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 07-31-2019

Telephone Number

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 MO YEAR filed report, check here: DAY From (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: Through 8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box · Building and Room Number (if any) Number and Street 4. AFFILIATION OR ORGANIZATION NAME 6. DESIGNATION NUMBER 5. DESIGNATION (Local, Lodge, etc.) City 7. UNIT NAME (if any) State ZIP Code + 4 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes No 56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) 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: **PRESIDENT** 58. SIGNED: TREASURER (If other title, (If other title, see instructions.) see instructions.)

Telephone Number

		FILE NUMBER:						
19	How many member organization have reporting period?		of the					
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?								
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					

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	PAGE OF ADDITIONAL 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				
Last Name	First Name	MI Status				
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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First Name

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