

# FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

**FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 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	<b>1. FILE NUMBER</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>2. PERIOD COVERED</b> MO      DAY      YEAR From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>3. (a) AMENDED</b> — If this is an amended report, check here: <input type="checkbox"/>  <b>(b) HARDSHIP</b> — If filing under hardship procedures check here: <input type="checkbox"/>  <b>(c) TERMINAL</b> — If this is a terminal report, check here: <input type="checkbox"/>
<b>4. AFFILIATION OR ORGANIZATION NAME</b>  _____		<b>8. MAILING ADDRESS (Type or print in capital letters.)</b> First Name <input type="text"/>  Last Name <input type="text"/>  P.O. Box • Building and Room Number (if any) <input type="text"/>  Number and Street <input type="text"/>  City <input type="text"/>  State      ZIP Code + 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
<b>5. DESIGNATION (Local, Lodge, etc.)</b>		<b>6. DESIGNATION NUMBER</b>	
<b>7. UNIT NAME (if any)</b>			

<b>19. ADDITIONAL INFORMATION</b> Item Number	
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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.)

<b>20. SIGNED:</b> _____ _____/_____/_____(_____)_____ Date Telephone Number	<b>PRESIDENT</b> <i>(If other title, see instructions.)</i>	<b>21. SIGNED:</b> _____ _____/_____/_____(_____)_____ Date Telephone Number	<b>TREASURER</b> <i>(If other title, see instructions.)</i>
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Complete Items 9 through 18.

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? ..... Yes  No   
*(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*

10. Did your organization change its rates of dues and fees during the reporting period? ..... Yes  No   
*(If "Yes," report the new rates in Item 19 on page 1.)*

11. Did your organization discover any loss or shortage of funds or property during the reporting period? ..... Yes  No   
*(If "Yes," provide details in Item 19 on page 1. Answer "Yes" even if there has been repayment or recovery.)*

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.*