


[Log out](#)

Electronic Forms System

[Save](#) [Add Attachments](#) [Validate](#)  [Submit](#) [Help](#) [Print](#)

<p>PAGE 1</p> <p>PAGE 2</p> <p>ADDNL INFO</p> <p>VALIDATION SUMMARY</p>	<p>FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT</p> <p>FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS</p>	<p>Form Approved Office of Management and Budget No. 1245-0003 Expires: 10-31-2013</p>
---	--	--

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

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.

<p>For Official Use Only</p> <p>E</p>	<p>1. FILE NUMBER</p> <p>544-934</p>	<p>2. PERIOD COVERED</p> <p style="text-align: center;">MO DAY YEAR</p> <p>From 01/01/2011</p> <p>Through 12/31/2011</p>	<p>3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/></p> <p>(b) TERMINAL - If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here: <input type="checkbox"/></p>
---------------------------------------	--------------------------------------	--	--

<p>4. AFFILIATION OR ORGANIZATION NAME</p> <p>TEST ORGANIZATION</p>	<p>8. MAILING ADDRESS (Type in capital letters)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name</td> <td style="width: 50%;">Last Name</td> </tr> <tr> <td>BOB</td> <td>SMITH</td> </tr> <tr> <td colspan="2">P.O. Box - Building and Room Number (if any)</td> </tr> <tr> <td colspan="2">Number and Street</td> </tr> <tr> <td colspan="2">FIRST STREET</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2">TEST</td> </tr> <tr> <td>State</td> <td>ZIP Code + 4</td> </tr> <tr> <td>DC <input type="button" value="v"/></td> <td>20015</td> </tr> </table>	First Name	Last Name	BOB	SMITH	P.O. Box - Building and Room Number (if any)		Number and Street		FIRST STREET		City		TEST		State	ZIP Code + 4	DC <input type="button" value="v"/>	20015
First Name	Last Name																		
BOB	SMITH																		
P.O. Box - Building and Room Number (if any)																			
Number and Street																			
FIRST STREET																			
City																			
TEST																			
State	ZIP Code + 4																		
DC <input type="button" value="v"/>	20015																		
<p>5. DESIGNATION (Local, Lodge, etc.)</p> <p></p>	<p>6. DESIGNATION NUMBER</p> <p>0</p>																		
<p>7. UNIT NAME (if any)</p> <p>TEST UNION</p>																			

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.)

<p>20. SIGNED: <input type="text"/> <input type="button" value="PRESIDENT"/></p> <p style="text-align: center; font-size: x-small;">(If other title, see instructions)</p>	<p>21. SIGNED: <input type="text"/> <input type="button" value="TREASURER"/></p> <p style="text-align: center; font-size: x-small;">(If other title, see instructions)</p>
<p>Date: <input type="text"/> Telephone Number: <input type="text"/></p>	<p>Date: <input type="text"/> Telephone Number: <input type="text"/></p>

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.

Form LM-4 (Revised 2000) (Page 1 of 4)

- [PAGE 1](#)
- [PAGE 2](#)
- [ADDNL INFO](#)
- [VALIDATION SUMMARY](#)

[Save](#)

[Add Attachments](#)



[Validate](#)

[Help](#)

[Print](#)

COMPLETE ITEMS 9 THROUGH 18

FILE NUMBER:544-934

Enter Amounts in Dollars Only - Do Not Enter Cents

9. 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 instructions.)

Yes

No

10. Did your organization change its rates of dues and fees during the reporting period? (If "Yes," report the new rates in Item 19 on page 1.)

Yes

No

11. Did your organization discover any loss or shortage of funds or property during the reporting period? (If "Yes," provide details in Item 19. Answer "Yes" even if there has been repayment or recovery.)

Yes

No

12. Was your organization insured by a fidelity bond during the reporting period?

Yes

No

If "Yes," enter the maximum amount recoverable under the bond for 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 payment 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 questions 9, 10, or 11 is "Yes," provide details in Item 19 (Additional Information) as explained in the instructions for each item.

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.

PAGE 1

PAGE 2

ADDNL INFO

**VALIDATION
SUMMARY**

[Save](#)

[Add Attachments](#)



[General Information](#)

[Help](#)

[Print](#)

19. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER:544-934

LM-4 Validation Summary

PAGE 1

PAGE 2

ADDNL INFO

VALIDATION SUMMARY

Save

Add Attachments



Help

Print

FILE NUMBER:544-934

VALIDATION SUMMARY PAGE
