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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	<b>FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT</b>  FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS	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  E	1. FILE NUMBER 544-934	2. PERIOD COVERED MO DAY YEAR From 01/01/2012 Through 12/31/2012	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"/>
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4. AFFILIATION OR ORGANIZATION NAME TEST ORGANIZATION	8. MAILING ADDRESS (Type in capital letters) First Name: BOB      Last Name: SMITH P.O. Box - Building and Room Number (if any):
5. DESIGNATION (Local, Lodge, etc.): _____	6. DESIGNATION NUMBER: 0
7. UNIT NAME (if any) TEST UNION	Number and Street: FIRST STREET  City: TEST  State: DC      ZIP Code + 4: 20015
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="radio"/> No <input type="radio"/>	

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.)

57. SIGNED: _____ PRESIDENT (If other title, see instructions)	58. SIGNED: _____ TREASURER (If other title, see instructions)
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____

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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**During the Reporting Period Did Your Organization:**

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes

No

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?

Yes

No

12. Have a political action committee (PAC) fund?

Yes

No

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

Yes

No

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

Yes

No

15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.)

Yes

No

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

Yes

No

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

Yes

No

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

Yes

No

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

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than 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 the instructions.)

Yes

No

22. What is the date of your organization's next regular election of officers?

23. What are your 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) Initiation Fees		per		
(c) Transfer Fees		per		
(d) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.

**AI** - Additional Information has been provided. Click "AI" to view or edit the text.  
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### 24.ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

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(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.)			(D) Gross Salary (before taxes and other deductions)	(E) Allowances and Other Disbursements	(F) TOTAL
(B)Title (Enter title of officer, such as PRESIDENT or TREASURER.)			(C)Status		
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial		
1.	Title		Status		\$0
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial		
2.	Title		Status		\$0
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial		
3.	Title		Status		\$0
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial		
4.	Title		Status		\$0
<input checked="" type="checkbox"/>	Last Name	First Name	Middle Initial		
5.	Title		Status		\$0
Total					
				Less Deductions	
				Net Disbursements	
The Total from Net Disbursements will be entered in Item 45					
(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 Additional Information.)					

LM-3 Statement A and B

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Cash Reconciliation : \$0

STATEMENT A ASSETS AND LIABILITIES	ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
	Item				Item			
	25. Cash				32. Accounts Payable			
	26. Loans Receivable				33. Loans Payable			
	27. U.S. Treasury Securities				34. Mortgages Payable			
	28. Investments			Treasury Grand Total	35. Other Liabilities			
	29. Fixed Assets				36. TOTAL LIABILITIES		\$0	\$0
	30. Other Assets							
	31. TOTAL ASSETS		\$0	\$0	37. NET ASSETS (Item 31 Less Item 36)		\$0	\$0

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT
	Item			Item		
	38. Dues			45. To Officers (from Item 24)		\$0
	39. Per Capita Tax			46. To Employees (less deductions)		
	40. Fees, Fines, Assessments & Work Permits			47. Per Capita Tax		
	41. Interest & Dividends			48. Office & Administrative Expense		
	42. Sale of Investments & Fixed Assets			49. Professional Fees		
	43. Other Receipts			50. Benefits		
	44. TOTAL RECEIPTS		\$0	51. Contributions, Gifts & Grants		
	If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.			52. Purchase of Investments & Fixed Assets		
				53. Loans Made		
				54. Other Disbursements		
				55. TOTAL DISBURSEMENTS		\$0

# LM-3 Additional Information

**Electronic Forms System (EFS) - Windows Internet Explorer**

http://csvlwd04.esadev.dol.gov:9081/efs/Im3Formfill.do

Electronic Forms System (EFS)

**Electronic Forms System**

**56.ADDITIONAL INFORMATION SUMMARY** FILE NUMBER: 544-934



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