

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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For Official Use Only		1. FILE NUMBER <div><div><div></div><div></div><div></div></div><div>—</div><div><div></div><div></div><div></div></div></div>		2. PERIOD COVERED MO DAY YEAR From <div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div> Through <div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div></div>			3. (a) AMENDED — If this is an amended report, check here: <div><div></div></div> (b) HARDSHIP — If filing under hardship procedures, check here: <div><div></div></div> (c) TERMINAL — If this is a terminal report, check here: <div><div></div></div>				
4. AFFILIATION OR ORGANIZATION NAME				8. MAILING ADDRESS (Type or print in capital letters.)							
				First Name <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>							
				Last Name <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>							
				P.O. Box • Building and Room Number (if any) <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>							
				Number and Street <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>							
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		City <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>							
7. UNIT NAME (if any)				State ZIP Code + 4 <div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div></div><div>—</div><div><div></div><div></div><div></div><div></div></div></div>							
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)				Yes <div><div></div></div> No <div><div></div></div>							

56. ADDITIONAL INFORMATION	
Item Number	

57. SIGNED: _____ PRESIDENT
 (If other title,
 see instructions.)

 / / () —
 Date Telephone Number

58. SIGNED: _____ TREASURER
 (If other title,
 see instructions.)

 / / () —
 Date Telephone Number

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"/> |
| 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
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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: [REDACTED]

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1.	<div> <div>Last Name</div> <div>First Name</div> <div>MI</div> </div> <div> <div>Title</div> <div>Status</div> </div>			
2.	<div> <div>Last Name</div> <div>First Name</div> <div>MI</div> </div> <div> <div>Title</div> <div>Status</div> </div>			
3.	<div> <div>Last Name</div> <div>First Name</div> <div>MI</div> </div> <div> <div>Title</div> <div>Status</div> </div>			
4.	<div> <div>Last Name</div> <div>First Name</div> <div>MI</div> </div> <div> <div>Title</div> <div>Status</div> </div>			
5.	<div> <div>Last Name</div> <div>First Name</div> <div>MI</div> </div> <div> <div>Title</div> <div>Status</div> </div>			
6.	<div> <div>Last Name</div> <div>First Name</div> <div>MI</div> </div> <div> <div>Title</div> <div>Status</div> </div>			
7.	<div> <div>Last Name</div> <div>First Name</div> <div>MI</div> </div> <div> <div>Title</div> <div>Status</div> </div>			
8. Totals from additional pages <i>(if any)</i>				
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.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: —

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period	End of Reporting Period	LIABILITIES	Start of Reporting Period	End of Reporting Period
	Item	(A)	(B)	Item	(C)	(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 (Item 31 less Item 36)...	<input type="text"/>	<input type="text"/>

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	<input type="text"/>	45. To Officers (from Item 24)	<input type="text"/>
	39. Per Capita Tax	<input type="text"/>	46. To Employees (less deductions)	<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"/>
			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"/>

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.

FILE NUMBER:

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PAGE _____ OF _____ ADDITIONAL PAGES

(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> Last Name First Name MI Title Status	(C)		
Last Name First Name MI Title Status			
Last Name First Name MI Title Status			
Last Name First Name MI Title Status			
Last Name First Name MI Title Status			
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Last Name First Name MI Title Status			
Last Name First Name MI Title Status			
Last Name First Name MI Title Status			
Totals			