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

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires 9-30-2011

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

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. 3. (a) AMENDED — If this is an amended report correcting a previously 2. PERIOD COVERED For Official Use Only 1. FILE NUMBER MO DAY YEAR filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its From terminal report, see Section XII of the instructions and check here: Through 8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box · Building and Room Number (if anv) Number and Street 4. AFFILIATION OR ORGANIZATION NAME 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER City 7. UNIT NAME (if any) ZIP Code + 4 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes 56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number 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.) 58. SIGNED: ____ 57. SIGNED: _ PRESIDENT TREASURER (If other title, (If other title, see instructions.) see instructions.) Telephone Number Telephone Number

FILE NUMBER:		_		
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During the Reporting Period Did Your Organization: Yes No	19. How many members did your organization have at the end of the						
10. Have a "subsidiary organization" as defined in Section X of the instructions?	reporting period?						
11. 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?	20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee or your organization?						
12. Have a political action committee (PAC) fund?	21. During the reporting period, did your						
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	organization have any changes in its constitution and bylaws (other than Yes No rates of dues and fees) or in practices/						
14. Have an audit or review or its books and records	procedures listed in the instructions?(If the constitution and bylaws have changed,						
by an outside accountant or by a parent body auditor/representative?	attach two new dated copies. If practices/ procedures have changed, see the instructions.)						
15. Discover any loss or shortage of funds or	MO YEAR 22. What is the date of your organization's						
other property?	next regular election of officers?						
or recovery.)	23. What are your organization's rates of						
16. Have any officer who was paid \$10,000 or more	dues and fees? (Enter a minimum and maximum if more						
by your organization and also received \$10,000 or more as an officer or employee or another labor	than one rate applies for any line.)						
organization or of an employee benefit plan?	Rates of Dues and Fees						
17. Pay any employee salary, allowances, and other	(a) Regular Dues/Fees \$ per						
expenses which, together with any payments from affiliates, totaled more than \$10,000?	(Month, Year, etc.)						
18. Have loans totaling more than \$250 to any officer,	(b) Initiation Fees \$						
employee, or member, or make any loans to a business employee?	(c) Transfer Fees \$						
(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)	(d) Work Permits \$ per						
,	(Month, Year, etc.)						

24. ALL OFFICERS AND DISBURSEMENTS **TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER:		_		
FILE NUMBER:		_		

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) Status Gross Salary (before taxes and other deductions)													Allowances and Other Disbursements	Total								
(B) Title	Э	(Ent	er titi	e of	offic	cer,	sucl	n as	PRE	SID	ENT	or 7	REA	SUF	RER.	.)		;)*	•	(D)	(E)	(F)
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*Codo fo	or Ct	totuo	(C)	nac	t off	icor		D. CO	ntin	uina	office	or	- C· n	OW /	office	or c	Huring	th	o ror	(If any	officer was not elected at a regular	election in accordance with

Enter Amounts in Dollars Only — Do Not Enter Cents FILE NUMBER: **ASSETS** Start of Reporting Period | End of Reporting Period Start of Reporting Period End of Reporting Period LIABILITIES (A) (B) Item (C) Item **SSETS AND LIABILITIES** 32. Accounts Payable..... 25. Cash 33. Loans Payable..... 26. Loans Receivable..... STATEMENT 27. U.S. Treasury Securities 34. Mortgages Payable..... 35. Other Liabilities...... 28. Investments..... 36. TOTAL LIABILITIES.. 29. Fixed Assets..... 30. Other Assets..... 37. NET ASSETS 31. TOTAL ASSETS...... (Item 31 less Item 36) **CASH RECEIPTS AMOUNT CASH DISBURSEMENTS AMOUNT** Item Item 45. To Officers (from Item 24) RECEIPTS AND DISBURSEMENTS 39. Per Capita Tax 46. To Employees (less deductions) 40. Fees, Fines, Assessments & Work Permits... 47. Per Capita Tax STATEMENT B 41. Interest & Dividends 48. Office & Administrative Expense..... 42. Sale of Investments & Fixed Assets..... 49. Professional Fees..... 43. Other Receipts 50. Benefits.....

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.

44. TOTAL RECEIPTS.....

Form LM-3 (Revised 2004)

55. TOTAL DISBURSEMENTS..... Page 4 of 4

51. Contributions, Gifts & Grants.....

52. Purchase of Investments & Fixed Assets....

53. Loans Made.....

54. Other Disbursements.....

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24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name	(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) Status	Gross Salary (before taxes and other deductions)	Allowances and Other Disbursements	Total
(B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.) (C)	(D)	(E)	(F)
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