

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

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

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

Empty rectangular box at the top of the page.

**COMPLETE ITEMS 10 THROUGH 21**

FILE NUMBER:

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

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? 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 Dues/Fees		per		
(b) Working Dues/Fees		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**

Complete Schedules 1 Through 20 Before Completing Statement A

FILE NUMBER:

<b>ASSETS</b>	<b>ASSETS</b>	<b>Schedule Number</b>	<b>Start of Reporting Period (A)</b>	<b>End of Reporting Period (B)</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		
	<b>29. TOTAL ASSETS</b>			

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

<b>35. NET ASSETS</b> (Item 29 Less Item 34)		
--	--	--

**STATEMENT B – RECEIPTS AND DISBURSEMENTS**

Complete Schedules 1 Through 20 Before Completing Statement B

FILE NUMBER:

Item	CASH RECEIPTS	SCH #	AMOUNT
36.	Dues and Agency Fees		
37.	Per Capita Tax		
38.	Fees, Fines, Assessments, Work Permits		
39.	Sale of Supplies		
40.	Interest		
41.	Dividends		
42.	Rents		
43.	Sale of Investments and Fixed Assets	3	
44.	Loans Obtained	9	
45.	Repayments of Loans Made	12	
46.	On Behalf of Affiliates for Transmittal to Them		
47.	From Members for Disbursement on Their Behalf		
48.	Other Receipts	14	
<b>49.</b>	<b>TOTAL RECEIPTS</b>		

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50.	Representational Activities	15	
51.	Political Activities and Lobbying	16	
52.	Contributions, Gifts, and Grants	17	
53.	General Overhead	18	
54.	Union Administration	19	
55.	Benefits	20	
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 Tax and Payroll Deductions		
67a.	Total Withheld		
67b.	Less Total Disbursed		
67c.	Total Withheld But Not Disbursed		
<b>68.</b>	<b>TOTAL DISBURSEMENTS (Line 66 – Line 67c)</b>		

**SCHEDULE 1 – ACCOUNTS RECEIVABLE AGING SCHEDULE**

FILE NUMBER:

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. <b>Totals of Lines 26 and 27</b> (Total from Line 28, Column (B) will be automatically entered in Item 23, Column (B).)				

**SCHEDULE 2 – LOANS RECEIVABLE**

FILE NUMBER:

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)					
5. Totals of loans not listed above					
<b>6. Totals of Lines 1 through 5</b>					
The Totals from Line 6 will be automatically entered in .....Item 24 .....Item 61 .....Item 45.....Item 69.....Item 24 Column (A) .....with Explanation Column (B)					

**SCHEDULE 3 – SALE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER:

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
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				
			14. Less Reinvestments	
			<b>15. Net Sales</b>	

(The total from line 15 will be automatically entered in Item 43.)



**SCHEDULE 4 – PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER:

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
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			
			14. Less Reinvestments
			15. Net Sales

(The total from line 15 will be automatically entered in Item 60.)

**SCHEDULE 5 – INVESTMENTS**

FILE NUMBER:

Description (A)	Amount (B)
<b>Marketable Securities</b>	
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)	
<b>Other Investments</b>	
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 subsidiary for which separate reports are attached.	
(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:

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. <b>Total of Lines 1 through 7</b> (The Total from Line 8, Column (D) will be automatically entered in Item 27, Column (B).)				

**SCHEDULE 7 – OTHER ASSETS**

FILE NUMBER:

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. <b>Total of Lines 1 through 14</b> (The Total from Line 15 will be automatically entered in Item 28, Column (B).)	

**SCHEDULE 8 – ACCOUNTS PAYABLE AGING SCHEDULE**

FILE NUMBER:

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. <b>Totals of Lines 26 and 27</b> (Total from Line 28, Column (B) will be automatically entered in Item 30, Column (D).)				

**SCHEDULE 9 – LOANS PAYABLE**

FILE NUMBER:

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)					
<b>13. Totals of Lines 1 through 12</b>					
The Totals from Line 13 will be automatically entered in .....Item 31 .....Item 44 .....Item 62.....Item 69.....Item 31 Column (C) with Explanation Column (D)					

**SCHEDULE 10 – OTHER LIABILITIES**

FILE NUMBER:

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)	
<b>14. Total of Lines 1 through 13</b> (The Total from Line 13 will be automatically entered in Item 33, Column (D).)	

**SCHEDULE 11 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

FILE NUMBER:

(A) Name		(B) Title		(C) Status		(D) Gross Salary Disbursements (before any deductions)		(E) Allowances Disbursed		(F) Disbursements for Official Business		(G) Other Disbursements not reported in (D) through (F)		(H) TOTAL	
1 A															
B															
C															
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%					
2 A															
B															
C															
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%					
3 A															
B															
C															
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%					
4 A															
B															
C															
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%					
5 A															
B															
C															
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%					
6. TOTALS FROM CONTINUATION PAGES (if any)															
7. TOTAL OF LINES 1 – 6															
8. LESS DEDUCTIONS															
9. NET DISBURSEMENTS															



**SCHEDULE 12 – DISBURSEMENTS TO EMPLOYEES**

FILE NUMBER:

(A) Name		(B) Title		(C) Status		(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL	
1 A											
B											
C											
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%	
2 A											
B											
C											
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%	
3 A											
B											
C											
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%	
4 A											
B											
C											
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%	
5 A											
B											
C											
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%	
6. TOTALS FROM CONTINUATION PAGES (if any)											
7. TOTAL OF LINES 1 – 6											
8. LESS DEDUCTIONS											
9. NET DISBURSEMENTS											

**SCHEDULE 13 – MEMBERSHIP STATUS**

FILE NUMBER:

Category of Membership (A)	Number (B)	Voter Eligibility (C)
1.		Yes
2.		Yes
3.		Yes
4.		Yes
5.		Yes
6.		Yes
7. Total from Continuation page(s)		
8. Members (Total of Lines 1 through 7; Enter the Total from Line 8 in Item 20)		
9. Agency Fee Payers*		
<b>10. Total Members/Fee Payers</b> (Total of Lines 8 and 9)		
*Agency Fee Payers are not considered members of the labor organization		

**DETAILED SUMMARY PAGE – SCHEDULES 14 THROUGH 19**

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

<b>SCHEDULE 14 OTHER RECEIPTS</b>	1. Named Payer Itemized Receipts		<b>Item 48</b>
	2. Named Payer Non-Itemized Receipts		
	<b>3. All Other Receipts</b>		
	<b>4. Total Receipts</b> (add Lines 1 through 3)		

<b>SCHEDULE 17 CONTRIBUTIONS, GIFTS, AND GRANTS</b>	1. Named Payee Itemized Disbursements		<b>Item 52</b>
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	<b>6. Total Disbursements</b> (add Lines 1 through 5)		

<b>SCHEDULE 15 REPRESENTA- TIONAL ACTIVITIES</b>	1. Named Payee Itemized Disbursements		<b>Item 50</b>
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	<b>6. Total Disbursements</b> (add Lines 1 through 5)		

<b>SCHEDULE 18 GENERAL OVERHEAD</b>	1. Named Payee Itemized Disbursements		<b>Item 53</b>
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	<b>6. Total Disbursements</b> (add Lines 1 through 5)		

<b>SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING</b>	1. Named Payee Itemized Disbursements		<b>Item 51</b>
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	<b>6. Total Disbursements</b> (add Lines 1 through 5)		

<b>SCHEDULE 19 UNION ADMINISTRATION</b>	1. Named Payee Itemized Disbursements		<b>Item 54</b>
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	<b>6. Total Disbursements</b> (add Lines 1 through 5)		



**SCHEDULE 15 – REPRESENTATIONAL ACTIVITIES**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (B)	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		
<b>(J) Total of All Transactions with this Payee/Payer for this Schedule (Sum of (H) and (I))</b>			

**SCHEDULE 16 – POLITICAL ACTIVITIES AND LOBBYING**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (B)	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		
<b>(J) Total of All Transactions with this Payee/Payer for this Schedule (Sum of (H) and (I))</b>			

**SCHEDULE 17 – CONTRIBUTIONS, GIFTS, AND GRANTS**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (B)	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		
<b>(J) Total of All Transactions with this Payee/Payer for this Schedule (Sum of (H) and (I))</b>			

**SCHEDULE 18 – GENERAL OVERHEAD**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (B)	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		
<b>(J) Total of All Transactions with this Payee/Payer for this Schedule (Sum of (H) and (I))</b>			



**SCHEDULE 19 – UNION ADMINISTRATION**

FILE NUMBER:

*Complete Itemization Pages BEFORE the Detailed Summary Page*

Name and Address (A)	Purpose (B)	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		
<b>(J) Total of All Transactions with this Payee/Payer for this Schedule (Sum of (H) and (I))</b>			

**SCHEDULE 20 – BENEFITS**

FILE NUMBER:

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)		
<b>23. Total of Lines 1 through 22</b> (The Total from Line 23 will be automatically entered in Item 55.)		

**69. ADDITIONAL INFORMATION SUMMARY**

FILE NUMBER: