a) 1111	ee years back	(e) 1 0 u	years	Dack
	Beginning of year balance									
b	Contributions									
C A	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					+				
	Administrative expenses									
g	End of year balance			a solumn (s)\					
2	Provide the estimated percentage of the cur	•	•	g, column (a	a)) rieid as.					
a	Board designated or quasi-endowment ▶ Permanent endowment ▶		_%							
b	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse	•	ration tha	nt are hold a	nd administered fo	r the ere	nization			
Sa	by:	ession of the organiz	.a.ıטı ша	it are rielu a	na administered ic	i tile orga	arnzation		Yes	No
								3a(i)	163	140
	(i) unrelated organizations(ii) related organizations							3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requi								
4	Describe in Part XIII the intended uses of the							30		
	t VI Land, Buildings, and Equipm		O VVIII ICIII I	iailas.						
	Complete if the organization answere		0. Part IV	/. line 11a S	See Form 990 Part	X. line 10).			
	Description of property	(a) Cost or o				Accumu		(d) Boo	k valu	
	besomption of property	basis (investi				depreciat		(4) 500	n value	,
19	Land	` `	,	240.0	(= = .5.)					
	Land Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1a (Column (d) must s		· V colun	on (D) line 1	(00.)					0.

BOARD OF	TRUSTEES, NE	W ORLEANS EMPL	
Schedule D (Form 990) 2017 INTERNAT:	IONAL LONGSHO	REMEN'S ACCOC	72-0570875 _{Page}
Part VII Investments - Other Securities	6.		
Complete if the organization answered "			
(a) Description of security or category (including name of sec	urity) (b) Book value	e (c) Method of value	uation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12			
Part VIII Investments - Program Relate			
Complete if the organization answered "			
(a) Description of investment	(b) Book value	e (c) Method of valu	uation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13	.) ▶		
Part IX Other Assets.			
Complete if the organization answered "		V, line 11d. See Form 990, Pa	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	(D) (in a 45)		
Total. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities.	B) IINE 15.)		
Complete if the organization answered "	Voo" on Form 000 Port I	V line 11e or 11f Coe Form (200 Port V line 25
(a) Description of lightity	Tes on Form 990, Fart i	(b) Book value	990, Part A, III le 25.
		(b) Book value	
(1) Federal income taxes (2) BENEFITS PAYABLE		728,962.	
(3) DUE TO OTHER FUNDS		99,899.	
(4)		33,033.	
(5)			
(6)			
\ `` /		1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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) 2017

(7) (8)

828,861.

Schedule D (Form 990) 2017

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

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

Employer identification number 72-0570875

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 REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AT A
BOARD OF TRUSTEES MEETING
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE FOR REVIEW.
FORM 990, PART VII, COMPENSATION OF OFFICER
THE ORGANIZATION IS ALLOCATED A PORTION OF THE ADMINISTRATIVE SALARY
BASED ON ACTUAL TIME SPENT PROVIDING ADMINISTRATION SERVICES. DURING
THE CURRENT YEAR THE ORGANIZATION WAS ALLOCATED \$61,528 OF THE
ADMINISTRATOR'S TOTAL SALARY OF \$125,568.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 1.

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

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

Employer identification number 72-0570875

(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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt 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	1	3) 512(b)(13) colled ity?
				501(c)(3))		Yes	No
NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S							
ASSOC AFL-CIO VACATION AND HOLIDAY , 721	VACATION AND HOLIDAY						
RICHARD ST. STE B, NEW ORLEANS, LA	BENEFIT	LOUISIANA	501(C)9	N/A	N/A		X
NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S							
ASSOC AFL-CIO PENSION FUND - 72-602, 721							
RICHARD ST. STE B, NEW ORLEANS, LA	PENSION PLAN	LOUISIANA	501(A)	N/A	N/A		Х
-							

18

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.

<u> </u>		<u> </u>	1			1					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
	1										
	1										
	1										
	1										
											+
	1										
	-										

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	(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	tion b)(13) rolled ity?
NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S		country)		0				Yes	No
ASSOC AFL-CIO ROYALTY ESCROW ACCOUN, 721 RICHARD ST. STE B, NEW ORLEANS, LA	DISTRIBUTES ROYALTY PAYMENTS	LA		TRUST					х
	-								

Schedule R (Form 990) 2017

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

Not	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		X
f	Dividends from related organization(s)	1f		X
g	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		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1 s	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 INT LONGSHOREMEN'S	_		
(1) ASSOC AFL-CIO VACATION AND HOLIDAY	0	15,181.	SEE SUPPLEMENTAL INFORMATION
NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S			
(2) ASSOC AFL-CIO PENSION FUND	0	242,902.	SEE SUPPLEMENTAL INFORMATION
NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S			
(3) ASSOC AFL-CIO ROYALTY ESCROW ACCOU	S	1,220,000.	SEE SUPPLEMENTAL INFORMATION
NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S			
(4) ASSOC AFL-CIO ROYALTY ESCROW ACCOU	0	9,300.	SEE SUPPLEMENTAL INFORMATION
NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S			
(5) ASSOC AFL-CIO ROYALTY ESCROW ACCOU	Q	984.	SHARED SERVICES AGREEMENT
(6)			
	2.0		

Schedule R (Form 990) 2017

72-0570875

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	Disprotion allocat	ppor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managii partner Yes N	or Percentage ownership

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:

NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S ASSOC AFL-CIO

VACATION AND HOLIDAY

EIN: 72-0501072

721 RICHARD ST. STE B

NEW ORLEANS, LA 70130-4505

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S ASSOC AFL-CIO

PENSION FUND

EIN: 72-6023317

721 RICHARD ST. STE B

NEW ORLEANS, LA 70130-4505

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S ASSOC AFL-CIO

ROYALTY ESCROW ACCOUN

EIN: 72-0717007

721 RICHARD ST. STE B

NEW ORLEANS, LA 70130-4505

PART V LINE 2(A)(1) & (2)

ANNUAL SALARIES PAID TO 10 FUND EMPLOYEES BY THE VACATION AND HOLIDAY

FUND AND PENSION FUND.

Schedule R (Form 990) 2017

732165 09-11-17

Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
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)
ANNUAL SALARIES PAID BY ROYALTY ACCOUNT TO FOUR FUND EMPLOYEES FOR
PERFORMING ROYALTY RELATED SERVICES.
PART V LINE 2(A)(5)
REIMBURSEMENT OF 6% OF MAIN OFFICE RENT EXPENSE BY THE ROAYLTY ESCROW
ACCOUNT TO THE WELFARE 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.

				Enter file	er's identifying nu	ımber				
Type or print	Name of exempt organization or other filer, see instru BOARD OF TRUSTEES, NEW ORLI INTERNATIONAL LONGSHOREMEN	Employer	Employer identification number ($72-0570875$							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 721 RICHARD STREET, SUITE I	ee instruc		Social se	curity number (SS					
instructions.	City, town or post office, state, and ZIP code. For a for NEW ORLEANS, LA 70130-4505									
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1				
Application	on	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	-BL	02	Form 1041-A			08				
Form 472	0 (individual)	03	Form 4720 (other than individual)			09				
Form 990	.PF	04	Form 5227			10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11					
Form 990	-T (trust other than above)	06	Form 8870	12						
Teleph If the o If this is	who has a re in the care of \blacktriangleright 721 RICHARD ST one No. \blacktriangleright 504-525-0309 Figure arganization does not have an office or place of business of or a Group Return, enter the organization's four digit of the state of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. ▶	f this is fo	r the whole group					
for t ▶[▶[I request an automatic 6-month extension of time untilAUGUST_15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year or or tax year beginning OCT_1, 2017, and ending SEP_30, 2018									
	 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. 3a \$ 									
	is application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year overp			3b	\$	0.				
c Bala	ance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System).	yment wit	h this form, if required,	3c	\$	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 pa										

instructions.

LHA 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