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Form 990

NICELLANDE MAY 1 4 2010

## **Return of Organization Exempt From Income Tax**

201

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

The organization may have to use a copy

Open to Public

Interi	nai Rever	nue Service The organization may have to use a copy of this return to satisfy state	eporting req	uirements	Inspection
<u> </u>	For th	e 2009 calendar year, or tax year beginning JANUARY 1 , 2009, and endir		MBER 31	, 20 09
B	Check if a	applicable Please C Name of organization UNITED STEELWORKERS INTERNATION	AL UNION	D Employ	yer identification number
	Address	change label or Doing Business As USW LOCAL 13-447		72	0500916
□ r	Name cl	hange print or type Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telepho	one number
□ı	nitial ret	turn See 1601 FOURTH STREET		(504)	341-8875
	[erminat	Specific Instructed City or town, state or country, and ZIP + 4			
	Amende	d return WESTWEGO, LA 70094		G Gross re	ceipts \$
	Application	on pending F Name and address of principal officer ARTHUR J BOUDREAUX	H(a) Is this	s a group return	for affiliates? Yes Vo
		1601 FOURTH ST, WESTWEGO, LA 70070	1	• .	ncluded? Yes No
1	Tax-exe	empt status 📝 501(c) ( )◀ (insert no ) 🗌 4947(a)(1) or 🔲 527			list (see instructions)
J	Websi	ite: ► WWW.USW447,ORG	H(c) Group	exemption nui	mber ►
		organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ Labor Union L Year of format	on	M State of	f legal domicile LA
Pa	art I	Summary			
Governance		Briefly describe the organization's mission or most significant activities.  REPRESENT MEMBERS ON CONTRACT NEGOTIATIONS, DAY TO DAY ISS  COMMUNITY ISSUES EFFECTING MEMBERS	UES IN TH	E WORK	PLACE,
over	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 259	of its net ass	ets	
<u>ح</u>	ì	Number of voting members of the governing body (Part VI, line 1a)		3	873
es &	1	Number of independent voting members of the governing body (Part VI, line 1	) .	4	873
Activities &	4	Total number of employees (Part V, line 2a)		5	39
Act		Total number of volunteers (estimate if necessary)		6	840
	7a -	Total gross unrelated business revenue kolu Part VIII column (C), line 12.		. 7a	0
	b	Total gross unrelated business even by the Part VIII column (C), line 12  Net unrelated business taxable to one from Form 900 T, line 34		7b	0
		2010 191	Prior Y	ear	Current Year
a	8	Contributions and grant grant with yill ying 18		550708	647996
Ž	9	Program service revenue Hart VIII, line 20		0	0
Revenue	10	Investment income (Part VIII) column (A) INES & 4, and 3d)		438	353
Œ	11	Other revenue (Part VIII, column (M) Imes 5, 60, 8c, 9c, 10c, and 11e)		20549	27215
	12	Total revenue – add lines 8 hrough 11 (must equal Part VIII, column (A), line 12)		571695	675564
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		7310	8134
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	86007		141649
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
ŭ	b b	Total fundraising expenses (Part IX, column (D), line 25) ▶			<u></u>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		510708	574245
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		605025	724028
- 10	19	Revenue less expenses. Subtract line 18 from line 12		-33330	-48464
s or			Beginning of C		End of Year
sset 3ala	20	Total assets (Part X, line 16)		825157	818306
Net Assets Fund Baland	21	Total liabilities (Part X, line 26)		0	0
		Net assets or fund balances. Subtract line 21 from line 20		825157	818306
Ρě	art II	Signature Block			
Sig He		Under penalties of perjury, I declare that I have examined this return, including accompanying sched and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on Signature of officer  Type or pnnt name and title	all information	of which pri	eparer has any knowledge
		Date Ci	leck if	Preparer's #	dentifying number
D-		riepaters :	lf- nployed ▶ 🔲	(see instruct	
Paid					
	parer's	Firm's name (or yours	EIN	<b>)</b> :	
use	Only	ıf self-employed), address, and ZIP + 4	Phone n		)
Ma	v the	IRS discuss this return with the preparer shown above? (see instructions)			. Yes No

Par	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: REPRESENT MEMBERS ON CONTRACT NEGOTIATIONS, DAY TO DAY ISSUES IN THE WORK PLACE COMMUNITY ISSUES EFFECTING MEMBERS	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes ☑ No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		<b>.</b>
4h	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	```
7.5	(Jodds	
4-	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	/
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	

Par	t 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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3_		<b>✓</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		✓
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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			
•	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 Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			_
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .	16		✓_
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		<b>✓</b>
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		✓
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		✓,
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	لبيا	

Par	Checklist of Required Schedules (continued)	т		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25	24a		1
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u>.</u>	<b>✓</b>
25a	Section 501(c)(3) and 501(c)(4) 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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	!	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		1
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,			
38	Part VI	37		1
_		, ~		<del>- •</del>

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 39 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	, , , , , , , , , , , , , , , , , , , ,	5b		<b>✓</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
6a	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?	6a		<b>√</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			}
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<b>√</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>✓</b>
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>✓</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	<b>✓</b>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	✓	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	-	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_	<b>V</b>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12   10a   0	,		
a	and the suprairies included on year and ye			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter.			
11 a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		<b>✓</b>

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
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		<b>√</b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>-</b>
6	Does the organization have members or stockholders?	6	✓	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		,	
	of the governing body?	7a	<b>√</b>	<u> </u>
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Ì
_	the year by the following:	8a	./	
	The governing body?	8b	<u>*</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	0.5		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			<u> </u>
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<b>\</b>	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			Ì
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	<b>✓</b>	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	<b>✓</b>	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	✓	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<b>✓</b>	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	<b>√</b>	
14	Does the organization have a written document retention and destruction policy?	14	<b>√</b>	
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	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	466		
Soc	tion C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ► LOUISIANA  Section 6104 requires an argentization to make the Forms 1033 for 1034 if applicable), 900, and 900 T (5016).			
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(diavailable for public inspection. Indicate how you make these available. Check all that apply	)(3)S	oniy)	
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	arost	
13	policy, and financial statements available to the public.	OI 1116	51 <b>6</b> 51	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde o	f the	
	organization ► ARTHUR J BOUDREAUX, 1601 FOURTH STREET, WESTWEGO, LA 70094 (504) 341-887	5		

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

### 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. Use Schedule J-2 if additional space is needed

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons

☐ Check this box if the organization did not co	mpensate	any c	urr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply) Reportable		Reportable	Reportable	Estimated				
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE ATTACHED SHEETS										
								_		
									;	
			_							

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (co	ntınued)		
	(A)	(B)			•	C)			(D)	(E)	(F		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou oth compen from organii and re	Estimated amount of other compensation from the organization and related organizations	
											- <del> </del>	_	
				·						-			
										·· <del>-</del>			
				_									
1b	Total	•		·	<u>.                                    </u>			<b>&gt;</b>					
<b>2</b>	Total number of individuals (including but reportable compensation from the organization from the organization)	not limited ation ► 0	to the	ose	liste	ed a	above	) wh	no received mo	ore than \$100,00			
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							oye	e, or highest c	ompensated	3 Ye	s No	
4	For any individual listed on line 1a, is the s the organization and related organizations individual										4	/	
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp plete S	ens Sch	satio edu	on f	from a	any uch	unrelated org	anızation for	5	1	
Se	ction B. Independent Contractors								<del></del>				
1	Complete this table for your five highest compensation from the organization	ompensate	d inde	epe	nde	nt c	contra	icto	rs that received	d more than \$10	00,000 of	: 	
	(A) Name and business add	Iress							(B) Description of si	ervices	(C) Compensat	ion .	
		<del>.</del>							<del></del>				
								-					
					_				<del>-</del>				
	Table				•.			<u> </u>					
2	Total number of independent contractors (ii more than \$100,000 in compensation from	ncluding bu the organ	ut not lizatio	lımi n ►	ited	to 1	those	liste	ed above) who	received			

Pari	VIII	Statement of Revenue					1
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants ilar amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations	1a         0           1b         647996           1c         0           1d         0				
Contributions, giff and other similar	f g	Government grants (contributions).  All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-Total. Add lines 1a-1f	1f 0 1f. \$ 0	647996			
			Business Code			······································	
ven	2a			0	0	0	0
ē. Ā	b			0	0	0	0
Ž	C			0	0	0	0
Š	d			0	0	0	0
Program Service Revenue	f	All other program service revenue		0	0	0	0
	3	Investment income (including diviother similar amounts)	dends, interest, and	353 0	0	0	0
	4   5	Income from investment of tax-exemple Royalties	of bond proceeds	0	0	0	0
	6a b c	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(ii) Personal 0 0 0 0 0 0 0 0				
	7a	Gross amount from sales of assets other than inventory Less. cost or other basis		0	0	0	0
		and sales expenses .  Gain or (loss)	0 0	0	0	0	0
Other Revenue	b	Gross income from fundraisi events (not including \$	c). a b				
0		Net income or (loss) from fundrals Gross income from gaming activities	es.	0	0	0	0
		See Part IV, line 19 Less: direct expenses. Net income or (loss) from gaming		0	0	0	0
	10a b	Gross sales of inventory, le returns and allowances . Less. cost of goods sold .	ss a 545		· ·		
		Net income or (loss) from sales of i		545	0	0	0
	11a	Miscellaneous Revenue	Business Code 0	0	0	0	0
	b			0	0	0	0
	С			0	0	0	0
	i .	All other revenue	26670	26670	0	0	0
	12	Total. Add lines 11a–11d Total revenue. See instructions		26670 675564	0	0	0
				373304			<u> </u>

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) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. Total expenses Program service Management and Fundráising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) a Management **b** Legal . . . c Accounting . **d** Lobbying . e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other . . . Advertising and promotion . . . Office expenses . Information technology . Royalties Occupancy Travel Payments of travel or entertainment expenses O for any federal, state, or local public officials Conferences, conventions, and meetings . Ω Interest Payments to affiliates . . . . Depreciation, depletion, and amortization. Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) **DONATIONS LEGAL FEES** C d All other expenses ....... Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and

fundraising solicitation

Part X **Balance Sheet** (B) End of year Beginning of year Cash-non-interest-bearing . . . . Savings and temporary cash investments . . . Pledges and grants receivable, net . Accounts receivable, net . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete n Notes and loans receivable, net Inventories for sale or use . . Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10b 10c **b** Less accumulated depreciation . . . 318006 11 investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Intangible assets Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses . . . . Grants pavable Deferred revenue . . . . Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . O Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties Other liabilities Complete Part X of Schedule D . . . . Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 
☐ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . Temporarily restricted net assets. Permanently restricted net assets Organizations that do not follow SFAS 117, check here > 🗹 ò and complete lines 30 through 34. Assets 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 

Page	12

Pai	t XI Financial Statements and Reporting	-		
			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			i
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		<b>√</b>
b	Were the organization's financial statements audited by an independent accountant?	2b		<b>✓</b>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			į
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			i
	Schedule O.			İ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			i
	issued on a consolidated basis, separate basis, or both			i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
_	the Single Audit Act and OMB Circular A-133?	3a		<b>✓</b>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		Ĺ

Form **990** (2009)

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FILE NUMBER

	(A) Name	(B) Title		(C) Other Payer	Gross Disburserr any de	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed		(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)		(H) TOTAL
_ <del>V</del>	First Name LINDA	Middle Initial		Last Name VERDIN				ļ			1	
В	OFFICE MANAGER	IAGER				\$33,109		<del>2</del> 0	0\$		<del>0</del>	\$33,109
ပ	0											
	Schedule 15 Representational Activities		% 0	Schedule 16 Political Activities and Lobbying	puing	% 0	Schedule 17 Contributions	% 0	Schedule 18 General Overhead	% 0	Schedule 19 Administration	100%
2 A	First Name	Middle Initial	nıtıal	Last Name								
8								-				<del>2</del> 0-
ပ												
_	Schedule 15 Representational Activities	e 15 al Activities	%	Schedule 16 Political Activities and Lobby	pping	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
3 A	First Name	Middle Initial	nitial	Last Name								
В												œ œ
ပ												
_	Schedule 15 Representational Activities	e 15 al Activities	%	Schedule 16 Political Activities and Lobbying	pying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
4 A	First Name	Middle Initial	nitial	Last Name								
В												\$0
ပ												
	Schedule 15 Representational Activities	le 15 al Activities	%	Schedule 16 Political Activities and Lobbyings	byings	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
5 A	First Name	Middle Initial	ntial	Last Name								
В												\$0
၁												
	Schedule 15 Representational Activities	le 15 al Activities	%	Schedule 16 Political Activities and Lobby	phing	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
9	OTAL RECEIVED BY	ALL OTHER EMPLOY	(EES MA	TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS				$\vdash$				\$0
	Schedule 15 Representational Activities	e 15 al Activities	%	Schedule 16 Political Activities and Lobbying	puida	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
7. T	OTALS FROM	TOTALS FROM CONTINUATION PAGES (If any)	N PA(	GES (if any)		\$0		0\$	0\$		0\$	\$0
1 8	TOTAL OF LINES 1-7	S 1-7				\$33,109	6	\$0	\$0		\$0	\$33,109
9. L	9. LESS DEDUCTIONS	SNO										\$6,079
9.	10. NET DISBURSEMENTS	EMENTS										\$27,030

# SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

039-519

FILE NUMBER

	2	20 0 0		% 0		\$0		%		\$0	•	%		\$0	_	%		\$0		%		\$159	•		
(H) TOTAL				Schedule 19 Administration				Schedule 19 Administration				Schedule 19 Administration				Schedule 19 Administration				Schedule 19 Administration					
(G) Other Disbursements not reported in (D) through (F)	•	O.₩		os 8c				Sc. Sc.				% Sc				Sc. Sc.				Sc. %		\$0			
		) A		18 rhead				18 rhead				18 rhead		-		18 rhead				18 rhead		\$0			
(F) Disbursements for Official Business				Schedule 18 General Overhead				Schedule 18 General Overhead				Schedute 18 General Overhead				Schedule 18 General Overhead				Schedule 18 General Overhead					
	Ç	 ⊋		% 0	-			%				%				%				%		\$0			
(E) Allowances Disbursed				Schedule 17 Contributions				Schedule 17 Contributions				Schedule 17 Contributions				Schedule 17 Contributions				Schedule 17 Contributions					
(D) Gross Salary Disbursements (before any deductions)		\$15 <u>9</u>		% 0				%			-	%				%				%		\$159			
G Disbur any	1	$\overline{}$		S I Lobbying			<b>I</b>	Lobbying		I	Γ	S I Lobbying			Γ	3 I Lobbying		1		S I Lobbying					
(C) Status	Last Name GAUTHIER			Schedule 16 Political Activities and Lobbying	Last Name			Schedule 16 Political Activities and Lobbying	Last Name			Schedule 16 Political Activities and Lobbying	Last Name			Schedule 16 Political Activities and Lobbying	Last Name			Schedule 16 Political Activities and Lobbying					
	e Initial			100%	Middle Initial L			%	Middle Initial			%	Middle Initial 1			%	Middle Initial			%					
(B) Title	Mıdd	GROUP VICE-CHAIRMAN		ule 15 nat Activities	Middl			ule 15 nal Activities	Midd			ule 15 nal Activities	Middl			ule 15 nat Activities	Midd			ule 15 nal Activities		ES 1-6			
(A) Name	First Name RONALD	GROUP VIC	ပ	Schedule 15 Representational Activities	First Name			Schedule 15 Representational Activities	First Name			Schedule 15 Representational Activities	First Name			Schedule 15 Representational Activities	First Name			Schedule 15 Representational Activities		TOTAL OF LINES 1-6			
	1 A	В	O	_	2 8	В	ပ		Э Ж	В	ပ	_	4 A	В	ပ	_	Α	В	ပ	_	o O	7 TC		,	

FILE NUMBER		
	UMBEI	

(H) TOTAL		\$1,484		% 0		\$561		% 0		\$479		0 %		\$2,692		0 %		\$2,857		18 %		\$8,073		
,				Schedule 19 Administration				Schedule 19 Administration				Schedule 19 Administration				Schedule 19 Administration				Schedule 19 Administration				
(G) Other Disbursements not reported in (D) through (F)	,	<b>\$</b> 0		S %		\$0		% Ad		\$0		S Ad		\$0		S 84		\$0		% Ad		\$0		
Other Dist not rep (D) thro				0				0				0				0				0				
(F) Disbursements for Official Business		<b>0</b> \$		Schedule 18 General Overhead		\$0		Schedule 18 General Overhead		\$0		Schedule 18 General Overhead		\$222		Schedule 18 General Overhead		\$713		Schedule 18 General Overhead		\$935		
-		 0\$		% 0		\$0		% 0		\$0		% 0		\$0		% 0		\$0		% 0	\$	\$0	et en	
(E) Allowances Disbursed				Schedule 17 Contributions				Schedule 17 Contributions				Schedule 17 Contributions				Schedule 17 Contributions				Schedule 17 Contributions		enementele en		
(D) Gross Salary Disbursements (before any deductions)		\$1,484		% 0		\$561		% 0		\$479		% 0		\$2,470		% 0		\$2,144		2 %		\$7,138		
G Disbur any				Lobbying			Ι	Lobbying			Γ	Lobbying				Lobbying			i	Lobbying				
(C) Status	Last Name OTT			Schedule 16 Political Activities and Lobbying	Last Name NOBLES			Schedule 16 Political Activities and Lobbying	Last Name ROUSSEL			Schedule 16 Political Activities and Lobbying	Last Name PRESLEY			Schedule 16 Political Activities and Lobbying	Last Name MATTHEWS			Schedule 16 Political Activities and Lobbying				
0	Middle Initial	N		100%	Middle Initial	Z		100 %	Middle Initial	Z		100 %	Middle Initial	N		100 %	Middle Initial	NSE		% 08				
(B) Title	Ā	-CHAIRM		le 15 al Activities	Mir	-CHAIRMA		e 15 al Activities	W	-CHAIRMA		le 15 al Activities	Ā	-CHAIRMA		e 15 al Activities	Σ	ID RESPO		le 15 al Activities		S 1-6		
(A) Name	1 A DENNIS	B GROUP VICE-CHAIRMAN	<b>ပ</b>	Schedule 15 Representational Activities	2A   First Name	B GROUP VICE-CHAIRMAN	ပ ပ	Schedule 15 Representational Activities	3A First Name	B GROUP VICE-CHAIRMAN	о О	Schedule 15 Representational Activities	4A First Name	B GROUP VICE-CHAIRMAN	၁ ၁	Schedule 15 Representational Activities	5A First Name	B SAFETY/RAPID RESPONSE	<u>ပ</u>	Schedule 15 Representational Activities	6.	7. TOTAL OF LINES 1-6		

# SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

							-			
			(C) Status	(D) Gross Salary Disbursements (before	(E) Allowances Disbursed	(F) Disbursements for Official Business		(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL	
T A	First Name GUS	Middle Initial S	Last Name SECTION							
Ф	GROUP CHAIRMAN			\$1,720		0\$	\$124	0\$		\$1,844
ပ	၁									
	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities and Lobbying	% 0 Builda	Schedule 17 Contributions	0 % Schedule 18 General Overhe	Schedule 18 General Overhead	% O	Schedule 19 Administration	% 0
2 A	First Name SKOTT	Middle Initial I	Last Name HINES							
В	GROUP VICE-CHAIRMAN	MAN		0\$		\$0	\$0	\$0		\$0
ပ	O									,
	Schedule 15 Representational Activities	les 100 %	Schedule 16 Political Activities and Lobbying	% 0 Bulydd	Schedule 17 Contributions	0 % General C	Schedule 18 General Overhead	% O	Schedule 19 Administration	% 0
3 A	First Name KEVIN	Middle Initial	Last Name WEAR							
В	GROUP VICE-CHAIRMAN	MAN		\$0		\$0	0\$	\$0		\$0
ပ	Ь									
	Schedule 15 Representational Activities	100 %	Schedule 16 Political Activities and Lobbying	% 0 %	Schedule 17 Contributions	0 % General C	Schedule 18 General Overhead	8 % 0	Schedule 19 Administration	% 0
4	First Name GREGORY	Middle Initial	Last Name NORTON							
В	GROUP VICE-CHAIRMAN	MAN		\$138		\$0	\$0	\$0		\$138
ပ	0									
	Schedule 15 Representational Activities	les 100 %	Schedule 16 Political Activities and Lobbying	% 0 %	Schedule 17 Contributions	0 % General (	Schedule 18 General Overhead	8 % O	Schedule 19 Administration	% 0
5 A	First Name	Middle Initial K	Last Name CREECY							
В	GROUP VICE-CHAIRMAN	MAN		\$0	0\$			\$0		\$0
ပ	Ь					·				
<u> </u>	Schedule 15 Representational Activities	les 100 %	Schedule 16 Political Activities and Lobbying	% 0 %ping	Schedule 17 Contributions	0 % Sched	Schedule 18 General Overhead	8 % 0	Schedule 19 Administration	% 0
9						( ) X X X X				
_	TOTAL OF LINES 1-6			\$1,858		80	\$124	<b>.</b>	80	\$1,982
						's ' s				
<u> </u>						Account to the control of the contro				
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(B) (C) Title Status Dist	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL	
	\$1,708	0\$	0\$	<b>0</b> \$	Ψ	\$1,708
Schedule 16 Political Activities and Lobbying	% 0	Schedule 17 0	% Schedule 18 General Overhead	% 0	Schedule 19 Administration	% 0
	\$2,251	0\$	\$1,137	0\$	<del>(φ</del>	\$3,388
Schedule 16 Political Activities and Lobbying	% 0	Schedule 17 0	% Schedule 18 General Overhead	% 0	Schedule 19 Administration	%
	\$463	0\$	0\$	0\$		\$463
Schedule 16 Political Activities and Lobbying	% 0	Schedule 17 O	% Schedule 18 General Overhead	% 0	Schedule 19 Administration	% 0
	\$3,792	0\$	\$305	0\$	₩	\$4,097
Schedule 16 Political Activities and Lobbying	% 0	Schedule 17 0 Contributions 0	% Schedule 18 General Overhead	% 0	Schedule 19 Administration	% 0
	\$222	0\$	\$121	0\$		\$343
Schedule 16 Political Activities and Lobbying	% 0	Schedule 17 0	% Schedule 18 General Overhead	% 0	Schedule 19 Administration	% 0
	\$8,436	0\$	\$1,563	0\$		89,999

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FULSTEE   Mindle Intal Last Name   ECMEL   September 15   Schedule 15	(A) (B Name Ti	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	-	(G) Other Disbursements not reported in (D) through (F)	s (H) TOTAL	AL.
Middle Initial Last Name	-	Middle Initial	Last Name BECNEL							
Middle Infiel   Last Name   Schedule 16   Schedule 17   O %   Schedule 19   O %	$\dashv$			\$864	€		\$222		 &	\$1,086
Middle Infinial Last Name   Collection of the Pathology   Collec										
Widdle Infial Last Name   WHITE   Schedule 16   Schedule 17   Schedule 17   Schedule 19   Schedule	Schedule 15 Representational Activitie	0		% 0	Schedule 17 Contributions	%	e 18 rerhead		Schedule 19 Administration	100%
100 %   Political Activities and Lobbying   100 %   Schedule 16   Schedule 17   Schedule 18   Schedule 19   Schedule 10   Sche		Middle Initial	Last Name WHITE							
Middle Initial Last Name   Schedule 16   Schedule 19   S				\$0	₩		\$0		00	\$0
Middle Initial Last Name   COLEMAN   S7,819   Schedule 17   Contributions   COLEMAN   S7,819   Schedule 17   Contributions   COLEMAN   S7,819   Schedule 17   Contributions   Coleman   Contributions   Coleman   Contributions   Contributi										
Middle Initial Last Name   Schedule 16   Schedule 17   Schedule 18   Schedule 18   Schedule 18   Schedule 18   Schedule 19   S	Schedule 15 Representational Activitie	0		% 0	Schedule 17 Contributions	%	e 18 erhead		Schedule 19 Administration	100 %
100 %   Political Activities and Lobbying   0 %   Schedule 17   0 %   Schedule 18   100 %   Schedule 19   100 %   Schedule 18   100 %   Schedule 18   100 %   Schedule 18   100 %   Schedule 18   100 %   Schedule 19   100 %   100 %   Schedule 19   100 %   Schedule 19   100 %   Schedule 19   100 %   Schedule 19   100 %	<	Middle Initial	Last Name COLEMAN							
100 %   Political Activities and Lobbying   0 %   Schedule 17   0 %   General Overhead   0 %   Schedule 19				\$7,819	₩		662	0,		\$8,481
100 %   Political Activities and Lobbying   0 %   Schedule 18										
Middle Initial ROBERTSON         \$2,983         \$0         \$468         \$0         \$100 %         \$2,983         \$2,084 <th< td=""><td>Schedule 15 Representational Activitie</td><td>100</td><td></td><td>% 0</td><td>Schedule 17 Contributions</td><td>%</td><td>e 18 erhead</td><td></td><td>Schedule 19 Administration</td><td>% 0</td></th<>	Schedule 15 Representational Activitie	100		% 0	Schedule 17 Contributions	%	e 18 erhead		Schedule 19 Administration	% 0
100 %   Political Activities and Lobbying   0 %   Schedule 17   0 %   Schedule 18   0 %   Administration	4	Middle Initial	Last Name ROBERTSON							
100 %   Political Activities and Lobbying   0 %   Schedule 17   0 %   General Overhead   0 %   Administration	$\vdash$			\$2,983	₩		468		 	\$3,451
100 %   Political Activities and Lobbying   0 %   Schedule 17   0 %   Schedule 18   0 %   Administration	-								_	
Middle Initial         Last Name         \$44         \$0<	Schedule 15   Representational Activitie	100		% 0	Schedule 17 Contributions	%	e 18 erhead		Schedule 19 Administration	0 %
Schedule 16   Schedule 17   O %   Schedule 19   Schedule	$\forall$	Middle Initial	Last Name CAMBRE							
Schedule 16   Schedule 17   O %   Schedule 18   O %   Schedule 19   Administration				\$44	<b>ઝ</b>		\$0	0,		\$44
100 %   Political Activities and Lobbying   0 %   Schedule 19   Administration	Д									
\$11,710 \$0 \$1,352 \$0	Schedule 15 Representational Activitie	100		% 0	Schedule 17 Contributions	%	e 18 erhead		Schedule 19 Administration	% 0
\$11,710 \$0 \$1,352 \$0	6.									
*	7. TOTAL OF LINES 1-6			\$11,710			,352		\$0	\$13,062
					*					
							And the state of t			
	•									

(A) Name	(B)		(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	for Of	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)		(H) TOTAL
First Name BRENT		Middle Initial	Last Name PETIT							1
	LOCAL PRES. \ GROUP CHAIR	CHAIR		\$26,772	<b>Q</b>		\$3,987		<del></del>	\$30,759
	Schedule 15 Representational Activities	48 %	Schedule 16 Political Activities and Lobbying	bbying 2 %	Schedule 17 Contributions	% 0	Schedule 18 General Overhead	% 0	Schedule 19 Administration	20 %
16 =	First Name Mid	Middle Initial J	Last Name BOUDREAUX							
	SECRETARY-TREASURER	ER		\$24,715	O\$		\$2,297		<del></del>	\$27,012
19						_			—	
الەر دە	Schedule 15 Representational Activities	29 %	Schedule 16 Political Activities and Lobbying	bbying 1 %	Schedule 17 Contributions	% 0	Schedule 18 General Overhead	% 0	Schedule 19 Administration	70 %
I⊑ .	First Name Mid JOHN	Middle Initial	Last Name GROSS III							
اتهرا	RECORD. SEC \ GROUP CHAIR	CHAIR		\$14,642	0\$		\$363		<b>2</b> 0	\$15,005
1										
ומי יטו	Schedule 15 Representational Activities	% 02	Schedule 16 Political Activities and Lobby	% 0 pping	Schedule 17 Contributions	% 0	Schedule 18 General Overhead	% 0	Schedule 19 Administration	30 %
ᇉᆕ	First Name Mid STEPHEN	Middle Initial	Last Name BOUDREAUX			_				
	LOCAL TRUSTEE			0\$	0\$	_	<del>\$</del> 0		 0\$	\$0
ונט נטו	Schedule 15 Representational Activities	% 0	Schedule 16 Political Activities and Lobbying	% O guida	Schedule 17 Contributions	% 0	Schedule 18 General Overhead	% 0	Schedule 19 Administration	100 %
IE	First Name Mid JAY	Middle Initial	Last Name CASSO							
	LOCAL TRUSTEE			\$409			\$199			\$608
1										
ᄣᅄ	Schedule 15 Representational Activities	% 0	Schedule 16 Political Activities and Lobbying	% 0 %	Schedule 17 Contributions	% 0	Schedule 18 General Overhead	% 0	Schedule 19 Administration	100 %
14	6. TOTALS FROM CONTINUATION PAGES (if any)	TION P	AGES (if any)	\$29,301	\$	0\$	\$3,974		0\$	\$33,275
1 4	TOTAL OF LINES 1-6			\$95,839		\$0	\$10,820		\$0	\$106,659
ايرا	8. LESS DEDUCTIONS									\$20,054
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	Description	To Whom Paid	Amount
-	LINDA VERDIN - HEALTH INSURANC	BLUE CROSS BLUE SHIELD	\$5,028
7	A. CHASE HALEY	BLUE CROSS BLUE SHIELD	\$106
е	2009 ERNEST J ROUSSELLE SCHOLARSHIP	HILLARY LANDRY	\$1,000
4	2009 ERNEST J ROUSSELLE SCHOLARSHIP	COURTNEY CHRISTEN	\$1,000
5.	2009 ERNEST J ROUSSELLE SCHOLARSHIP	BREANNA LEBLANC	\$1,000
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22	22 Total of Continuation pages (if any)		\$0
23	23 Total of Lines 1 through 22 (The Total from Line 23 will be automatically entered in Item 55)		\$8,134