

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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 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 correcting a previously filed report, check here: <input type="checkbox"/>
	<input type="text"/> — <input type="text"/>	MO DAY YEAR From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Through <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(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"/>
4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (<i>Type or print in capital letters.</i>)	
5. DESIGNATION (<i>Local, Lodge, etc.</i>)		First Name <input type="text"/>	
6. DESIGNATION NUMBER		Last Name <input type="text"/>	
7. UNIT NAME (<i>if any</i>)		P.O. Box • Building and Room Number (<i>if any</i>) <input type="text"/>	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="checkbox"/> No <input type="checkbox"/>		Number and Street <input type="text"/>	
		City <input type="text"/>	
		State ZIP Code + 4 <input type="text"/> <input type="text"/> — <input type="text"/>	

56. ADDITIONAL INFORMATION (<i>If more space is needed, attach additional pages properly identified.</i>)	
Item Number	

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: _____ / / () — Date Telephone Number	PRESIDENT (<i>If other title, see instructions.</i>)	58. SIGNED: _____ / / () — Date Telephone Number	TREASURER (<i>If other title, see instructions.</i>)
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During the Reporting Period Did Your Organization:

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | <input type="checkbox"/> | <input type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

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?
- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
- (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*
22. What is the date of your organization's next regular election of officers? 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	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	\$	per		
(b) Initiation Fees	\$	per		
(c) Transfer Fees	\$	per		
(d) Work Permits	\$	per		

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: —

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)									
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)*												
1.	<table border="0"> <tr> <td>Last Name</td> <td>First Name</td> <td>MI</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">Title <input type="text"/></td> <td>Status <input type="text"/></td> </tr> </table>	Last Name	First Name	MI	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title <input type="text"/>		Status <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>											
Title <input type="text"/>		Status <input type="text"/>											
8. Totals from additional pages <i>(if any)</i>													
9. Totals of Lines 1 through 8													
10. Less Deductions			<input type="text"/>										
Enter the total from Line 11 in Item 45 ⇨			11. Net Disbursements	<input type="text"/>									

*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.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: —

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash	<input type="text"/>	<input type="text"/>	32. Accounts Payable.....	<input type="text"/>	<input type="text"/>
	26. Loans Receivable.....	<input type="text"/>	<input type="text"/>	33. Loans Payable.....	<input type="text"/>	<input type="text"/>
	27. U.S. Treasury Securities	<input type="text"/>	<input type="text"/>	34. Mortgages Payable.....	<input type="text"/>	<input type="text"/>
	28. Investments.....	<input type="text"/>	<input type="text"/>	35. Other Liabilities.....	<input type="text"/>	<input type="text"/>
	29. Fixed Assets.....	<input type="text"/>	<input type="text"/>	36. TOTAL LIABILITIES..	<input type="text"/>	<input type="text"/>
	30. Other Assets.....	<input type="text"/>	<input type="text"/>			
	31. TOTAL ASSETS.....	<input type="text"/>	<input type="text"/>	37. NET ASSETS <i>(Item 31 less Item 36)...</i>	<input type="text"/>	<input type="text"/>

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

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____ - _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

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(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
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Last Name _____ First Name _____ MI _____ Title _____ Status _____		_____	_____	_____
Totals				

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: -

PAGE ____ OF ____ ADDITIONAL PAGES

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