

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 000-000	2. PERIOD COVERED MO DAY YEAR From Through	3. (a) AMENDED - If this is an amended report, check <input type="checkbox"/> here: (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
---------------------------------------	-------------------------------	---	--

4. AFFILIATION OR ORGANIZATION NAME	8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER	8. MAILING ADDRESS (Type or print in capital letters)
7. UNIT NAME (if any)	First Name _____ Last Name _____	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input type="checkbox"/> No <input type="checkbox"/>	P.O. Box - Building and Room Number _____	
	Number and Street _____	
	City _____	
	State _____	ZIP Code + 4 _____

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

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

70. SIGNED: _____ PRESIDENT	71. SIGNED: _____ TREASURER
_____ (If other title, see instructions.)	_____ (If other title, see instructions.)
Date Telephone Number	Date Telephone Number

COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER:

000-000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 000-000

Complete Schedules 1 Through 29 Before Completing Statement A

Assets

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	1		
24. Loans Receivable	2		
25. U.S. Treasury Securities			
26. Investments	5		
27. Fixed Assets	6		
28. Other Assets	7		
29. TOTAL ASSETS			

Liabilities

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8		
31. Loans Payable	9		
32. Mortgages Payable			
33. Other Liabilities	10		
34. TOTAL LIABILITIES			

35. NET ASSETS (Item 29 Less Item 34)		
---------------------------------------	--	--

STATEMENT B – RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 29 Before Completing Statement B

FILE NUMBER:

000-000

Item CASH RECEIPTS	SCH #	AMOUNT
36. Dues and Agency Fees	14	
37. Per Capita Tax	15	
38. Fees, Fines, Assessments, Work Permits	16	
39. Sale of Supplies	17	
40. Interest	18	
41. Dividends	19	
42. Rents	20	
43. Sale of Investments and Fixed Assets	3	
44. Loans Obtained	9	
45. Repayments of Loans Made	2	
46. On Behalf of Affiliates for Transmittal to Them	21	
47. From Members for Disbursement on Their Behalf	22	
48. Other Receipts	23	
49. TOTAL RECEIPTS		

Item CASH DISBURSEMENTS	SCH #	AMOUNT
50. Representational Activities	24	
51. Political Activities and Lobbying	25	
52. Contributions, Gifts, and Grants	26	
53. General Overhead	27	
54. Union Administration	28	
55. Benefits	29	
56. Per Capita Tax		
57. Strike Benefits		
58. Fees, Fines, Assessments, etc.		
59. Supplies for Resale		
60. Purchase of Investments and Fixed Assets	4	
61. Loans Made	2	
62. Repayment of Loans Obtained	9	
63. To Affiliates of Funds Collected on Their Behalf		
64. On Behalf of Individual Members		
65. Direct Taxes		
66. Subtotal		
67. Withholding Taxes and Other Payroll Deductions		
67a. Total Withheld		
67b. Less Total Disbursed		
67c. Total Withheld But Not Disbursed		
68. TOTAL DISBURSEMENTS (Line 66-Line 67c)		

DETAILED SUMMARY PAGE – SALES & PURCHASES SCHEDULES 3 & 4

FILE NUMBER:

000-000

Complete Schedules 3 and 4 Before Completing Statement B

SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS		
(1) Total of All Itemized Transactions With All Named Purchasers		
(2) Total of All Non-Itemized Transactions With All Named Purchasers		
(3) Total of All Other Sales of Investments and Fixed Assets		
(4) Total		
	(5) Less Reinvestments	
	(6) Net Received from Sales	

SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS		
(1) Total of All Itemized Transactions With All Named Sellers		
(2) Total of All Non-Itemized Transactions With All Named Sellers		
(3) Total of All Other Sales of Investments and Fixed Assets		
(4) Total		
	(5) Less Reinvestments	
	(6) Net Purchases	

DETAILED SUMMARY PAGE – RECEIPT SCHEDULES 14 – 23

FILE NUMBER: 000-000

Complete Schedules 14 Through 23 Before Completing Statement B

<p>SCHEDULE 14</p> <p>Dues and Agency Fees</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 36

<p>SCHEDULE 19</p> <p>Dividends</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 41

<p>SCHEDULE 15</p> <p>Per Capita Tax</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 37

<p>SCHEDULE 20</p> <p>Rents</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 42

<p>SCHEDULE 16</p> <p>Fees, Fines, Permits</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 38

<p>SCHEDULE 21</p> <p>Behalf of Affiliates</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 46

<p>SCHEDULE 17</p> <p>Sales of Supplies</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 39

<p>SCHEDULE 22</p> <p>Members Behalf</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 47

<p>SCHEDULE 18</p> <p>Interest</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 40

<p>SCHEDULE 23</p> <p>Other Receipts</p>	1. Named Payer Itemized Receipts	
	2. Named Payer Non-itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	ITEM 48

DETAILED SUMMARY PAGE – DISBURSEMENTS SCHEDULES 24 – 28

FILE NUMBER: 000-000

Complete Schedules 24 Through 28 Before Completing Statement B

SCHEDULE 24 Representational Activities	1. Named Payee Itemized Disbursements	
	2. Named Payee Non-itemized Disbursements	
	3. To Officers	
	4. To Employees	
	5. All Other Disbursements	
	6. Total Disbursements (add lines 1 through 5)	Item 50

SCHEDULE 27 General Overhead	1. Named Payee Itemized Disbursements	
	2. Named Payee Non-itemized Disbursements	
	3. To Officers	
	4. To Employees	
	5. All Other Disbursements	
	6. Total Disbursements (add lines 1 through 5)	Item 53

SCHEDULE 25 Political Activities and Lobbying	1. Named Payee Itemized Disbursements	
	2. Named Payee Non-itemized Disbursements	
	3. To Officers	
	4. To Employees	
	5. All Other Disbursements	
	6. Total Disbursements (add lines 1 through 5)	Item 51

SCHEDULE 28 Union Administration	1. Named Payee Itemized Disbursements	
	2. Named Payee Non-itemized Disbursements	
	3. To Officers	
	4. To Employees	
	5. All Other Disbursements	
	6. Total Disbursements (add lines 1 through 5)	Item 54

SCHEDULE 26 Contributions, Gifts, and Grants	1. Named Payee Itemized Disbursements	
	2. Named Payee Non-itemized Disbursements	
	3. To Officers	
	4. To Employees	
	5. All Other Disbursements	
	6. Total Disbursements (add lines 1 through 5)	Item 52

SCHEDULE 1 – ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER: 000-000

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25. Totals from Continuation pages (if any)				
26. Totals of Lines 1 through 25				
27. Totals from all other accounts receivable				
28. Totals of Lines 26 and 27 (Total from Line 28, Column (B) will be automatically entered in Item 23, Column (B).)				

SCHEDULE 2 – LOANS RECEIVABLE

FILE NUMBER:

000-000

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name-_____					
Purpose-_____					
Security-_____					
Terms of Repayment-_____					
2. Name-_____					
Purpose:_____					
Security-_____					
Terms of Repayment-_____					
3. Name-_____					
Purpose:_____					
Security:_____					
Terms of Repayment-_____					
4. Totals from Continuation pages (if any)	\$	\$0			
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	\$	\$0			
The Totals from Line 6 will be automatically entered in _____, Item 24 _____, Item 61 _____, Item 45 _____, Item 69 _____, Item 24 _____, with Explanation _____, Column (A) _____, Column (B)					

SCHEDULE 3 – SALE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER:

000-000

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Description (if land or building give location) (B)	Date (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)
	(H) Total of Transactions Listed Above					
	(I) Total of All Transactions from Continuation Pages with this Purchaser					
	(J) Total of All Itemized Transactions with this Purchaser (Sum of (H) and (I))					
	(K) Total of All Non-Itemized Transactions with this Purchaser					
	(L) Total of All Transactions with This Purchaser for this Schedule (Sum of (J) and (K))					

SCHEDULE 5 – INVESTMENTS

FILE NUMBER:

000-000

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2.	
(a)	
(b)	
(c)	
(d) Total from Continuation pages (if any)	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$5,000 and exceeds 5% of Line 5. Also, list each Trust which is an investment.	
(a)	
(b)	
(c)	
(d)	
(e) Total from Continuation pages (if any)	
7. Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column (B).)	

SCHEDULE 6 - FIXED ASSETS

FILE NUMBER:

000-000

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
1. Land (give location)				
2. Totals from Continuation pages (if any)				
3. Buildings (give location)				
4. Totals from Continuation pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7 (The total from Line 8, Column (D) will be automatically entered in Item 27, Column (B).)				

SCHEDULE 7 – OTHER ASSETS

FILE NUMBER:

000-000

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14. Total from Continuation pages (if any)	
15. Total of Lines 1 through 14 (The total from Line 15 will be automatically entered in Item 28, Column (B).)	

SCHEDULE 8 – ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER:

000-000

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25. Totals from Continuation pages (if any)				
26. Totals of Lines 1 through 25				
27. Totals from all other accounts payable				
28. Totals of Lines 26 and 27 (Line 28, Column (B) will be automatically entered in Item 30, Column (D).)				

SCHEDULE 9 – LOANS PAYABLE

FILE NUMBER:

000-000

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12. Totals from Continuation pages (if any)					
13. Totals of Lines 1 through 12					

The totals from Line 13 will be Item 31Item 44 Item 62 Item 69 Item 31
automatically entered in Column (C) with Explanation Column (D)

SCHEDULE 10 - OTHER LIABILITIES

FILE NUMBER:

000-106

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13. Total from Continuation pages (if any)	
14. Total of Lines 1 through 13 (The total from Line 14 will be automatically entered in Item 33, Column (D).)	

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER:

000-000

(A)* Name		(B)* Title	(C)* Status	Gross Salary Disbursements (before any deductions) (D)	Allowances Disbursed (E)	Benefits (F)	Disbursements for Official Business (G)	Other Disbursements not Reported in (D) through (G) (H)	Total (I)
1	A*								
	B*								
	C*								
J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%	Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%		
2	A*								
	B*								
	C*								
J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%	Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%		
3	A*								
	B*								
	C*								
J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%	Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%		
4	A*								
	B*								
	C*								
J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%	Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%		
5	A*								
	B*								
	C*								
J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%	Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%		
6. Totals from continuation pages (if any)									
7. Total of Lines 1-6									
8. Less deductions									
9. Net disbursements									

*(A) Enter the full name in the following format: Last Name, First Name, Middle Initial. List all persons who held office during the reporting period even if they received no salary or other disbursements. *(B) Enter officer title, e.g., PRESIDENT or TREASURER. *(C) Code for Status: past officer - P; continuing officer - C; new officer during reporting period - N. (If any officer was not elected at a regular election in accordance with the labor organization's constitution and bylaws, explain in Item 69.) *(J) Enter the PERCENTAGE (A%) of time officer worked on activities covered in the corresponding Schedules 24-28.

SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER:

000-000

(A) Name		(B) Title	(C) Other Payer	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Benefits	(G) Disbursements for Official Business	(H) Other Disbursements not Reported in (D) through (G)	(I) Total
1	A*								
	B*								
	C*								
	J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%		Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%
2	A*								
	B*								
	C*								
	J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%		Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%
3	A*								
	B*								
	C*								
	J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%		Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%
4	A*								
	B*								
	C*								
	J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%		Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%
5	A*								
	B*								
	C*								
	J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%		Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%
6	A*	ALL OTHER EMPLOYEES							
	J*			Schedule 24 Representational Activities ___%	Schedule 25 Political Activities and Lobbying ___%		Schedule 26 Contributions ___%	Schedule 27 General Overhead ___%	Schedule 28 Union Administration ___%
7. Totals from continuation pages (if any)									
8. Total of Lines 1-6									
9. Less deductions									
10. Net disbursements									

SCHEDULE 13 – MEMBERSHIP STATUS

FILE NUMBER:

000-000

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1.		Yes <input type="checkbox"/>
2.		Yes <input type="checkbox"/>
3.		Yes <input type="checkbox"/>
4.		Yes <input type="checkbox"/>
5.		Yes <input type="checkbox"/>
6.		Yes <input type="checkbox"/>
7. Total from Continuation page(s)		
8. Members (Total of Lines 1 through 7)		
9. Agency Fee Payers*		
10. Total Members/Fee Payers (Total of Lines 8 and 9)		

*Agency Fee Payers are not considered members of the labor organization.

ITEMIZATION PAGE FOR RECEIPTS/DISBURSEMENT SCHEDULES 14 -28

FILE NUMBER:

000-000

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	(F) Total of Transactions Listed Above		
	(G) Total of All Transactions from Continuation pages with this Payee/Payer		
	(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		
	(I) Total of All Non-Itemized Transactions with this Payee/Payer		
(J) Total of All Transactions with This Payee/Payer for This Schedule (Sum of (H) and (I))			

SCHEDULE 29 – BENEFITS

FILE NUMBER:

000-000

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22. Total of Continuation pages (if any)		
23. Total of Lines 1 through 22 (The total from Line 23 will be automatically entered in Item 55.)		

69. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER:

000-000