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

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires 08-31-2016

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 TH	HE INSTRUCT	TION	S CARE	FULL'	Y BEFO	ORE PR	REPAR	RING TH	HIS RE	EPOR	T.										
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				Firs	st Name	<del>-</del>					,												
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				P.C	D. Box •	Buildi	ng and	Room	Numl	ber (if a	any)												'
				Nur	mber ar	nd Stre	eet																
4. AFFILIATION OR ORGANIZATION I	NAME																						
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION	N NUMBER	City	/																		
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7. UNIT NAME (if any)														!									
				Sta	te	ZIP C	ode +	4															
9. Are your organization's records kept (If "No," provide address in Item 56.)		g address? Yes	] No			Ш					Ш												
56. ADDITIONAL INFORMATION (If m	ore space is	needed, attach ad	ditional page	s pro	perly ic	lentifie	ed.)																
Item Number																							
Each of the undersigned, duly authorized offic	ers of the aho	ve labor organization	declares unde	r nen	alty of ne	riury ar	nd other	annlical	hle nen	altips of	law th	nat all (	of the i	nform	ation s	submit	ted in	this re	enort (	includir	na the inf	ormatic	
contained in any accompanying documents) I	has been exar	nined by the signatory	and is, to the b	pest of	f the und	ersigne	ed's kno	wledge a	and be	lief, true	, correc	ct, and	l comp	lete. (	See S	Section	ı VI o	n pen	alties i	in the ii	nstructio	ns.)	<i>/</i> 11
57. SIGNED:				PR	ESIDEN	1T	58.	SIGNE	ED:												TREA	SURE	ΞR
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/ (	<u>_</u>	elephone Number		_see	instruc	tions.)	)		/	Date /			(	,	) 	alaab		- Numb			see II	nstruc	ctions.)
Date	11	eleprione inumber								Date					- 1	elepn	one i	dilinni	ei				

		FILE NUMBER:							
19	9. How many membe organization have reporting period?		of the						
20	O. What is the maxim recoverable under fidelity bond for a leany officer or emplored organization?	your organi oss caused	by	's <b>\$</b> [					
2	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?								
22	2. What is the date of next regular election			n's	MO	YEAR			
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	Amoun	t	Unit	Minimum	Maximum			
	(a) Regular Dues/Fees	\$	per						
	(b) Initiation Fees	\$	per						

Have a "subsidiary organization" as defined in Section X of the instructions?	res	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?		
12. Have a political action committee (PAC) fund?		
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?		
15. Discover any loss or shortage of funds or other property?		
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?		
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?		
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?		
(If the answer to any of the above questions is "Yes," provide of in Item 56 on page 1 as explained in the instructions for each in		

During the Reporting Period Did Your Organization:

(c) Transfer Fees

(d) Work Permits

\$

\$

per

Yes

No

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

Enter Amounts in Dollars Only — Do Not Enter Cents

		l		ı
FILE NUMBER:		—		

10 OFFICERS								
(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.)	Gross Salary (before taxes and	Allowances and Other	<del>-</del>					
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.) (C)*	other deductions) (D)	Disbursements (E)	Total (F)					
Last Name MI								
1. Title Status								
Last Name First Name MI  2.								
Title Status								
Last Name First Name MI								
3.								
Title Status								
Last Name First Name MI								
4								
Title Status Status First Name MI								
5.								
Title Status								
Last Name MI								
6.								
Title Status Status								
Last Name First Name MI								
Title Status								
8. Totals from additional pages (if any)								
9. Totals of Lines 1 through 8								
		10. Less Deductions						
Enter the total from Line 11 in	Item 45 ⇒	11. Net Disbursements						
*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N. (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)								

## FILE NUMBER: Enter Amounts in Dollars Only — Do Not Enter Cents **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) ..... 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.....

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

43. Other Receipts .....

44. TOTAL RECEIPTS.....

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

50. Benefits.....

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

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

53. Loans Made.....

54. Other Disbursements.....

RECEIPTS

ORGANIZATION NA	AME:			FILE NUMBER	::
ENDING DATE OF F	PERIOD COVERED:  OFFICERS AND DISBURSEMENTS	TO OFI	FICERS (continue	PAGE OF	FADDITIONAL PAGES
(A) Name (B) Title	(List all persons who held office during the reporting period exthey received no salary or other disbursements. Use all capit (Enter title of officer, such as PRESIDENT or TREASURER.)	even if ital letters.)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name Title	First Name	MI Status			
Last Name Title	First Name	MI			
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Last Name Title	First Name	MI Status			
Last Name Title	First Name	MI Status			
Last Name	First Name	MI Status			
Last Name Title	First Name	Status			
Last Name	First Name	MI	1	·	

Title

Totals

Status

ORGANIZATION NAME:			FILE NUMBER	:
24. ALL OFFICERS AND DISBURSEMENTS T	O OFF	FICERS (continue		ADDITIONAL PAGES
(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements. Use all capital     (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	n if	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name First Name	MI			
Last Name First Name  Title	MI			

MI

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Totals

Status

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