

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 to \$7,999,999 IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

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 MO DAY YEAR From Through	3. (a) AMENDED — If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP — If filing under hardship procedures check here: <input type="checkbox"/> (c) TERMINAL — If this is a terminal report, check here: <input type="checkbox"/> (d) TRUSTEESHIP—If the Labor Organization is under trusteeship, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters.)	
		First Name	Last Name
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
		P.O. Box - Building and Room Number	
		Number and Street	
7. UNIT NAME (if any)		City	
9. Are your organization's records kept at its mailing address? provide address in Item 75.)		Yes <input type="checkbox"/> No (If "No," <input type="checkbox"/>	State
		ZIP Code + 4	

75. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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.)

76. SIGNED: _____	_ PRESIDENT (If other title, see instructions.)	77. SIGNED: _____	TREASURER (If other title, see instructions.)
/ / Date	() — Telephone Number	/ / Date	() — Telephone Number

COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER:

10 (a) During the reporting period did the labor organization 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?
 Yes No

10 (b) During the reporting period did an officer or employee paid \$10,000 or more by the labor organization also receive \$10,000 or more as an officer or employee of another labor organization in gross salaries, allowances, and other direct and indirect disbursements?
 Yes No

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund?
 Yes No

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions?
 Yes No

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?
 Yes No

13. During the reporting period did the labor organization experience and/or discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)
 Yes No

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale?
 Yes No

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
 Yes No

17. Did the labor organization have any contingent liabilities at the end of the reporting period?
 Yes No

18 (a) During the reporting period did the labor 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

18 (b) Enter the date of the labor organization's current Constitution and Bylaws

19 What is the date of the labor organization's next regular election of officers?

20 How many members did the labor organization have at the end of the reporting period? (Total from the Members Line of Schedule 15)

21. What are the labor 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) Working Dues/Fees		per		
(c) Initiation Fees		per		
(d) Transfer Fees		per		
(e) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 75 (Additional Information) as explained in the instructions for each item.

STATEMENT A – ASSETS AND LIABILITIES

Complete Schedules 1 Through 24 Before Completing Statement A

FILE NUMBER:

ASSETS

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	1		
24. Loans Receivable	2		
25. U.S. Treasury Securities			
26. Investments	7		
27. Fixed Assets	8		
28. Other Assets	9		
29. TOTAL ASSETS			

LIABILITIES

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	10		
31. Loans Payable	11		
32. Mortgages Payable			
33. Other Liabilities	12		
34. TOTAL LIABILITIES			

35. NET ASSETS (Item 29 Less Item 34)		
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STATEMENT B – RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 24 Before Completing Statement B

FILE NUMBER:

Item CASH RECEIPTS	SCH #	AMOUNT
36. Dues and Agency Fees		
37. Per Capita Tax		
38. Fees, Fines, Assessments, Work Permits		
39. Sale of Supplies		
40. Interest		
41. Dividends		
42. Rents		
43. Sale of Investments	3	
44. Sale of Fixed Assets	4	
45. Loans Obtained	11	
46. Repayments of Loans Made	2	
47. On Behalf of Affiliates for Transmittal to Them		
48. From Members for Disbursement on Their Behalf		
49. Other Receipts	16	
50. TOTAL RECEIPTS		

Item CASH DISBURSEMENTS	SCH #	AMOUNT
51. Contract Administration and Negotiation	17	
52. Organizing	18	
53. Political Activities	19	
54. Lobbying	20	
55. Contributions, Gifts, and Grants	21	
56. General Overhead	22	
57. Union Administration	23	
58. Benefits	24	
59. Per Capita Tax		
60. Strike Benefits		
61. Fees, Fines, Assessments, etc.		
62. Supplies for Resale		
63. Purchase of Investments	5	
64. Purchase of Fixed Assets	6	
65. Loans Made	2	
66. Repayment of Loans Obtained	11	
67. To Affiliates of Funds Collected on Their Behalf		
68. On Behalf of Individual Members		
69. Direct Taxes		
70. Officers	13	
71. Employees	14	
72. Subtotal		
73. Withholding Tax and Payroll Deductions		
73a. Total Withheld		
73b. Less Total Disbursed		
73c. Total Withheld But Not Disbursed		
74. TOTAL DISBURSEMENTS (Line 70 – 71c)		

SCHEDULE 1 – ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER:

Entity or Individual Name (A)	Total Account Receivable (B)	90 - 180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
Total of all itemized accounts receivable				
Totals from all other accounts receivable				
Totals (Total of Column (B) will be automatically entered in Item 23, Column (B))				

SCHEDULE 2 – LOANS RECEIVABLE

FILE NUMBER:

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _ Purpose: _ Security: Terms of Repayment: _ -					
2. Name: _ Purpose: Security: Terms of Repayment: -					
3. Name: _ Purpose: Security: Terms of Repayment: -					
4. Name: (2020) Purpose: Security:					

SCHEDULE 3 – SALE OF INVESTMENTS

FILE NUMBER:

Name and Address of Purchaser or Financial Management Firm (A)	Description (B)	Date of Sale (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total of all lines (D)-(G) above						
				Less Reinvestments		
			(The total from Net Sales Line will be automatically entered in Item 43.)	Net Sales		

SCHEDULE 4 – SALE OF FIXED ASSETS

FILE NUMBER:

Name and Address of Purchaser (A)	Description (if land or buildings, give location) (B)	Date of Sale (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total of all lines(D)-(G) above						
			Less Reinvestments			
			Net Sales			

(The total from Net Sales Line will be automatically entered in Item 44.)

SCHEDULE 6 – PURCHASE OF FIXED ASSETS

FILE NUMBER:

Name and Address of Seller (A)	Description (if land or buildings, give location) (B)	Date of Purchase (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total of all lines above						
				Less Reinvestments		
			(The total from Net Sales Line will be automatically entered in Item 64.)	Net Sales		

SCHEDULE 7 – INVESTMENTS

FILE NUMBER:

Description (A)	Amount (B)
Marketable Securities	
A. Total Cost	
B. Total Book Value	
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B.	
(1)	
(2)	
(3)	
(4)	
Other Investments	
D. Total Cost	
E. Total Book Value	
F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.	
(1)	
(2)	
(3)	
(4)	
(5)	
G. Total of Lines B and E (Total from Line G will be automatically entered in Item 26, Column (B))	

SCHEDULE 8 – FIXED ASSETS

FILE NUMBER:

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
A. Land (give location)				
1.				
2.				
3.				
B. Buildings (give location)				
1.				
2.				
3.				
C. Automobiles and Other Vehicles				
D. Office Furniture and Equipment				
E. Other Fixed Assets				
F. Totals of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B))				

SCHEDULE 9 – OTHER ASSETS

FILE NUMBER:

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
Total (Total will be automatically entered in Item 28, Column (B))	

SCHEDULE 10 – ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER:

Entity or Individual Name (A)	Total Account Payable (B)	90 - 180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
Total of all Itemized Accounts Payable				
Total from all other accounts payable				
Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))				

SCHEDULE 11 – LOANS PAYABLE

FILE NUMBER:

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
Total Loans Payable					

Totals will be automatically entered inItem 31.....Item 45.....Item 66.....Item 75.....Item 31
 Column (C)
 with Explanation
 Column (D)

SCHEDULE 12 – OTHER LIABILITIES

FILE NUMBER:

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))	

SCHEDULE 13 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER:

(A) Name Last, First, MI			(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) Total
1 A									
B									
C									
2 A									
B									
C									
3 A									
B									
C									
4 A									
B									
C									

TOTAL OFFICER DISBURSEMENTS					
LESS DEDUCTIONS					
NET DISBURSEMENTS					

SCHEDULE 14 – DISBURSEMENTS TO EMPLOYEES

FILE NUMBER:

(A) Name Title Other Last, First, MI			(B) Payer	(C)	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F).	(H) Total
1 A									
B									
C									
2 A									
B									
C									
3 A									
B									
C									
4 A									
B									
C									

TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS					
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TOTAL EMPLOYEE DISBURSEMENTS				
LESS DEDUCTIONS				
NET DISBURSEMENTS				

SCHEDULE 15 – MEMBERSHIP STATUS

FILE NUMBER:

Category of Membership (A)	Number (B)	Voter Eligibility (C)
1.		Yes
2.		Yes
3.		Yes
4.		Yes
5.		Yes
6.		Yes
7.		Yes
Members (Total of all lines above)		
Agency Fee Payers*		
Total Members/Fee Payers (Total of Members and Fee Payers Lines)		
*Agency Fee Payers are not considered members of the labor organization		

DETAILED SUMMARY PAGE – SCHEDULES 16 THROUGH 23

FILE NUMBER:

Complete Itemization Pages **BEFORE** the Detailed Summary Page

SCHEDULE 16 OTHER RECEIPTS	1. Named Payer Itemized Receipts		Item 49
	2. Named Payer Non-Itemized Receipts		
	3. All Other Receipts		
	4. Total Receipts (add Lines 1 through 3)		
SCHEDULE 17 CONTRACT ADMINISTRATION AND NEGOTIATION	1. Named Payee Itemized Disbursements		Item 51
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	6. Total Disbursements (add Lines 1 through 5)		
SCHEDULE 18 ORGANIZING	1. Named Payee Itemized Disbursements		Item 52
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	6. Total Disbursements (add Lines 1 through 5)		
SCHEDULE 19 POLITICAL ACTIVITIES	1. Named Payee Itemized Disbursements		Item 53
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	6. Total Disbursements (add Lines 1 through 5)		

SCHEDULE 20 LOBBYING	1. Named Payee Itemized Disbursements		Item 54
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	6. Total Disbursements (add Lines 1 through 5)		
SCHEDULE 21 CONTRIBUTIONS, GIFTS, AND GRANTS	1. Named Payee Itemized Disbursements		Item 55
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	6. Total Disbursements (add Lines 1 through 5)		
SCHEDULE 22 GENERAL OVERHEAD	1. Named Payee Itemized Disbursements		Item 56
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	6. Total Disbursements (add Lines 1 through 5)		
SCHEDULE 23 UNION ADMINISTRATION	1. Named Payee Itemized Disbursements		Item 57
	2. Named Payee Non-Itemized Disbursements		
	3. To Officers		
	4. To Employees		
	5. All Other Disbursements		
	6. Total Disbursements (add Lines 1 through 5)		

SCHEDULE 16 – OTHER RECEIPTS

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 17 – CONTRACT NEGOTIATION AND ADMINISTRATION

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 18 – ORGANIZING

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 19 – POLITICAL ACTIVITIES

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		

SCHEDULE 20 – LOBBYING

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		

SCHEDULE 21 – CONTRIBUTIONS, GIFTS, AND GRANTS

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		

SCHEDULE 22 – GENERAL OVERHEAD

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		

SCHEDULE 23 – UNION ADMINISTRATION

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
(B) Type or Classification			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		

SCHEDULE 24 – BENEFITS

FILE NUMBER:

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
Total of all lines above (Total will be automatically entered in Item 55.)		

75. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: