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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	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	Form Approved Office of Management and Budget No. 1245-0003 Expires: 10-31-2013
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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 544-934	2. PERIOD COVERED MO DAY YEAR From 01/01/2013 Through 12/31/2013	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME TEST ORGANIZATION	8. MAILING ADDRESS (Type or print in capital letters) First Name BOB Last Name SMITH
5. DESIGNATION (Local, Lodge, etc.) _____ 6. DESIGNATION NUMBER 0	P.O Box - Building and Room Number _____
7. UNIT NAME (if any) TEST UNION	Number and Street FIRST STREET
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input type="radio"/> No <input type="radio"/>	City TEST State DC
	ZIP Code + 4 20015

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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual'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: _____

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COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER:544-934

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 the Members Line 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.

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STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER:544-934

Complete Schedules 1 through 20 Before Completing Statement A

Cash Reconciliation : \$0

ASSETS

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	1		\$0
24. Loans Receivable	2		\$0
25. U.S. Treasury Securities			
26. Investments	5		\$0
27. Fixed Assets	6		\$0
28. Other Assets	7		\$0
29. TOTAL ASSETS		\$0	\$0

LIABILITIES

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8		\$0
31. Loans Payable	9		\$0
32. Mortgages Payable			
33. Other Liabilities	10		\$0
34. TOTAL LIABILITIES		\$0	\$0

35. NET ASSETS(Item 29 Less Item 34)		\$0	\$0
--------------------------------------	--	-----	-----

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STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 544-924

Complete Schedules 1 Through 20 Before Completing Statement B


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	\$0
44. Loans Obtained		9	\$0
45. Repayments of Loans Made		2	\$0
46. On Behalf of Affiliates for Transmittal to Them			
47. From Members for Disbursement on Their Behalf			
48. Other Receipts		14	\$0
49. TOTAL RECEIPTS			\$0

Item	CASH DISBURSEMENTS	SCH#	AMOUNT
50. Representational Activities		15	\$0
51. Political Activities and Lobbying		16	\$0
52. Contributions, Gifts, and Grants		17	\$0
53. Sales of Supplies, General Overhead		18	\$0
54. Union Administration		19	\$0
55. Benefits		20	\$0
56. Per Capita Tax			
57. Strike Benefits			
58. Fees, Fines, Assessments, etc.			
59. Supplies for Resale			
60. Purchase of Investments and Fixed Assets		4	\$0
61. Loans Made		2	\$0
62. Repayment of Loans Obtained		9	\$0
63. To Affiliates of Funds Collected on Their Behalf			
64. On Behalf of Individual Members			
65. Direct Taxes			
66. Subtotal			\$0
67. Withholding Taxes and Payroll Deductions			
67a. Total Withheld			
67b. Less Total Disbursed			
67c. Total Withheld But Not Disbursed			\$0
68. TOTAL DISBURSEMENTS(Line 66-Line 67c)			\$0

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SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE [Add Accounts Receivable](#) FILE NUMBER:544-934

	Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
SCH 1	1				
SCH 2	2				
SCH 3	3				
SCH 4	4				
SCH 5	5				
SCH 6	6				
SCH 7	7				
SCH 8	8				
SCH 9	9				
SCH 9	10				
SCH 10	Total of all itemized accounts receivable				
SCH 11	Total from all other accounts receivable				
SCH 12	Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))				

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SCHEDULE 2 - LOANS RECEIVABLE

[Add Loans Receivable](#)

FILE NUMBER:544-934

	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	Name: Purpose: Security: Terms of Repayment:					
Total of loans not listed above						
Total of all lines above						
Totals will be automatically entered in		Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)

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SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

[Add Investments And Fixed Assets Sales](#)

FILE NUMBER: 544-934

	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					
Total of all lines above					
				Less Reinvestments	
(The total from Net Sales Line will be automatically entered in Item 43.)				Net Sales	

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SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

[Add Investments And Fixed Assets Purchases](#)

FILE NUMBER:544-934

	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				
Total of all lines above				
			Less Reinvestments	
(The total from Net Purchases Line will be automatically entered in Item 60.)			Net Purchases	

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SCHEDULE 5 - INVESTMENTS

FILE NUMBER: 544-934

Description (A)		Amount (B)
Marketable Securities Add More Marketable Securities		
A. Total Cost		
B. Total Book Value		
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B.		
1		
2		
3		
4		
5		
6		
7		
8		
9		
Other Investments Add More Other Investments		
D. Total Cost		
E. Total Book Value		
F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.		
1		
2		
3		
4		
5		
6		
7		
8		
9		
G. Total of Lines B and E (Total will be automatically entered in Item 26, Column (B))		

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SCHEDULE 6 - FIXED ASSETS

FILE NUMBER:544-934

	Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
A. Land (give location)		Add Land			
SCH 1					
SCH 2					
SCH 3					
SCH 4					
SCH 5					
SCH 6					
SCH 7					
SCH 8					
SCH 9					
SCH 10					
SCH 11					
SCH 12					
SCH 13					
SCH 14					
SCH 15					
SCH 16					
SCH 17					
SCH 18					
SCH 19					
SCH 20					
B. Buildings (give location)		Add Buildings			
SCH 1					
SCH 2					
SCH 3					
SCH 4					
SCH 5					
SCH 6					
SCH 7					
SCH 8					
SCH 9					
C. Automobiles and Other Vehicles					
D. Office Furniture and Equipment					
E. Other Fixed Assets					
F. Totals of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B))					

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SCHEDULE 7 - OTHER ASSETS

[Add Other Assets](#)

FILE NUMBER:544-934

	Description (A)	Book Value (B)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total (Total will be automatically entered in Item 28, Column(B))		

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SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

[Add Accounts Payable](#)

FILE NUMBER:544-934

	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	Accounts Payable Name 6				
8					
9					
10					
Total of all itemized accounts payable					
Total from all other accounts payable					
Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))					

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SCHEDULE 9 - LOANS PAYABLE

[Add Loans Payable](#)

FILE NUMBER:544-934

	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						
Total Loans Payable						
Totals will be automatically entered in		Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

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SCHEDULE 10 - OTHER LIABILITIES

[Add Other Liabilities](#)

FILE NUMBER:544-934

	Description (A)	Amount at End Of Period (B)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))		

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SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

[Add Disbursements To Officers](#)

FILE NUMBER: 544-934

	(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				
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial									
	1A							\$0				
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial									
	2A							\$0				
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial									
	3A							\$0				
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
Total Officer Disbursements												
Less Deductions												
Net Disbursements												

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SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES

[Add Disbursements To Employees](#)

FILE NUMBER:544-934

(A) Name	(B) Title	(C) Other Payee	(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
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial				
1A							\$0
B							
C							
I	Schedule 15 Representational Activities <input type="checkbox"/> %		Schedule 16 Political Activities and Lobbying <input type="checkbox"/> %		Schedule 17 Contributions <input type="checkbox"/> %	Schedule 18 General Overhead <input type="checkbox"/> %	Schedule 19 Administration <input type="checkbox"/> %
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial				
2A							\$0
B							
C							
I	Schedule 15 Representational Activities <input type="checkbox"/> %		Schedule 16 Political Activities and Lobbying <input type="checkbox"/> %		Schedule 17 Contributions <input type="checkbox"/> %	Schedule 18 General Overhead <input type="checkbox"/> %	Schedule 19 Administration <input type="checkbox"/> %
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial				
3A							\$0
TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS							
I	Schedule 15 Representational Activities <input type="checkbox"/> %		Schedule 16 Political Activities and Lobbying <input type="checkbox"/> %		Schedule 17 Contributions <input type="checkbox"/> %	Schedule 18 General Overhead <input type="checkbox"/> %	Schedule 19 Administration <input type="checkbox"/> %
Total Employee Disbursements							
Less Deductions							
Net Disbursements							

AI - Additional Information has been provided. Click "AI" to view or edit the text.
***AI** - Additional Information must be provided for this item. Click the "AI" to enter.

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SCHEDULE 13 - MEMBERSHIP STATUS

[Add Membership Statuses](#)

FILE NUMBER: 544-934

	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			Yes <input type="checkbox"/>
8			Yes <input type="checkbox"/>
9			Yes <input type="checkbox"/>
10			Yes <input type="checkbox"/>
	Members (Total of all lines above)	<input type="text"/>	
	Agency Fee Payers*	<input type="text"/>	
	Total Members/Fee Payers	<input type="text"/>	

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

AI - Additional Information has been provided. Click "AI" to view or edit the text.

***AI** - Additional Information must be provided for this item. Click the "AI" to enter.

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DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19

FILE NUMBER:544-934

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14 OTHER RECEIPTS	
1. Named Payer Itemized Receipts	\$0
2. Named Payer Non-itemized Receipts	\$0
3. All Other Receipts	
4. Total Receipts	\$0

Item 48

SCHEDULE 17 CONTRIBUTIONS, GIFTS & GRANTS	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item 52

SCHEDULE 15 REPRESENTATIONAL ACTIVITIES	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item 50

SCHEDULE 18 GENERAL OVERHEAD	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item 53

SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item 51

SCHEDULE 19 UNION ADMINISTRATION	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item 54

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SCHEDULE 14 - OTHER RECEIPTS

[Add Other Receipts](#)

FILE NUMBER:544-934

Show Payer:

[Delete Payer](#)

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		1.		
P.O.Box		2.		
Street		3.		
City		4.		
State <input type="text"/>		5.		
Zip Code		6.		
More Receipts For This Payer		7.		
(B)Type or Classification		8.		
Total Itemized Transactions with this Payee/Payer				<input type="text"/>
Total Non-Itemized Transactions with this Payee/Payer				<input type="text"/>
Total of All Transactions with this Payee/Payer for this Schedule				<input type="text"/>

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SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

[Add Representational Activities](#)

FILE NUMBER:544-934

Show Payee:

[Delete Payee](#)

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		1.		
P.O.Box		2.		
Street		3.		
City		4.		
State <input type="button" value="v"/>		5.		
Zip Code		6.		
More Disbursements For This Payee		7.		
(B)Type or Classification		8.		
		9.		
		10.		
Total Itemized Transactions with this Payee/Payer				<input type="text"/>
Total Non-Itemized Transactions with this Payee/Payer				<input type="text"/>
Total of All Transactions with this Payee/Payer for this Schedule				<input type="text"/>

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SCHEDULE 16 - POLITICAL ACTIVITIES AND LOBBYING

[Add Political Activities](#)

FILE NUMBER: 544-934

Show Payee:

[Delete Payee](#)

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		1.		
P.O.Box		2.		
Street		3.		
City		4.		
State	<input type="text"/>	5.		
Zip Code		6.		
More Disbursements For This Payee		7.		
(B) Type or Classification		8.		
		9.		
		10.		
Total Itemized Transactions with this Payee/Payer				<input type="text"/>
Total Non-Itemized Transactions with this Payee/Payer				<input type="text"/>
Total of All Transactions with this Payee/Payer for this Schedule				<input type="text"/>

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SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS

[Add Gifts](#)

FILE NUMBER:544-934

Show Payee:

[Delete Payee](#)

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		1.		
P.O.Box		2.		
Street		3.		
City		4.		
State <input type="button" value="v"/>		5.		
Zip Code		6.		
More Disbursements For This Payee		7.		
(B)Type or Classification		8.		
		9.		
		10.		
Total Itemized Transactions with this Payee/Payer				<input type="text"/>
Total Non-Itemized Transactions with this Payee/Payer				<input type="text"/>
Total of All Transactions with this Payee/Payer for this Schedule				<input type="text"/>

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SCHEDULE 18 - GENERAL OVERHEAD

[Add Overheads](#)

FILE NUMBER: 544-934

Show Payee:

[Delete Payee](#)

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		1.		
P.O.Box		2.		
Street		3.		
City		4.		
State <input type="text"/>		5.		
Zip Code		6.		
More Disbursements For This Payee		7.		
(B) Type or Classification		8.		
		9.		
		10.		
Total Itemized Transactions with this Payee/Payer				<input type="text"/>
Total Non-Itemized Transactions with this Payee/Payer				
Total of All Transactions with this Payee/Payer for this Schedule				<input type="text"/>

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SCHEDULE 19 - UNION ADMINISTRATION

[Add Administration](#)

FILE NUMBER:544-934

Show Payee:

[Delete Payee](#)

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name		1.		
P.O.Box		2.		
Street		3.		
City		4.		
State <input type="button" value="v"/>		5.		
Zip Code		6.		
More Disbursements For This Payee		7.		
(B)Type or Classification		8.		
		9.		
		10.		
Total Itemized Transactions with this Payee/Payer				<input type="text"/>
Total Non-Itemized Transactions with this Payee/Payer				<input type="text"/>
Total of All Transactions with this Payee/Payer for this Schedule				<input type="text"/>

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SCHEDULE 20 - BENEFITS

[Add Benefits](#)

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	Description (A)	To Whom Paid (B)	Amount (C)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total of all lines above (Total will be automatically entered in Item 55.)			

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