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 08-31-2016

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.) 58. SIGNED: 57. SIGNED: **PRESIDENT 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	O. What is the maxim recoverable under fidelity bond for a leany officer or emplorganization?	your organi oss caused	by	's \$ [
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	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						

During the Reporting Period Did Your Organization:	Yes	No					
Have a "subsidiary organization" as defined in Section X of the instructions?							
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 details in Item 56 on page 1 as explained in the instructions for each item.)							

(c) Transfer Fees

(d) Work Permits

\$

\$

per

per

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER:				
FILL NOWBER.		_		

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letter	other deductions)	Allowances and Other Disbursements	Total			
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.) (C)*	(D)	(E)	(F)			
1						
Last Name First Name						
2.						
Title Status						
Last Name First Name	11					
3.						
Title						
Last Name First Name						
4.						
Title Status						
Last Name First Name						
5.						
Title						
Last Name First Name						
6.						
Title						
Last Name First Name	11					
7.						
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	11. Net Disbursements					
*Code for Status (C): past officer — P: continuing officer — C: new officer during the reporting period — N. your organization's constitution and bylaws, explain in Item 56 on page 1.)						

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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

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48. Office & Administrative Expense.....

49. Professional Fees.....

50. Benefits.....

51. Contributions, Gifts & Grants.....

52. Purchase of Investments & Fixed Assets....

53. Loans Made.....

54. Other Disbursements.....

55. TOTAL DISBURSEMENTS.....

STATEMENT B

RECEIPTS

41. Interest & Dividends

42. Sale of Investments & Fixed Assets.....

43. Other Receipts

44. TOTAL RECEIPTS.....

instead of this form.

If total receipts reported in Item 44 are \$250,000

or more, your organization must file Form LM-2

RGANIZATION NA	ME: ERIOD COVERED:			FILE NUMBER	
4. ALL	OFFICERS AND DISBURSEMENTS TO		_		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 le		Gross Salary (before taxes and	Allowances and Other	
(B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	other deductions) (D)	Disbursements (E)	Total (F)
Last Name	First Name	MI			
Title		atus			
Last Name	First Name	MI			
Title Last Name	St First Name	atus MI			
Last Name	T II ST NAME				
Title		atus			
Last Name	First Name	MI			
Title	St.	atus			
Last Name	First Name	MI			

Status

Status

Status

Status

MI

МІ

MI

Totals

First Name

First Name

First Name

Last Name

Last Name

Last Name

Title

Title

Title

ORGANIZATION NAME: ENDING DATE OF PERIOD COVERED: 24. ALL OFFICERS AND DISBURSEMENTS	S TO OFI	FICERS (continue		:: ADDITIONAL PAGES
(A) Name (List all persons who held office during the reporting period they received no salary or other disbursements. Use all care. (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	apital letters.) Status	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name First Name Title	MI Status			
Last Name First Name Title	MI			
Last Name First Name Title	MI Status			

MI

MI

MI

MI

MI

Totals

Status

Status

Status

Status

Status

First Name

First Name

First Name

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First Name

Last Name

Last Name

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Last Name

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Title

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