

**Short Form
Return of Organization Exempt From Income Tax**

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C LA AMUSEMENT & MUSIC OPERATORS ASSOC INC 700 N 10TH STREET #240 BATON ROUGE, LA 70802	D Employer identification number 72-1118490
		E Telephone number 225-387-0650
		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 98,008.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	97,380.
	4	Investment income	4	68.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	560.
6b	b Less: direct expenses other than fundraising expenses	6b		
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	560.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	b Less: cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 3, 4, 5c, 6c, 7c, and 8	9	98,008.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	41,101.
	13	Professional fees and other payments to independent contractors	13	3,063.
	14	Occupancy, rent, utilities, and maintenance	14	6,110.
	15	Printing, publications, postage, and shipping	15	1,722.
	16	Other expenses (describe ▶ See Statement 1)	16	47,035.
	17	Total expenses. Add lines 10 through 16	17	99,031.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,023.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	43,481.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,458.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	33,132.	32,031.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 2)	11,111.	11,111.
25 Total assets	44,243.	43,142.
26 Total liabilities (describe ▶ See Statement 3)	762.	684.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,481.	42,458.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED APR 14 2010

3

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? EDUCATE MEMBERS RE: INDUSTRY DEVELOP
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

Table with 2 columns: Description of program service and Expenses. Rows include: 28 HELD INDUSTRY TRADE SHOW/CONVENTION AND SEVERAL EDUCATIONAL SEMINARS; 29 MONITORED INDUSTRY RELATED LEGISLATION; 30; 31 Other program services (attach schedule); 32 Total program service expenses (add lines 28a through 31a).

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)

Table with 5 columns: (a) Name and address; (b) Title and average hours per week devoted to position; (c) Compensation (if not paid, enter -0-); (d) Contributions to employee benefit plans and deferred compensation; (e) Expense account and other allowances. Row 1: ---see attached listing---

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35 a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
37 b	b Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38 b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39	501(c)(7) organizations. Enter:		
39 a	a Initiation fees and capital contributions included on line 9 39 a N/A		
39 b	b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
40 b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 b		
40 c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 c 0.		
40 d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40 d 0.		
40 e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e		X
41	List the states with which a copy of this return is filed 41 None		

42 a The organization's books are in care of **MONA LACOMBE** Telephone no **225-753-8313**
 Located at **5937 JONES CREEK ROAD, BATON ROUGE, LA** ZIP + 4 **70817**

		Yes	No
42 b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: 42 b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42 c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 42 c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** | N/A
 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45		X

Part V Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation


d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here


3/17/10
 Signature of officer Date
 MATTHEW A. WEZEMAN President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date 2/11/10
 TODD J. GUERIN Preparer's Identifying Number (See instructions) N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4
 Apple Guerin Company LLC
 6421 Perkins Rd, Bldg A, Suite 1B
 Baton Rouge, LA 70808-4263
 EIN ▶ N/A
 Phone no ▶ (225) 767-1020

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

LA AMUSEMENT & MUSIC OPERATORS ASSOC INC

72-1118490

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

BANK CHARGES	\$	154.
DUES AND SUBSCRIPTIONS		469.
GOVERNMENT RELATIONS		38,118.
INSURANCE		379.
LICENSES AND PERMITS		115.
MEALS		2,484.
MISCELLANEOUS		998.
Office Expenses		449.
PUBLIC RELATIONS		300.
Telephone		2,454.
Travel		1,115.
Total	\$	<u>47,035.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 11,111.	\$ 11,111.
Total	<u>\$ 11,111.</u>	<u>\$ 11,111.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Total	\$ 762.	\$ 684.
	<u>\$ 762.</u>	<u>\$ 684.</u>

Statement 4
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No

Apple Guerin Company LLC
6421 Perkins Rd, Bldg A, Suite 1B
Baton Rouge, LA 70808-4263
(225) 767-1020

Client 4794
February 9, 2010

LA AMUSEMENT & MUSIC OPERATORS ASSOC INC
700 N 10TH STREET #240
BATON ROUGE, LA 70802
225-387-0650

FEDERAL FORMS

Form 990-EZ

2009 Return of Organization Exempt from Income Tax
Depreciation Schedules

FEE SUMMARY

Preparation Fee

LA AMUSEMENT & MUSIC OPERATORS ASSOC INC

72-1118490

	2009	2008	Diff
FORM 990-EZ REVENUE			
Program service revenue	0	98,281	-98,281
Membership dues and assessments	97,380	0	97,380
Investment income	68	47	21
Net income (loss) - special events	560	0	560
Total revenue	98,008	98,328	-320
EXPENSES			
Salaries and employee benefits	41,101	39,917	1,184
Professional fees/pytmt to contractors	3,063	12,842	-9,779
Occupancy/rent/utilities/maintenance	6,110	5,379	731
Printing, publications, and postage	1,722	1,378	344
Other expenses	47,035	42,468	4,567
Total expenses	99,031	101,984	-2,953
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	-1,023	-3,656	2,633
Net assets/fund bal. at beg. of year	43,481	47,137	-3,656
Net assets/fund bal. at end of year	42,458	43,481	-1,023

2009

General Information

Page 1

LA AMUSEMENT & MUSIC OPERATORS ASSOC INC

72-1118490

Forms needed for this return

Federal: 990-EZ

Carryovers to 2010

None

Louisiana Amusement and Music Operators Association
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