U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget

No: 1245-0003 Expires: 08-31-2016

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

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	1. FILE NUMBER 544-423	2. PERIOD COVERED MO Do From 01/01/2	AY YEAR	here: (b) HARDSHIP - If fili	s is an amended report, check	
E		Through 12/31/2	014	procedures, check here: (c) TERMINAL - If this is a terminal report, check here		
4. AFFILIATION OR ORGANIZATION NATION OF LABORERS 5. DESIGNATION (Local, Lodge, etc.) DISTRICT COUNCIL 7. UNIT NAME (if any) NATIONAL GUARD 9. Are your organization's recognized provide address in Item 69.)	ords kept at its mailing addre	ess? (If "No,"	8. MAILING ADDRESS (Type First Name BIENVENIDO P.O. Box - Building and Round POBOX 1794 Number and Street City ABITA SPRINGS State		Last Name BANCHS ZIP Code + 4	
69. ADDITIONAL INFORMATION	V (Text entered will appear of	on last page of form	To enter comments, pre	ess the "General Addition	nal Information" hutton)	
		The second secon				
Each of the undersigned, duly authorize this report (including the information cor and complete. (See Section VI on pena	ntained in any accompanying docur		ed by the signatory and is, to the			
70. SIGNED: <u>James Sweat</u> <u>04/20/2015</u> Date	734-777-5342 Telephone Number	VICE PRESIDENT (If other title, see instructions.)	04/20/2		TREASURER (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 election of officers? defined in the instructions, which provides benefits for members or their beneficiaries? No X Yes 11(a). During the reporting period did the labor organization have a political action committee (PAC) fund? No X 11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? X 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? No X 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.) No X 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? \$80,000 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 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? No X 17. Did the labor organization have any contingent liabilities at the end of

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?

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

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

Yes

No X

No X

the reporting period?

STATEMENT A - ASSETS AND LIABILITIES

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		\$96,716	\$113,742
23. Accounts Receivable	1		
24. Loans Receivable	2		
25. U.S. Treasury Securities		\$0	\$0
26. Investments	5		
27. Fixed Assets	6		
28. Other Assets	7		
29. TOTAL ASSETS		\$96,716	\$113,742

_iabilities

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	\$0
33. Other Liabilities	10		
34. TOTAL LIABILITIES		\$0	\$0

35. NET ASSETS (Item 29 Less Item 34)	\$96,716	\$113,742
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STATEMENT B - RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 20 Before Completing Statement B

Item CASH RECEIPTS	SCH#	AMOUNT
36. Dues and Agency Fees		\$592,831
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		\$8,894
48. Other Receipts	14	\$11,210
49. TOTAL RECEIPTS		\$612,935

Item CASH DISBURSEMENTS	S	SCH#	AMOUNT
50. Representational Activities			\$75,677
51. Political Activities and Lobbying		16	\$0
52. Contributions, Gifts, and Grants		17	\$250
53. General Overhead		18	\$80,530
54. Union Administration		19	\$252,270
55. Benefits		20	\$49,579
56. Per Capita Tax			\$86,335
57. Strike Benefits			\$0
58. Fees, Fines, Assessments, etc.			\$15
59. Supplies for Resale			\$0
60. Purchase of Investments and Fixed As	ssets	4	
61. Loans Made		2	
62. Repayment of Loans Obtained		9	
63. To Affiliates of Funds Collected on The	eir Behalf		\$22,699
64. On Behalf of Individual Members			\$19,168
65. Direct Taxes			\$9,386
66. Subtotal			\$595,909
67. Withholding Taxes and Payroll Deduct	ions		
67a. Total Withheld \$27,781			
67b. Less Total Disbursed \$27,781			
67c. Total Withheld But Not Disbursed			\$0
68. TOTAL DISBURSEMENTS (Line 66-L	ine 67c)		\$595,909

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. Total of all itemized accounts receivable				
13. Totals from all other accounts receivable	\$0	\$0	\$0	\$0
14.Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))	\$0	\$0	\$0	\$0

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SCHEDULE 2 - LOANS RECEIVABLE

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

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
Total of all lines above				
	(The total f	rom Not Salaa Lina	Less Reinvestments	
	will be auto ltem 43.)	(The total from Net Sales Line will be automatically entered in Item 43.)		\$0

Description (if land or buildings, give location) (A)		Cost (B)	Book Value (C)	Cash Paid (D)
1.				
Total of all lines above				
	(The total from Net P	Purchases Line will be	Less Reinvestments	
	automatically entered	automatically entered in Item 60.)		\$0

SCHEDULE 5 - INVESTMENTS FILE NUMBER: 544-423

Description (A)	Amount (B)
Marketable Securities	
A. Total Cost	\$0
B. Total Book Value	\$0
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B. Also, list each subsidiary for which separate reports are attached.	
Other Investments	
D. Total Cost	\$0
E. Total Book Value	\$0
F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.	
G. Total of Lines B and E (Total will be automatically entered in Item 26, Column (B))	\$0

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SCHEDULE 6 - FIXED ASSETS FILE NUMBER: 544-423

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
A. Land				
A. Land O.				
0.				
B. Buildings				
C. Automobiles and Other Vehicles	\$0	\$0	\$0	\$O
D. Office Furniture and Equipment	\$0	\$0	\$0	\$0
E. Other Fixed Assets	\$0	\$0	\$0	\$0
F. Total of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B))				

Description (A)	Book Value (B)
1.	
Total (Total will be automatically entered in Item 28, Column (B))	

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SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

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. Total of all itemized accounts payable				
13. Totals from all other accounts payable	\$0	\$0	\$0	\$0
14. Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))	\$0	\$0	\$0	\$0

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

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Description	Amount at End of Period
(A)	(B)
1.	
·	
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))	
·	<u> </u>

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SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

1	(A) (B) Name Title		(C) Status	Gross Disbursem	(D) s Salary nents (before ductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disburs not report (D) throug	ed in	(H) TOTA	.L
1 A B	Last Name SWEAT VICE PRESIDENT	First Name JAMES	e Middle Initial K		\$0						\$0
С	С										
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea	d		chedule 19 ministration	
2 A	Last Name HOPKINS	First Name WILLIE	e Middle Initial		\$0		\$451				\$451
B C	N EXECUTIVE BOARD				ΦΟ		\$451				φ 4 51
1	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea	d		chedule 19 ministration	
3 A	Last Name ALBRECHT	First Nam MARK	e Middle Initial		\$0						\$0
B C	SGT AT ARMS				ΦΟ						Φ0
1	N Schedule 15 Representational Activities	100%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea	d		chedule 19 ministration	
4 A	Last Name INGLES	First Name	e Middle Initial		\$0		\$300				\$300
B C	C EXECUTIVE BOARD				ΨΟ		ψ000				ΨΟΟΟ
I	Schedule 15 Representational Activities	100%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea	d		chedule 19 ministration	
5 A	Last Name BANCHS	First Name BEN	e Middle Initial		#04.000						204 000
B C	BUSINESS MGR/SEC TR	EAS			\$91,309					\$	\$91,309
	Schedule 15 Representational Activities	60%	Schedule 16 Political Activities an			Schedule 17 Contributions	Schedule 18 General Overhea	d 20%		chedule 19 ministration	20%

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 544-423 (A) (C) (F) (H) (B) **Gross Salary** Allowances Disbursed Disbursements Other Disbursements TOTAL Title **Name Status** Disbursements (before for Official Business not reported in any deductions) (D) through (F) Last Name First Name Middle Initial **RAGLES LATHE** \$0 \$0 **EXECUTIVE BOARD** С Schedule 15 Schedule 16 Schedule 17 Schedule 18 Schedule 19 100% Representational Activities Political Activities and Lobbying Contributions General Overhead Administration Middle Initial Last Name First Name **DOUBLE NEAL** \$396 \$396 **AUDITOR** С С Schedule 15 Schedule 16 Schedule 17 Schedule 18 Schedule 19 100% Representational Activities Political Activities and Lobbying Contributions General Overhead Administration Last Name First Name Middle Initial **BOND RAYMOND** \$0 \$0 **AUDITOR** С С Schedule 15 Schedule 16 Schedule 17 Schedule 18 Schedule 19 100% Representational Activities Political Activities and Lobbying Contributions General Overhead Administration \$91,309 \$0 \$0 TOTAL OFFICER DISBURSEMENTS \$1,147 \$92,456 LESS DEDUCTIONS \$17,491

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NET DISBURSEMENTS

\$74,965

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

N	(A) lame	(B) Title	(C) Other Payer	Disburser	(D) ss Salary ments (before eductions)	(E) Allowances Disbursed		(F) Disbursements for Official Business	n	(G) er Disburs not reporte D) through	ed in	(H) TOTA	L
1 A	Last Name VALLOTTON		rst Name Middle Initial 'NET		0.40.404			0570					10.000
В	ADMINISTRATI	VE ASSISTA	NT		\$46,121			\$578				*	46,699
С	NONE												
I	Schedule Representational		Schedule 16 Political Activities an			Schedule 17 Contributions		Schedule 18 General Overhea	ıd	70%		chedule 19 ministration	30%
				1	-								
2. TOTA	L RECEIVED BY ALL	OTHER EMPLO	OYEES MAKING \$10,000 OR LESS										\$0
I	Schedule 1 Representational	-	Schedule 1 Political Activities an			Schedule 17 Contributions		Schedule 18 General Overhea	ad			chedule 19 Iministration	
TOTA	AL EMPLOYEE	DISBURSE	MENTS		46,121.00	\$	0	\$578			\$0	,	\$46,699
LESS	S DEDUCTIONS	3											\$8,290
NET	DISBURSEME	NTS											\$38,409

Category of Membership (A)	Number (B)	Voting Eligibility (C)
Dues paying members	1,521	Yes X
Members (Total of all lines above)	1,521	
Agency Fee Payers*	0	
Total Members/Fee Payers	1,521	
*Agency Fee Payers are not considered members of the labor organization.		

DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19

FILE NUMBER: 544-423

Complete Itemization Pages BEFORE the Detailed Summary Page

			-			
	Named Payer Itemized Receipts	\$0			Named Payee Itemized Disbursements	\$0
	2. Named Payer Non-itemized Receipts	\$0			2. Named Payee Non-itemized Disbursements	\$0
SCHEDULE 14	3. All Other Receipts	\$11,210	ITEM	SCHEDULE 17	3. To Officers	\$0
OTHER RECEIPTS	4. Total Receipts (add Lines 1 through 3)	\$11,210	48	CONTRIBUTIONS, GIFTS,& GRANTS	4. To Employees	\$0
			\Box	Oli 13,4 OKAN13	5. All Other Disbursements	\$250
					6.Total Disbursements (add Lines 1 through 5)	\$250
	Named Payee Itemized Disbursements	\$0]		Named Payee Itemized Disbursements	\$0
SCHEDULE 15	2. Named Payee Non-itemized Disbursements	\$0	1		Named Payee Non-itemized Disbursements	\$11,718
	3. To Officers	\$55,932	ITEM	SCHEDULE 18	3. To Officers	\$18,262
REPRESENTA-	4. To Employees	\$0		GENERAL 4.	4. To Employees	\$32,689
TIONAL ACTIVITIES	5. All Other Disbursements	\$19,745			5. All Other Disbursements	\$17,861
	6. Total Disbursements (add Lines 1 through 5)	\$75,677			6. Total Disbursements (add Lines 1 through 5)	\$80,530
			- 1			
	Named Payee Itemized Disbursements	\$0			Named Payee Itemized Disbursements	\$0
	2. Named Payee Non-itemized Disbursements	\$0	Ī		2. Named Payee Non-itemized Disbursements	\$18,500
CHEDULE 16	3. To Officers	\$0	ITEM	SCHEDULE 19	3. To Officers	\$18,262
POLITICAL ACTIVITIES AND LOBBYING	4. To Employees	\$0		UNION	4. To Employees	\$14,010
	5. All Other Disbursements		51	ADMINISTRATION	5. All Other Disbursements	\$201,498
	6. Total Disbursements (add Lines 1 through 5)	\$0			6. Total Disbursements (add Lines 1 through 5)	\$252,270

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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			
		•	
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Sched	\$0	

SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

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			
(b) Type of Glassification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		\$0

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Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name		(D)	
P.O. Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
		1	
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schee	dule	\$0

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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			
(b) Type of Glassification			
	Total Magazina d Transportions with this Davis of Davis		
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		\$0

SCHEDULE 18 - GENERAL OVERHEAD

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 Chicago			
State IL			
Zip Code			
(B) Type or Classification			
AUTOMOBILE EXPENSES			
		•	
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Paye	er er	\$5,470
	Total of All Transactions with this Payee/Payer for This	Total of All Transactions with this Payee/Payer for This Schedule	

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SCHEDULE 18 - GENERAL OVERHEAD

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name State Farm			
P.O. Box			
Street			
City New Orleans State LA			
Zip Code			
(B) Type or Classification			
Insurance			
		•	
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		\$6,248
	Total of All Transactions with this Payee/Payer for This Sched	dule	\$6,248

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Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name AGH, LLC			
P.O. Box			
Street			
City Atlanta			
State GA			
Zip Code			
(B) Type or Classification		1	
Audit and Accounting Fees			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		\$12,500
	Total of All Transactions with this Payee/Payer for This Schedule		\$12,500

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Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name Minahan & Muther, PC			
P.O. Box			
Street			
City Denver			
State CO			
Zip Code			
(B) Type or Classification			
Legal Fees			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		\$6,000
	Total of All Transactions with this Payee/Payer for This Schedule		\$6,000

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SCHEDULE 20 - BENEFITS FILE NUMBER: 544-423

Description (A)	To Whom Paid (B)	Amount (C)
Life, AD&D, Automobile Insurance	State Farm	\$6,791
2. Pension Benefits	LIUNA Employee Benefit Fund	\$33,287
3. Pension 401(K)	LIUNA 401(K) Plan	\$5,447
4. Health Insurance	Tricare	\$3,677
5. Life Insurance	USAA Life Insurance	\$377
Total of all lines above (Total will be automatically entered in Item 55.)		\$49,579

69. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: 544-423

Item 70 Title: President position is vacant.

Schedule 13, Row1:Dues paying members with voting eligibility.

Schedule 13, Row1:

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