

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN  
 TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER  544-423	2. PERIOD COVERED MO DAY YEAR From 01/01/2011 Through 12/31/2011	3 (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME LABORERS		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) DISTRICT COUNCIL		6. DESIGNATION NUMBER	
7. UNIT NAME (if any) NATIONAL GUARD		First Name BIENVENIDO	
		Last Name BANCHS	
		P.O. Box - Building and Room Number P O BOX 1794	
		Number and Street	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		City ABITA SPRINGS	
		State LA	ZIP Code + 4 70420

69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

70. SIGNED: <u>ORIGINAL LOCATED @ DOL.GOV</u> _____ PRESIDENT	71. SIGNED: <u>ORIGINAL LOCATED @ DOL.GOV</u> _____ TREASURER
_____ Date	_____ Date
_____ Telephone Number	_____ Telephone Number
(If other title, see instructions.)	(If other title, see instructions.)

COMPLETE ITEMS 10 THROUGH 21

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes  No

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund? Yes  No

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? Yes  No

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes  No

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes  No

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes  No

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes  No

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes  No

18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? Yes  No

19. What is the date of the labor organization's next regular election of officers?

20. How many members did the labor organization have at the end of the reporting period?(Total from Line 8 of Schedule 13)

21. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees					
Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	15.00	per	Month	NA	NA
(b) Working Dues/Fees	NA	per	NA	NA	NA
(c) Initiation Fees	NA	per	NA	NA	NA
(d) Transfer Fees	NA	per	NA	NA	NA
(e) Work Permits	NA	per	NA	NA	NA

If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

**STATEMENT A - ASSETS AND LIABILITIES**

FILE NUMBER: 544-423

Complete Schedules 1 Through 20 Before Completing Statement A

Assets	ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
	22. Cash		\$37,007	\$111,154
	23. Accounts Receivable	1		
	24. Loans Receivable	2		
	25. U.S. Treasury Securities			\$0
	26. Investments	5		
	27. Fixed Assets	6		
	28. Other Assets	7		
29. TOTAL ASSETS			\$37,007	\$111,154
Liabilities	LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
	30. Accounts Payable	8		
	31. Loans Payable	9		
	32. Mortgages Payable			\$0
	33. Other Liabilities	10		
	34. TOTAL LIABILITIES			\$0
35. NET ASSETS (Item 29 Less Item 34)			\$37,007	\$111,154

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 544-423

Complete Schedules 1 Through 20 Before Completing Statement B

Item	CASH RECEIPTS	SCH #	AMOUNT
36.	Dues and Agency Fees		\$340,432
37.	Per Capita Tax		\$0
38.	Fees, Fines, Assessments, Work Permits		\$0
39.	Sale of Supplies		\$0
40.	Interest		\$0
41.	Dividends		\$0
42.	Rents		\$0
43.	Sale of Investments and Fixed Assets	3	
44.	Loans Obtained	9	
45.	Repayments of Loans Made	2	
46.	On Behalf of Affiliates for Transmittal to Them		\$0
47.	From Members for Disbursement on Their Behalf		\$0
48.	Other Receipts	14	\$57,206
49.	TOTAL RECEIPTS		\$397,638

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50.	Representational Activities	15	\$0
51.	Political Activities and Lobbying	16	\$0
52.	Contributions, Gifts, and Grants	17	\$0
53.	General Overhead	18	\$43,926
54.	Union Administration	19	\$111,003
55.	Benefits	20	\$67,295
56.	Per Capita Tax		\$84,485
57.	Strike Benefits		\$0
58.	Fees, Fines, Assessments, etc.		\$0
59.	Supplies for Resale		\$0
60.	Purchase of Investments and Fixed Assets	4	
61.	Loans Made	2	
62.	Repayment of Loans Obtained	9	
63.	To Affiliates of Funds Collected on Their Behalf		\$0
64.	On Behalf of Individual Members		\$0
65.	Direct Taxes		\$16,782
66.	Subtotal		\$323,491
67.	Withholding Taxes and Payroll Deductions		
67a.	Total Withheld	\$16,782	
67b.	Less Total Disbursed	\$16,782	
67c.	Total Withheld But Not Disbursed		\$0
68.	TOTAL DISBURSEMENTS (Line 66-Line 67c)		\$323,491

SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER: 544-423

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts receivable	\$0	\$0	\$0	\$0
14. Totals of Lines 12 and 13	\$0	\$0	\$0	\$0

(Total from Line 14, Total of Column(B) will be automatically entered in Item 23, Column (B).)

SCHEDULE 2 - LOANS RECEIVABLE

FILE NUMBER: 544-423

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Purpose: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Purpose: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Purpose: _____ Terms of Repayment: _____					
4.Total of loans not listed above	\$0	\$0	\$0	\$0	\$0
5.Total of all lines 1 through 4	\$0	\$0	\$0	\$0	\$0
Totals from Line 5 will be automatically entered in	Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)
Form LM-2 (Revised 2010)					

SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER:

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
			Less Reinvestments	
			Net Sales	<b>\$0</b>

(The total from Line  
will be automatically  
entered in Item 43.)

SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER:

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
		Less Reinvestments	
		Net Purchases	<b>\$0</b>

(The Total from Line  
will be automatically  
entered in Item 60.)



Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	\$0
2. Book Value	\$0
3. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2.	
<b>Other Investments</b>	
4. Total Cost	\$0
5. Book Value	\$0
6. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2.	
7. Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B).)	\$0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
<p>. Totals of Lines 1 through (The Total from Line , Column(D) will be automatically entered in Item 27, Column(B).)</p>				

SCHEDULE 7 - OTHER ASSETS

FILE NUMBER:

Description (A)	Book Value (B)
1.	
. Total of Lines 1 through (The Total from Line will be automatically entered in Item 28, Column(B).)	

SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER: 544-423

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12. Totals of Lines 1 through 11				
13. Totals from all other accounts payable	\$0	\$0	\$0	\$0
14. Totals of Lines 12 and 13 <small>(Line 14, Column(B) will be automatically entered in Item 30, Column (D).)</small>	\$0	\$0	\$0	\$0

SCHEDULE 9 - LOANS PAYABLE

FILE NUMBER:

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
<b>. Total of Lines 1 through</b>					
The Totals from Line will be automatically entered in	Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

SCHEDULE 10 - OTHER LIABILITIES

FILE NUMBER:

Description (A)	Amount at End of Period (B)
1.	
. Total of Lines 1 through (The Total from Line will be automatically entered in Item 33, Column (D).)	

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 544-423

(A) Name			(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)	(H) TOTAL		
1	A	First Name JADE	Middle Initial	Last Name COWLEY											
		PRESIDENT													
		C													
I	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%	
2	A	First Name JAMES	Middle Initial K	Last Name SWEAT											
		VICE PRESIDENT													
		N													
I	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%	
3	A	First Name CHARLES	Middle Initial	Last Name RICE											
		VICE PRESIDENT													
		P													
I	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%	
4	A	First Name BIENVENIDO	Middle Initial	Last Name BANCHS				\$70,026		\$0	\$40,977		\$0	\$111,003	
		BUS MGR SEC TRES													
		C													
I	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%	
5	A	First Name PHILLIP	Middle Initial	Last Name HARRISON											
		SERGEANT AT ARMS													
		N													
I	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%	
6	A	First Name TOMMY	Middle Initial	Last Name BROWDER											
		SERGEANT AT ARMS													
		P													
I	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%	

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 544-423

	(A) Name	(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)		(H) TOTAL	
7	A	First Name DAVID	Middle Initial Last Name INGLES										
		AUDITOR			\$0		\$0		\$0		\$0		\$0
		N											
	I	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%
8	A	First Name SKIP	Middle Initial Last Name RAGELS										
		AUDITOR			\$0		\$0		\$0		\$0		\$0
		C											
	I	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%
9	A	First Name RAYMOND	Middle Initial Last Name BOND										
		EXECUTIVE BOARD			\$0		\$0		\$0		\$0		\$0
		N											
	I	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%
10	A	First Name DANIEL	Middle Initial Last Name WHELCHER										
		EXECUTIVE BOARD			\$0		\$0		\$0		\$0		\$0
		N											
	I	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%
TOTAL OF LINES 1-10					\$70,026		\$0		\$40,977		\$0		\$111,003
LESS DEDUCTIONS													\$16,782
NET DISBURSEMENTS													\$94,221



SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER:

(A) Name			(B) Title	(C) Other Payee	(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	A	First Name	Middle Initial	Last Name					\$0
		Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead	Schedule 19 Administration
<b>TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS</b>									\$0
		Schedule 15 Representational Activities		Schedule 16 Political Activities and Lobbying		Schedule 17 Contributions		Schedule 18 General Overhead	Schedule 19 Administration
<b>TOTAL OF LINES 1-</b>					0.00	\$0	\$0	\$0	\$0
<b>LESS DEDUCTIONS</b>									
<b>NET DISBURSEMENTS</b>									\$0

SCHEDULE 13 - MEMBERSHIP STATUS

FILE NUMBER: 544-423

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1. DUES PAYING MEMBERS	1,338	Yes <input checked="" type="checkbox"/>
2. Members (Total of Lines 1 through 1; Enter the Total from Line 2 in Item 20.)	1,338	
3. Agency Fee Payers*	\$0	
Total Members/Fee Payers (Total of Lines 2 and 3)	1,338	
*Agency Fee Payers are not considered members of the labor organization.		

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14 OTHER RECEIPTS	1. Named Payer Itemized Receipts	\$0
	2. Named Payer Non-itemized Receipts	\$0
	3. All Other Receipts	\$57,206
	4. Total Receipts <i>(add Lines 1 through 3)</i>	\$57,206

ITEM  
48

SCHEDULE 17 CONTRIBUTIONS, GIFTS, AND GRANTS	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	\$0
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$0

ITEM  
52

SCHEDULE 15 REPRESENTA- TIONAL ACTIVITIES	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	\$0
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$0

ITEM  
50

SCHEDULE 18 GENERAL OVERHEAD	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$19,785
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	\$24,141
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$43,926

ITEM  
53

SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$0
	4. To Employees	\$0
	5. All Other Disbursements	\$0
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$0

ITEM  
51

SCHEDULE 19 UNION ADMINISTRATION	1. Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0
	3. To Officers	\$111,003
	4. To Employees	\$0
	5. All Other Disbursements	\$0
	6. Total Disbursements <i>(add Lines 1 through 5)</i>	\$111,003

ITEM  
54

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name P.O. Box Street City State Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

**Complete Itemization Pages *BEFORE* the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Application Software Inc.  P.O. Box  Street  City Abita Springs  State LA  Zip Code			
(B) Type or Classification			
Computer Software Maintenance	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		5,509
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		5,509



**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Ford Motor Credit  P.O. Box  Street  City Saint Louis  State MO  Zip Code			
(B) Type or Classification			
Automobile Expense	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		7,142
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		7,142

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Seascape Beach Resort  P.O. Box  Street  City Aptos  State CA  Zip Code			
(B) Type or Classification			
Conferences	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		7,134
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		7,134

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
	(F) Total of All Itemized Transactions with this Payee/Payer		
	(G) Total of All Non-Itemized Transactions with this Payee/Payer		
	(H) Total of All Transactions with This Payee/Payer for This Sched. (Sum of (F) and (G))		

SCHEDULE 20 - BENEFITS

FILE NUMBER: 544-423

Description (A)	To Whom Paid (B)	Amount (C)
1. LUUNA AD&D	LIUNA AD&D	\$5,690
2. Pension Benefits	LIUNA Employee Pension Fund	\$13,304
3. Pension 401(k)	LIUNA 401(k) Plan	\$5,079
4. Health Insurance	LIUNA Health	\$3,108
5. Dental Insurance	Union Special Services	\$40,114
6. Total of Lines 1 through 5 (The Total from Line 6 will be automatically entered in Item 55.)		\$67,295

## 69. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: 544-423

Schedule 13, Row1:ALL DUES PAYING MEMBERS RETAIN FULL VOTING RIGHTS.

Form LM-2 (Revised 2010)