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

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2006

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.

		F	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PI	REPARING THIS REPORT		
For Official Use Only	1. FILE NUMB	ER	2. PERIOD COVERED MON DAY Y	EAR	3. (a) AMENDED – In report, check here	f this is an amended report corre:	recting a previously filed
			From		(b) TERMINAL – I report, see section	f your organization ceased to en XII of the instructions and che	xist and this is its terminal ck here:
			Through		(c) SUBSIDIARY - union as defined in	 If this is a report for a subsidian n section X of the instructions, 	ary organization of your check here:
4. AFFILIATION OR ORGANIZATION	NI NIAME			0.1/	IAII ING ADDDESS (TV	pe or print in capital letters)	
4. AFFILIATION OR ORGANIZATIO	ON INAIVIE				t Name		Name
5. DESIGNATION (Local, Lodge, etc	c.)	6. DESIGNATIO	N NUMBER	P.O	. Box – Building and Ro	oom Number (if any)	
7 LINUT NIANAE (#)							
7. UNIT NAME (if any)				Nun	nber and Street		
9. Are your organization's red address in Item 56.)	cords kept	at its mailing a	ddress? (If "No," provide	City			
			Yes No No	Stat	е	ZIP(Code + 4
56. ADDITIONAL INFORMATION							
Each of the undersigned, duly author report (including the information con complete. (See Section VI on penalt	tained in any	accompanying do	r organization, declares, under pocuments) has been examined by	enalty of per y the signato	jury and other applicab ry and is, to the best of	le penalties of law, that all of th the undersigned's knowledge a	e information submitted in this and belief, true, correct, and
57.SIGNED:				58. SIGNED:			
			(If other title, see instructions.)	JO. SIGNED.			(If other title, see instructions.)
Date	Tele	phone Number	_		Date	Telephone Number	

10. During the reporting period did the labor organization organization" as defined in section X of the instructions?	18. During the reporting period did the labor organization totaling more than \$250 to any officer, employee, or mem loans to a business enterprise?			e, or member	, or make any		
11. During the reporting period did the labor organization participate in the administration of a trust or other fund or defined in the instructions, which provides benefits for me beneficiaries?	organization, as embers or their	19. How many member reporting period?	rs did your	· orgar	nization h		es No No nd of the
12. During the reporting period did the labor organization action committee (PAC) fund?							
13. During the reporting period did the labor organization of any assets in any manner other than by purchase or sa	21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws						
14. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No		22. What is the date of	your orga	nizatic	n's next		on of officers?
15. During the reporting period did the labor organization or shortage of funds or other assets? (Answer "Yes" ever repayment or recovery.)		23. What are your orga and maximum if more t					ter a minimum
16. During the reporting period did the labor organization	have any officer	Rates of Dues and Fees					
who was paid \$10,000 or more by your organization and \$10,000 or more as an officer or employee of another lab	also received	Dues/Fees	Amount		Unit	Minimum	Maximum
of an employee benefit plan?	Yes No	(a) Regular Dues/Fees		per			
17. During the reporting period did the labor organization salary, allowances, and other expenses which, together v		(b) Initiation Fees		per			
from affiliates, totaled more than \$10,000?	Yes No	(c) Transfer Fees		per			

If the answer to any of the above questions is "Yes", provide details in Item 56 (Additional Information) as explained in the instructions for each Item.

(d) Work Permits

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

(A)	Name	(List all persons who held off	ice during the reporting period eversibursements. Use all capital lette	en if they	Gross Salary (before taxes and other	Allowances and Other	
		Todal vod no dalary or other a	de de la capital lette	(C) Status *	deductions)	Disbursements	Total
(B)	Title	(Enter title of officer, such as	PRESIDENT or TREASURER.)	Middle Initial	(D)	(E)	(F)
1.	Last Name		First Name	Middle Initial			
	Title		<u> </u>	Status			
2.	Last Name		First Name				
	Title			Status			
	Tille			Status			
3.	Last Name		First Name	Middle Initial			
	Title			Status			
			I E N				
4.	Last Name		First Name	Middle Initial			
	Title			Status			
5.	Last Name		First Name	Middle Initial			
	Title			Status			
	Tille			Status			
6.	Last Name		First Name	Middle Initial			
٠.							
	Title			Status			
7.	Last Name		First Name	Middle Initial			
	Title			Status			
8.	Totals fro	om additional pages (if any)					
9.	Totals of	Lines 1 through 8					
						10. Less Deductions	
			The Tot	al from Line 11	will be entered in Item 45	11. Net Disbursements	
		atus: past officer - P; continuing office	er – C; new officer during the reporting	(If any officer	was not elected at a regular elect	ion in accordance with your	
peri	od – N.			organization's	constitution and bylaws, explain	in Item 56 on page 1.)	

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
STATEMENT A ASSETS AND LIABILITIES	25. Cash			32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments			35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITITES		
	30. Other Assets					
	31. TOTAL ASSETS			37. NET ASSETS (Item 31 less Item 36)		

	CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
	38. Dues		45. To Officers (from Item 24)	
	39. Per Capita Tax		46. To Employees (less deductions)	
SINTS	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	
SEME	41. Interest & Dividends		48. Office & Administrative Expense	
STATEMENT B RECEIPTS AND DISBURSEMENTS	42. Sale of Investments & Fixed Assets		49. Professional Fees	
	43. Other Receipts		50. Benefits	
	44. TOTAL RECEIPTS		51. Contributions, Gifts & Grants	
	,		52. Purchase of Investments & Fixed Assets	
	If total receipts reported in Item 44 are \$250,000 or more, your or Form LM-2 instead of this form.	rganization must file	53. Loans Made	
			54. Other Disbursements	
			55. TOTAL DISBURSEMENTS	

56. ADDI	TIONAL	INFORMA	ΓΙΟΝ
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FILE NUMBER: