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	990 (2008) t III Staten		CHAPTERS OF THE		. 58-22	48900 Page 2			
1		e the organization's miss		(See Instructions)					
•	THE MISSION IS TO BE A SUCCESSFUL HOSPITALITY TRADE ASSOCIATION								
2			nificant program services duri	ing the year which were r	not listed on	Yes X No			
_	If "Yes", describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes", describe these changes on Schedule O.								
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.								
4a	(Code:) (Expenses \$		iding grants of \$) (Revenue \$)			
		MEETINGS OF			INTENDED TO EDI	JCATE			
	MEMBERS	AND PROMOTE	THE RESTAURANT	· INDUSTRY IN	LOUISIANA				
									
					··· <u>·</u> -				
4b	(Code.) (Expenses 9	inclu	iding grants of \$) (Revenue \$)			
									
									
			···		· · · · · · · · · · · · · · · · · · ·				
4c	(Code) (Expenses \$	\$ inclu	uding grants ot \$) (Revenue \$				
				 					
		<u>., </u>							
									
				 					
4d	Other program (Expenses \$	n services (Describe in S	•) (Revenue	, c .				
 4e		n service expenses ►\$	cluding grants of \$	(Must equal Part IX, Li					
	· viai pi vyi ai	JULY TOU EXPENSES F		1. Trade degater are 171, Li					

Form **990** (2008)

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LOCAL CHAPTERS OF THE LRA INC 2700 N ARNOULT ROAD METAIRIE LA 70002

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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

<u> 7/∂3//♡</u> Date

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2700 N ARNOULT ROAD METAIRIE LA 70002

LOCAL CHAPTERS OF THE LRA INC

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Signature of officer or trustee Date

Pres. + C EO

Title

Town 000 F7 (2008) LOCAL CHAPTERS OF THE L.F	R.A., INC.	(<u> 58-22489</u>	100 Page:
Form 550 Linear of Program Service Accomplishme	nts (See the instructions for	Part III.)	E	xpenses
What is the organization's primary exempt purpose HOSPITALITY IN	DUSTRY TRADE	ASSOCIATI	ON (Required	for 501(c)(3)
What is the organization's primary oxering the organization's exempt purposes. In Describe what was achieved in carrying out the organization's exempt purposes. In	a clear and concise manner, de	escribe the services	and (4) 01	ganizations and 1) trusts; optional
Describe what was achieved in carrying out the organization for each provided, the number of persons benefited, or other relevant information for each provided the number of persons benefited, or other relevant information for each provided the number of persons benefited, or other relevant information for each provided the number of persons benefited, or other relevant information for each provided the number of persons benefited, or other relevant information for each provided the number of persons benefited, or other relevant information for each provided the number of persons benefited, or other relevant information for each provided the number of persons benefited to	rogram title.		for others	
28 MONTHLY MEETINGS OF MEMBERS, TRADE	SHOWS, ETC.	INTENDED	TO	
EDUCATE MEMBERS AND PROMOTE THE RES				
LOUISIANA (Grants \$) If this amount includes foreign s	arante check here		28a	
Grante	grants, cricck fiere		Z0a	
29				
			-	
(Grants \$) If this amount includes foreign	grants, check here		29a	
30	 			
				
		 	_	
(Grants \$) If this amount includes foreign	grants, check here] 30a	
31 Other program services (attach schedule)				
(Grants \$) If this amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			32	
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	See the instructions	for Part IV)
	(b) Title and average hours	(c) Compensation	(d) Contributions	
(a) Name and address	per week devoted to	(If not paid, enter	to employee benefit plans &	(e) Expense account and
(-)	position	-0)	deferred	other allowances
		·	compensation	
JIN URGIALES, 2323 N ACADAIN THRUWAY	CHAIRMAN	"		
E, BATON ROUGE, LA 70810	0.00	0.	0.	0
LEONARD LOUVIERRE	ACADIANA CHAP	TER PRESI	DENT	
235 DOUCET ROAD, LAFAYETTE, LA 70506	0.00	0.	0.	0
BRUCE ATTINGER , 19444 E. LAKEWAY	BATON ROUGE C	HAPTER PR	ESIDENT	1
AVENUE, BATON ROUGE, LA 70810	0.00	0.	0.	0
FABIAN CASTILLO	BAYOU CHAPTER			
154 MONARCH DRIVE, HOUMA, LA 70364	0.00	0.	0.	0
ZURBEN BARRAS, 5741 JOHNSTON STREET,	CENLA CHAPTER			
LAFAYETTE, LA 70503	0.00	0.	0.	0
KATY CASBARIAN, 813 BIENVILLE	NEW ORLEANS C			
STREET, NEW ORLEANS, LA 70112	0.00	0.	0.	
	NORTHEAST CHA			0
TERRI KENT		_		
202 S. 6TH STREET, MONROE, LA 71201	0.00	0.	0.	0
BOBBY SHIELDS, 401 MARKET STREET,	NORTHWEST CHA	l		
SHREVEPORT, LA 71101	0.00	0.	0.	0
TRUDY TIETJE	SOUTHWEST CHA		l	
1320 ELTON ROAD, JENNINGS, LA 70546	0.00	0.	0.	0
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