

# FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

**FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 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

For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED – If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/>  (b) TERMINAL – If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/>
		MON      DAY      YEAR  From  Through	

4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)		P.O. Box – Building and Room Number (if any)	
		Number and Street	
		City	
		State	ZIP Code + 4

19. ADDITIONAL INFORMATION

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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.)

20. SIGNED: \_\_\_\_\_  
 \_\_\_\_\_  
 Date                      Telephone Number

(If other title, see instructions.)

21. SIGNED: \_\_\_\_\_  
 \_\_\_\_\_  
 Date                      Telephone Number

(If other title, see instructions.)

**COMPLETE ITEMS 9 THROUGH 18**

FILE NUMBER:

**Enter Amounts in Dollars Only – Do Not Enter Cents**

9. 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 have changed, attach two new dated copies. If practices/procedures have changed, see instructions.)*

Yes  No 

10. During the reporting period did the labor organization change the rates of dues and fees? *(If "Yes", report the new rates in Item 19 on page 1.)*

Yes  No 

11. 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 

12. During the reporting period was your organization insured by a fidelity bond?

Yes  No 

If "Yes", enter the maximum amount recoverable under the bond loss caused by any person.

13. How many members did your organization have at the end of the reporting period?

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc).

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.).

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). *(If \$10,000 or more, your organization must file form LM-2 or LM-3 instead of this form.)*

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.)

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.).

Please be sure to:

- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.

**If the answer to question 9, 10, or 11 is "Yes," provide details in Item 19 (Additional Information) as explained in the instructions for each item.**

**19. ADDITIONAL INFORMATION**

FILE NUMBER: