Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🗓
•	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this f	orm).	
Oo not	complete Part II unless you have already been granted an automatic 3-month extension on a previously file	d Forn	1 8868.
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpo	pration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comp	olete	
art I o	nly		>
o file ir	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an acome tax returns.		
noted b not aut you mu	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or con ust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing s.gov/efile and click on e-file for Charities & Nonprofits.	ally if (solidat	1) you want the additional ed Form 990-T. Instead,
уре о		Emplo	yer identification number
orint	NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S		
	ASSOC AFL-CIO VACATION AND HOLIDAY FUND	72	1-0501072
ile by th due date	for Number, street, and room or suite no. If a P.O. box, see instructions.		
iling you eturn. Se	2 1 7 711174127222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
nstructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70130		
Check	type of return to be filed (file a separate application for each return):		
X F	Form 990 Form 990-T (corporation) Form 47	20	
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	27	
	Form 990-EZ Form 990-T (trust other than above) Form 60	69	
	Form 990-PF	70	
Tele	books are in the care of SUITE 300, NEW ORLEANS, LA - 70130 ephone No. (504)525-0309 FAX No. ee organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for part of the group, check this box and attach a list with the names and EINs of all	s is for	the whole group, check this
Tele if the lifth box	ephone No. (504)525-0309 FAX No. ne organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is for membe	the whole group, check this ers the extension will cover.
Teke if the if the box	ephone No. ► (504)525-0309 FAX No. ► The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for membe	the whole group, check this ers the extension will cover. The extension
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Tele if the lifth box 1 2 3a b	ephone No. ► (504)525-0309 FAX No. ► The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for member il bove.	the whole group, check this ers the extension will cover. The extension
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Teleber Telebe	ephone No. ► (504)525-0309 FAX No. ► The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ► and attach a list with the names and EINs of all request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto MAY 15, 2010, to file the exempt organization return for the organization named a sist for the organization's return for: □ calendar year or □ X tax year beginning OCT 1, 2008, and ending SEP 30, 2009 If this tax year is for less than 12 months, check reason: □ Initial return □ Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit.	s is for member illustration il and the second illustration illustratillustration illustration illustration illustration illustration i	the whole group, check this ers the extension will cover. The extension Change in accounting period

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A	For the	e 2008 calendar year, or tax year beginning $$ OCT 1 , 2008 $$ and ending	SEP 30, 2009	
В	Check if applicabl	Inselled INTH ORIGANS EMPLOYERS INT HONGSHOREMEN	D Employer identifie	cation number
	Addre chang	ss abel or ASSOC AFL-CIO VACATION AND HOLIDAY FUND)	
	Name chang	type. S : D :	72-0	501072
	Initial retum Termination	See Specific Instruct Specific Instruct Specific Specific Instruct Specific Specific Instruct Specific Specific Instruct Specific Instruct Specific Specific Instruct Specific Specific Instruct Instruct Specific Instruct		r 525-0309
	Amen	1100 100	G Gross receipts \$	1,175,709.
Ē	Applic		H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer: THOMAS R. DANIEL	for affiliates?	Yes X No
			13 H(b) Are all affiliates inc	luded? Yes No
1	Tax-ex	empt status: X 501(c) (9) ◀ (insert no.) 4947(a)(1) or 527	if "No," attach a	list. (see instructions)
J	Websi	te: ► N/A	H(c) Group exemption	n number 🕨
K	Type of	organization: Corporation Trust X Association Other ► L	rear of formation: 1957 N	I State of legal domicile: LA
P	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities: SOLE PRO	GRAM ACTIVITY	CONSISTS
anc		OF EMPLOYER CONTRIBUTIONS TO FUND BASED ON E	MPLOYEE HOURS	WORKED.
& Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	more than 25% of its assets	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
જ છ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	493
Viti	6	Total number of volunteers (estimate if necessary)	6	0
Activities	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		
ent	ſ	Program service revenue (Part VIII, line 2g)	1,384,759.	1,167,407.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,628.	8,283.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,411,387.	1,175,709.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,344,641.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1,107,800.
es	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,600.	30,692.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
ă.	1	Total fundraising expenses (Part IX, column (D), line 25)		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,928.	45,667.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,405,169.	1,184,159.
_ s		Revenue less expenses. Subtract line 18 from line 12	6,218.	<8,450.>
Net Assets or Fund Balances	İ		Beginning of Year	End of Year
Ssel	20	Total assets (Part X, line 16)	1,140,958.	1,224,175.
et A	21	Total liabilities (Part X, line 26)	1,134,589.	1,226,183.
		Net assets or fund balances. Subtract line 21 from line 20	6,369.	<2,008.>
Pě	irt II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements.		
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowledgedge.	ge and belief, it is true, correct,
ο:		Inomas Li amel	1 2-16	. 10
Sig		Signature of officer	Note .	
Her	е	THOMAS R. DANIEL, ADMINISTRATOR	Date	
		Type or print name and title		
		A Date /	Check if Prepare	r's identifying number
Paid		Preparer's signature Dull a Sugal OA 29/10	self- employed > (see ins	tructions)
Prep	arer's	Firm's name (or DUPTANTIER, HRAPMANN, HOGAN & MAHER		
Use	Only	yours if self-employed, 1340 POYDRAS STREET, SUITE 2000	I TITL CIN F	
		address, and ZIP+4 NEW ORLEANS, LOUISIANA 70112	Phone no. ► (5	504) 586-8866
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	r none no.	X Yes □ No
	. ,,,,, 11	T TITTE WIND TO SHIP WIND PROPERTY SHOWING ADOVO: (See Instructions)		100 110

		CATION AND HOLIDAY	FUND 72-05	01072 Page	2
Pa	t III Statement of Program Service Accomp	lishments (see instructions)			
1	Briefly describe the organization's mission: FUND COMPENSATED ELIGIBLE EMP	LOYEES FOR VACATION	AND HOLIDAY	PAY.	
2	Did the organization undertake any significant program ser the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O.	vices during the year which were not li		Yes X N	o
3	Did the organization cease conducting, or make significant	changes in how it conducts, any prog	ram services?	Yes X N	0
4	If "Yes", describe these changes on Schedule O. Describe the exempt purpose achievements for each of the Section 501(c)(3) and 501(c)(4) organizations and section 4 allocations to others, the total expenses, and revenue, if an	947(a)(1) trusts are required to report			
4a	(Code:) (Expenses \$ FUND COMPENSATED ELIGIBLE EMP	including grants of \$ LOYEES FOR VACATION)(Revenue \$ AND HOLIDAY	PAY.	
				****	_
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$		
					 _
					_
4d	Other program services. (Describe in Schedule O.)				_
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ►\$	(Must equal Part IX, Line 25	5, column (B).)		

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Form **990** (2008)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice Х 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, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 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 Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? Х 11 If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Х 12 Х Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity Х located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals Х located outside the United States? If "Yes," complete Schedule F, Part III 16 Х 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Х 19 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Х 21 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 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 questions 24b-24d and complete Schedule K. If "No", go to question 25 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26

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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III

<u> </u>	TIV Checklist of Required Schedules (continued)		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ĺ	
	contributions? If "Yes," complete Schedule M	30		X
I	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	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		X
4	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	Х	
5	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		X
3	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		<u> </u>
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

ASSOC AFL-CIO VACATION AND HOLIDAY FUND 72-0501072 Page 5 Form 990 (2008) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. 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? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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. Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X 7a a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7с to file Form 8282? Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: N/A 10 a Initiation fees and capital contributions included on Part VIII, line 12 10<u>a</u> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders

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12a

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

ASSOC AFL-CIO VACATION AND HOLIDAY FUND

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to livies 2-75 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See Instructions. 1a Entire the number of voting members of the governing body b Enter the number of voting members of the governing body b Enter the number of voting members that are independent circles, director, function, or key employee? 2 I Did any official, circlestre, trustee, or key employee? 3 I Did the organization delegate control ower management duties customarily performed by or under the direct supervision of officiars, director, function, or trustees, or key employees to a management company or other person? 4 I Did the organization makes any significant changes to its organization documents since the plor Form 990 was filed? 5 I Did the organization become aware during the year of a natorial diversion of the organization's assests? 5 I Was a copy classification become aware during the year of an natorial diversion of the organization's assests? 6 I Was a copy culturation have members, stockholders, or other persons of the programmation of the organization have members of the powering body? 5 I Was a document of the governing body subject to approval by members, stockholders, or other persons? 7 I Was a copy of the form 990 provided the approval by members, stockholders, or other persons? 8 I Was a copy of the form 990 provided to the organization and provided the programmation of the powering body? 8 I Was a copy of the Form 990 provided to the organization of the powering body? 9 I Was a copy of the Form 990 provided to the organization of the form 990 provided the organization of the form 990 provided the numbers of the organization? 10 I Was a copy of the Form 990 provided to the organization of the form 990 provided the numbers of the organization of the subject of the organization in a provided the numbers of the organization in the policy? 10 Did the propagal address? If "Yes," provide the numbers of the definition o	Sec	tion A. Governing Body and Management		- ₁	
Legislation of the comparison of the comparison of the comparison body be Either the number of voting members of the governing body be Either the number of voting members that are independent cofficer, director, truster, or key employee cofficer, director, director, and truster, or key employee cofficer, director, director, director, and truster, or key employee cofficer, director, director, director, and compared to the organization and truster, or key employee cofficer, director, director, director, and consistent with those of the organization. compared to the comparization have a written conflict of interest policy? If "No." go to line 13 by key officer, director or truster, or key employee listed in Part VII, Section A, who cannot be reached at the comparization have a written conflict of interest policy? If "No." go to line 13 by key officer, directors or truster, or key employee required to disclose annually interests that could give rise to conflicts? consists of the organization have a written co			parameter (Yes	No
18 Enter the number of voting members that are inclosenation to be Enter the number of voting members that are inclosenation to be Enter the number of voting members that are inclosenation to be Enter the number of voting members that are inclosenation to discourse, representation to 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		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
Enter the number of voting members that are independent Description, and control to the property of the prop		processes, or changes in Schedule O. See instructions.			
Did any officer, director, trustes, or key employee have a family relationship or a business relationship with any other officer, directors, trustes, or key employee in a 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? Just the organization become sware during the year of a material diversion of the organization's assets? Light by the organization have sware systificant changes to its organizational documents since the prior form 990 was filed? Light by the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Light by the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Light by the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Light by the following: The governing body? But a governing body before it was filed? All organizations must describe in his event the governing body before it was filed? All organizations must describe in his event by governing body before it was filed? All organizations must describe in a governing body before it was filed? All organizations must describe in a governing body before	1a	3 · · · · · · · · · · · · · · · · · · ·			
officers, directors, trustes, or key employee? 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 A X Did to organization make any significant changes to its organization of the organization's assests? 5 A X Did the organization have members store tholders? 6 Did to be organization have members at our fifth year of a material diversion of the organization's assests? 5 A X Did be used to programation have members at other blockers, or other persons who may elect one or more members of the governing body? 5 A Y A Y A Y A Y A Y A Y A Y A Y A Y A	b	Cittor the number of voting monitore that are medpendent	10		
Solid the organization delegate control over management duties customarily performed by or under the direct supervision of officers, cirectors or trustees, or key employees to a management company or other person? 3	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
of officers, directors or frustees, or key employees to a management company or other person? 4			2	 	X
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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. Use Schedule J-2 if additional space is needed.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	, <u>.</u> .		((D)	.,, .,		(D)	(E)	(F)
Name and Title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours	(c	hecl	k all	that	app	ly)	compensation	compensation	amount of
	per	oto						from	from related	other
	week	rdine				·pg		the organization	organizations (W-2/1099-MISC)	compensation from the
		stee	nuste			bensa		(W-2/1099-MISC)	(** 27 1000 111100)	organization
		Jal fru	onal 1		akojd	E 03 8				and related
		Individual frustee or director	Institutional trustæ	Officer	Key employee	Highest compensated employee	Former			organizations
SID HOTARD		-	-		-	ļ	-			
CO-CHAIRMAN	0.00	Х		X				0.	0.	0.
NICK JUMONVILLE			-			ļ —	ļ —			
MANAGEMENT TRUSTEE	0.00	Х	1					0.	0.	0.
JOSEPH HIGHTOWER										
MANAGEMENT TRUSTEE	0.00	Х						0.	0.	0.
JEFFREY HAKALA										
MANAGEMENT TRUSTEE	0.00	X				<u></u>		0.	0.	0.
KEITH PALMISANO										
MANAGEMENT TRUSTEE	0.00	X						0.	0.	0.
MARK H. ELLIS										
CO-CHAIRMAN	0.00	Х		X		<u> </u>		0.	0.	0.
DWAYNE BOUDREAUX								_	_	_
LABOR TRUSTEE	0.00	Х			ļ	<u> </u>		0.	0.	0.
KENNETH L. CRIER	0.00					Ì		0	0	
LABOR TRUSTEE	0.00	Х	ļ			-	ļ	0.	0.	0.
LLOYD IRVIN LABOR TRUSTEE	0.00	ν.	Ì		ŀ			0.	0.	_
WALTER OHLER III	0.00	X					-	V •	V •	0.
LABOR TRUSTEE	0.00	Х						0.	0.	0.
THOMAS R. DANIEL	0.00	1						· ·	· · · · · · · · · · · · · · · · · · ·	•
ADMINISTRATOR	40.00					X		2,164.	106,043.	0.
	10.00	-			-			2/101.	100,010.	<u></u>
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Form **990** (2008)

Pan	VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours				C)		est	Compensated Employ (D)	ees (continued) (E)		(F	 :)
		Average							(D)	(⊏)	-	(r	-,
			(cł	neck			арр	ly)	Reportable compensation	Reportable compensation from related	on	Estim amou oth	nated int of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s c	ompe from organi and re	nsation the zation
													~~
							Ĺ		2 164	106.0	4.2		
	Total						<u> </u>	00.0	2,164.	106,0	43.		0.
	Total number of individuals (including those compensation from the organization										▶		(
											1505000	Ye	s No
	Did the organization list any former officer, ine 1a? <i>If</i> "Yes," co <i>mplete Schedule J for</i> s												X
	^{::} or any individual listed on line 1a, is the su and related organizations greater than \$150										4		X
	Did any person listed on line 1a receive or a												
	he organization? If "Yes," complete Sched on B. Independent Contractors	ule J for such	pers	on .							5	<u>i </u>	X
1 (Complete this table for your five highest co he organization. NONE	mpensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of con	npensatio	n fror	n
	(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensa	ıtion
2	otal number of independent contractors (i	ncluding those	e in 1	I) wi	no re	ecei	ved i	more	e than \$100,000 in com	pensation			

from the organization

Pa	rt VII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,
Contributions, gifts, grants and other similar amounts	b d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c					513, or 514
Contribution and other s	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f	. 1f					
Program Service Revenue	2 a b c d e	EMPLOYER CONTRIBUT		561000	1167407.	1167407.		
ď	f	All other program service revenue	<i>, .</i>		1167107			
	3 4	Investment income (including divide other similar amounts) Income from investment of tax-exem	nds, intere	st, and roceeds	8,283.			8,283.
	b c	Gross Rents Less: rental expenses Rental income or (loss)	i) Real	(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	ecurities	(ii) Other				
Other Revenue	đ	Net gain or (loss) Gross income from fundraising even including \$ contributions reported on line 1c). S Part IV, line 18	nts (not _ of see	>				
Other	с 9 а	Less: direct expenses Net income or (loss) from fundraising Gross income from gaming activities Part IV, line 19	b g events S. See	>				
	c 10 a b	Less: direct expenses Net income or (loss) from gaming ac Gross sales of inventory, less return and allowances Less: cost of goods sold	stivities s a b					
	11 a b c	Net income or (loss) from sales of in Miscellaneous Revenue LITIGATION PROCEED	os	Business Code 561000	19.	19.		
	d	All other revenue			10			
	e 12	Total Revenue Addition to 0 a 4 5 Cd			19. 1175709.	1167426.	0.	8,283.
83200 02-02		Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d,	/a, 8c, 9c, 10	c, and lie	11/3/07	110/4200	<u> </u>	Form 990 (2008)

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). (D) Fundraising (B) (C) (A) Do not include amounts reported on lines 6b, Management and general expenses Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 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 U.S. See Part IV, lines 15 and 16 1,107,800. Benefits paid to or for members Compensation of current officers, directors, 2,164. 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) 9,195. 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 3,563. Other employee benefits 15,770. 10 Payroll taxes Fees for services (non-employees): Management 1,387. Legal 804. C Accounting Professional fundraising services. See Part IV, line 17 2,017. Investment management fees g 12 Advertising and promotion 497. 13 Office expenses... 27,344. Information technology 14 Royalties 15 934 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 539. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses, Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 10,058. INSURANCE & SURETY BOND COMPUTER EXPENSE 1,150. $\overline{3}17.$ COMMUNICATIONS EMPLOYEE ALLOWANCES 269. MISCELLANEOUS 157. 194. All other expenses 1,184,159. Total functional expenses. Add lines 1 through 24f 25 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

Form 990 (2008)

ASSOC AFL-CIO VACATION AND HOLIDAY FUND

Prepaid expenses and deferred to the securities. Savings and temporary cash in a Pledges and grants receivable, net Receivables from current and form the employees, or other related paid 4958(f)(1)) and persons describe Part II of Schedule L. Notes and loans receivable, net Inventories for sale or use. Prepaid expenses and deferred to a Land, buildings, and equipment be Less: accumulated depreciation Part VI of Schedule D. Investments - publicly traded some the securities. Investments - other securities. Investments - other securities. Investments - program-related. Intangible assets. Cother assets. See Part IV, line to the securities. Investments - program-related. Intangible assets. Cother assets. See Part IV, line to the securities. Investments - program-related. Intangible assets. See Part IV, line to total assets. Interpolate assets. See Part IV, line to total assets. See Part IV, line to total assets. Interpolate assets. See Part IV, line to total assets. Interpolate assets and lines interpolated assets. See Part evenue. Secured mortgages and notes. Unsecured notes and loans participated assets. Interpolate assets. Total liabilities. Add lines interpolated assets. Interpolate assets. Interpolated assets. Temporarily restricted net assets. Interpolated assets. Interpolate			(A) Beginning of year		(E End o		
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3a As a result of a federal award, was the Act and OMB Circular A-133?					l l		X
Act and OMB Circular A-133?							
			-				Х
b If "Yes," did the organization undergo							

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S ASSOC AFL-CIO VACATION AND HOLIDAY FUND

Employer identification number 72-0501072

Schedule D (Form 990) 2008

Pa	rt 1 Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may t	pe used only
10000000	for charitable purposes and not for the benefit of the donor o		
Pa	rt II Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a co	nservation easement on the last day
	of the tax year.		[0000000000]
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	• •	
d	······································		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	he organization during the taxable
	year ►	_	
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	-
5	Does the organization have a written policy regarding the peri	- •	
	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, ar		·
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
	conservation easements.		01 01 11
Ра	Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 6.	
4	If the average disconstant as a secretary of the control of the co		
ıa	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ed		ublic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these it		
þ	If the organization elected, as permitted under SFAS 116, to result the problem of the problem o		
	or other similar assets held for public exhibition, education, or these items:	r research in furtherance of public service	ce, provide the following amounts relating to
			.
	(i) Revenues included in Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treating following amounts required to be reported under SEAS 11		iai gain, provide
-	the following amounts required to be reported under SFAS 11	_	•
a h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$
J	7.000to moldod in Form 880, Fall A		

832051 12-23-08

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)				Art Historical T			r Similar A	sset	S (con	inued)
that apply): Public exhibition											/
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations c Preservation for future generations of exchange programs d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Parl XI Trust, Escrow and Custodial Arrangements. Complete in organization answered "Yes" to Form 990, Part XI, tine 9, or reported an amount on Form 990, Part X, line 21. la is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI vine 9, or reported an amount on Form 990, Part X vine 4, or Form 990, Part XI, the respectively a special part of the organization and the part of the organization include an amount on Form 990, Part X, line 210 a Did the organization include an amount on Form 990, Part X, line 211 b Ending balance a Did the organization include an amount on Form 990, Part X, line 212 b Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. b Contributions la Beginning of year balance b Contributions c Investment examings or iosses d Grants or scholarships c Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasiendowment \mathred{P} 9/8 3 Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) Land, Bullidings, and Equipment. See Form 990, Part X, line 10. Description of investment (iv) Cost or other balas (b) Depreciation (d) Book value basis (investment) b	3		records, check an	ly of the following ti	iat are a signii	icani use	Of its conectic)	13 (0110	JK CIII	
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No No Part IV. Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. line 21. b If "Yes, "Explain the arrangement in Part XIV and complete the following table: C Beginning balance 1				-	rahanaa araar						
c											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solicit or raise funds rather than to be maintained as part of the organization accollection? 1 In Inst. Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 In Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table:		, and the same of		eOther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									370.7		
Dot No Solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIV and complete the following table: Color Beginning balance								n Part	XIV.		
Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	5								1		٦
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No b If 'Yes,' explain the arrangement in Part XIV and complete the following table: □ Beginning balance □ Amount □ c □ Beginning balance □ Distributions during the year □ t Ending balance □ Distributions during the year □ t Ending balance □ Distributions □ f' Yes,' explain the arrangement in Part XIV. Part VI Endowment Funds. Complete if organization answered 'Yes' to Form 990, Part IV, line 10. Part VI Endowment Funds. Complete if organization answered 'Yes' to Form 990, Part IV, line 10. Part VI Endowment Funds Part XIV. Part VI Endowment Funds Part XIV. Part VI Endowment Funds Part XIV. Part VI Part XIV Endowment Funds Part XIV. Part VI Part XIV Part Part XIV Part Part All Yes intended uses of the organization is believed organizations Part XIV Part Part XIV Part Part All Yes intended uses of the organization's endowment I Part XIV Part Part XIV Part Part Yes intended uses of the organization's endowment I Part XIV Part Part XIV Part Part Yes intended uses of the organization's endowment I Part XIV Part Part Yes intended uses of the organization's endowment I Part XIV Part Part Yes intended uses of the organization's endowment I Part XIV Part Part Yes intended uses of the organization's endowment I Part XIV Part Part Yes Part XIV Part Part Yes Part Part Yes Part Part Yes Part Yes Part Part Yes Part Part Yes Part Part Yes Part Part Part Part Part Part Part Part	88.0000000										_i No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves. "explain the arrangement in Part XIV and complete the following table: □ Reginning balance □ Beginning balance □ Distributions during the year □ Did the organization include an amount on Form 990, Part X, line 21? □ Did the organization include an amount on Form 990, Part X, line 21? □ Did the organization include an amount on Form 990, Part X, line 21? □ Did the organization include an amount on Form 990, Part X, line 21? □ Did the organization include an amount on Form 990, Part IV, line 10. □ Part V* □ Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. □ Beginning of year balance □ Cher expenditures for facilities and programs □ Indicatative expenses □ Indicatative ex	Par	-	_	s. Complete if orga	nization answe	ered "Yes	s" to Form 990	, Part	IV, line	9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Seginning balance											
Part Vision Part XIV and complete the following table: Amount Amoun	1a										7
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if organization answered 'Yes' to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Three year								L	Yes		J No
c Beginning balance d Additions during the year e Distributions during theyear 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 bif Yes, explain the arrangement in Part XIV. Pairt Y Endowment Funds. Complete if organization answered 'Yes' to Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years b	b	If "Yes," explain the arrangement in Part XIV a	and complete the f	following table:			r 				
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Capacity Ca									Amoun	<u>t</u>	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 217 2 Did the organization include an amount on Form 990, Part X, line 217 3 Did the organization include an amount on Form 990, Part X, line 217 The part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. The Beginning of year balance a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasiendowment Methods by Permanent endowment Methods by Permanent endowment Methods by Permanent endowment for the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iv) Describe in Part XIV the intended uses of the organization's endowment the flows. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIV the intended uses of the organization's endowment the flows. Part VI Investments - Land, Buildings, and Equipment - See Form 990, Part X, line 10. Describe in Part XIV the intended uses of t	С	Beginning balance					. 1c				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 2b Did the organization include an amount on Form 990, Part X, line 217 2c Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. 2 Beginning of year balance 3 Beginning of year balance 4 Contributions 5 Investment earnings or losses 6 Grants or scholarships 6 Other expenditures for facilities 7 and programs 7 Administrative expenses 9 End of year balance 9 Permanent endowment unds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 5 Investment endowment funds not in the possession of the organization that are held and administered for the organization by: (ii) related organizations 5 Jag(ii) 5 Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describe in Part XIV the intended uses of the organization's endowment funds in Investment 1a Land 1b Buildings c Leasehold improvements 1 Lease of the organization lasts (nivestment) 1a Lease 1b Equipment 1c Leasehold improvements 1c Leasehold improvements 1d Equipment 1d Equipment 1d Equipment	d	Additions during the year					. 1d				
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. Contributions	е	Distributions during the year					. 1e				
Bill Tyes explain the arrangement in Part XIV.	f	-					··				
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years	2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?					Yes	L_	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e		Annanananan III		· · · · · · · · · · · · · · · · · · ·							
1a Beginning of year balance b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment \(\begin{array}{c} \begin{array}{c} \begin{array}{c} \text{Yes} \end{array} \\ \text{Describe in Part XIV the intended uses of the organization's endowment funds.} \\ Pert V Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment b Buildings c Leasehold improvements d Equipment e Other	Par	t V Endowment Funds. Complete if	organization answ	ered "Yes" to Form	990, Part IV, I	line 10.					
b Contributions c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment		_	(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years	back	(e) Fou	r years	back
c Investment earnings or losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	b	Contributions		<u> </u>						<u> </u>	
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	С	Investment earnings or losses									
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	d	Grants or scholarships									
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities									
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶		and programs									
g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	f										
Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations											
a Board designated or quasi-endowment	2	-		as:							
b Permanent endowment	а										
c Term endowment ▶		_		· · · · · · · · · · · · · · · · · · ·							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No											
by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations		· · · · · · · · · · · · · · · · · · ·	•	zation that are held	and administe	ered for th	ne organization	1			
(i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other	-	·	solon or the organi	Lation that are note	are administr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	io organization	•		Yes	No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other		-							3a(i)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other											
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) Buildings C Leasehold improvements d Equipment e Other	h	•									
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other	4								00		
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Depreciation (d) Book value (d) Book value (e) Depreciation (f) Depreciation (h) Book value	Par				0. Part X. line	10.					
basis (investment) basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other							enreciation		(d) Boo	k valu	
1a Land b Buildings c Leasehold improvements d Equipment e Other		Coolington of involution				(0) 0	op. ooiation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	raid	~
b Buildings c Leasehold improvements d Equipment e Other		Land		,	· /						
c Leasehold improvements d Equipment e Other						<u></u>		1			
d Equipment e Other			1				·	1			
e Other			1	- 			 	1		-	
			1					+			
				lumn (R) line 10(a)			.	 			0

Schedule D (Form 990) 2008

ASSOC	AFL-CIO	VACATION	AND	HOLTDAY	FUND

	CIO VACATION		FUND 7	2-0501072 Page	<u>3</u>
Part VII Investments - Other Securities. S	See Form 990, Part X, lin	e 12.			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of values or end-of-year ma		
Financial derivatives and other financial products				 	
Closely-held equity interests	, , , , , , , , , , , , , , , , , , , ,				
Other	610 01	O END OF Y	TEAD MADIZE	D MATTIE	
MONEY MARKET FUNDS	618,81		YEAR MARKE' YEAR MARKE'		
US TREASURY BILLS	309,93	J. END-OF-	LEAN HANNE.	LOUA	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related.		ne 13.	(c) Method of value	untion:	
(a) Description of investment type	(b) Book value	Co	ost or end-of-year ma		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, lin (a				(b) Book value	
					
					_
Total. (Column (b) should equal Form 990, Part X, col (B)	line 15)				—
Part X Other Liabilities. See Form 990, Part X					
(a) Description of liability		(b) Amount			1
Federal income taxes					
VACATION AND HOLIDAY PAY		548,375			
PAYROLL TAXES WITHHELD		377,837.			
CASH OVERDRAFT DUE TO OTHER FUNDS		769. 299,202.			Ø
DOE TO OTHER FUNDS		233,202	1		
			1		
Total. (Column (b) should equal Form 990, Part X, col (B)	line 25.)	1,226,183.			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

72-05	01072	Page
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	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Financial	Statements		<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 . 1		1,175,709.
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,184,159.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			- 11.44	<8,450.>
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities			·	
			i _ i		
6 7	Investment expenses			<u>-</u>	
8	Prior period adjustments Other (Describe in Part XIV)				73.
9	Total adjustments (net). Add lines 4-8				73.
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				<8,377.>
10 Da	rt XII Reconciliation of Revenue per Audited Financial State	ements With	Revenue per	Return	10/0//10
1	Total revenue, gains, and other support per audited financial statements				1,173,765.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2/2/0//000
a	Net unrealized gains on investments	2a	73		
a b	Donated services and use of facilities		<u> </u>	-	
-	Recoveries of prior year grants				
c d			<2,017		
					<1,944.>
e				3	1,175,709.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1/1/3//034
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	•			\dashv	
b	, , , , , , , , , , , , , , , , , , , ,			- 40	0.
c	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12				1,175,709.
D _a	rt XIII Reconciliation of Expenses per Audited Financial Sta				
1	Total expenses and losses per audited financial statements				1,182,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	1/102/112.
	Donated services and use of facilities	2a			
a				-	
b	•				
c	•	1		-	
d	, , , , , , , , , , , , , , , , , , , ,				0
e					1,182,142.
3	Subtract line 2e from line 1			3	1,102,142.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		2,017	\dashv	
	Other (Describe in Part XIV)	4b	2,017		2,017.
_	Add lines 4a and 4b				1,184,159.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 1	8.)		. 5	1,104,133.
	rt XIV Supplemental Information	S 110 P 4		41 101	D 11/15 4 D 1
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Fart XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	art III, lines 1a an	a 4; Part IV, lines	16 and 21	o; Part V, line 4; Part
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
UNI	REALIZED GAIN IN FAIR MARKET VALUE OF IN	VESTMENTS	5: 73.		
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
INV	VESTMENT EXPENSES NETTED AGAINST REVENUE	g: −2017.			
PAI	RT XIII, LINE 4B - OTHER ADJUSTMENTS:				
83205		· . · · · · · · · · · · · · · · · · · ·		Schedu	le D (Form 990) 2008

832054 12-23-08 NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

ORLEANS EMPLOYERS INT LONGSHOREMEN'S

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization ASSOC AFL-CIO VACATION AND HOLIDAY FUND 72-0501072 DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, LINE 1, THE FUND THEN COMPENSATES EMPLOYEES AT YEAR END FOR VACATION AND HOLIDAY SECTION A, LINE 10: A COPY OF FORM 990 IS PROVIDED TO FORM 990, PART VI, THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AFTER BEING FILED WITH THE IRS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE AUDITED FINANCIAL STATEMENTS AND FORM 990 AVAILABLE FOR REVIEW ON THEIR WEBSITE.

Schedule R (Form 990) 2008 Open to Public Inspection Employer identification number 72-0501072OMB No. 1545-0047 Direct controlling Direct controlling 2008 entity Ē Œ End-of-year assets status (if section Public charity ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ Total income Exempt Code section 0 0 501(C)(9) Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) Q ➤ See separate instructions. NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S LOUISIANA ASSOC AFL-CIO VACATION AND HOLIDAY FUND LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity <u>@</u> <u>@</u> WELFARE BENEFIT Part II Identification of Related Tax-Exempt Organizations BOARD OF TRUSTEES, N.O. EMPLOYERS INT'L LONGSHOREMAN'S ASSOC AFL-CIO WELFAR, 147 CARONDELET ST. STE 300, NEW ORLEANS, LA Part 1 Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

832161 12-23-08

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72-0501072

NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S Schedule R (Form 990) 2008 ASSOC AFL-CIO VACATION AND HOLIDAY FUND

Part III Identification of Related Organizations Taxable as a Partnership

(L) (H) (D)	Share of Disproportion- Code V-UBI deneral or anomalous assets Ves No K-1 (Form 1065) Yes No	:								(F) (G) (H)	Share of total Share of Percentage income end-of-year ownership assets							
(F)	Share of total Sh income end-							 		(E)	ing Type of entity (C corp., S corp., or trust)							
(E)	Predominant income (related, investment, unrelated)				***			 		(C)	Legal domicile (state or foreign country)							
(Q)	Direct controlling Pre entity (re							 	rust	(B)	Primary activity Lega (\$ (\$)							
<u></u>	Legal domicile (state or foreign country)		 						oration or T		Prin						·····	
(B)	Primary activity								Identification of Related Organizations Taxable as a Corporation or Trust		Z _							
(A)	Name, address, and EIN of related organization								Part IV Identification of Related Org	(A)	Name, address, and EIN of related organization							

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72-0501072

NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S Schedule R (Form 990) 2008 ASSOC AFL-CIO VACATION AND HOLIDAY FUND

Part V Transactions With Related Organizations

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NEW ORLEANS EMPLOYERS INT LONGSHOREMEN'S

ASSOC AFL-CIO VACATION AND HOLIDAY FUND Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) (B)	(8)	(0)	<u>(Q</u>	(E)	Ð	(5)	Œ
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-	- O	Code V-UBI	
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