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 10-31-2013

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. 3. (a) AMENDED — If this is an amended report correcting a previously For Official Use Only 1. FILE NUMBER 2. PERIOD COVERED MO DAY YEAR filed report, check here: 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 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER City 7. UNIT NAME (if any) ZIP Code + 4 State 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes Nol 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 Telephone Number

			FILE NUMBER:
During the Reporting Period Did Your Organization:  10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes No	19. How many members organization have a reporting period?	t the end of the
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?		20. What is the maximu recoverable under y fidelity bond for a los any officer or emplo organization?	our organization's ss caused by
12. Have a political action committee (PAC) fund?		21. During the reporting organization have a	period, did your
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		constitution and byla rates of dues and fe	aws (other than Yes No ees) or in practices/
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?		(If the constitution a attach two new date	the instructions?
15. Discover any loss or shortage of funds or other property?		22. What is the date of y next regular election	n of officers?
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		23. What are your organdues and fees? (Enter a minimum a than one rate applie	and maximum if more
organization or of an employee benefit plan?			Rates of Dues and Fees
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?		(a) Regular Dues/Fees	\$ per
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a		(b) Initiation Fees	\$
business enterprise?		(c) Transfer Fees	\$

(d) Work Permits

per

(Month, Year, etc.)

(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.)

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER	:
ces	

	held office during the reporting period evlary or other disbursements. Use all capita	al letters.)	Gross Salary (before taxes and	Allowances and Other	
(B) Title (Enter title of officer, su	uch as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Disbursements (E)	Total (F)
Last Name	First Name	. ,	` , ,	, ,	, ,
1. Title		Status			
Last Name	First Name				
2.					
Title		Status			
Last Name	First Name				
3.					
Title		Status			
Last Name	First Name				
4.					
Title		Status			
Last Name	First Name				
5.					
Title		Status			
Last Name	First Name				
6.					
Title		Status			
Last Name	First Name				
7.					
Title		Status			
8. Totals from additional pages	s (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.)					

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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 **ASSETS 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) ......

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

40. Fees, Fines, Assessments & Work Permits...

41. Interest & Dividends .....

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

43. Other Receipts .....

44. TOTAL RECEIPTS.....

STATEMENT

RECEIPTS

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47. Per Capita Tax .....

48. Office & Administrative Expense.....

49. Professional Fees.....

50. Benefits.....

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

Purchase of Investments & Fixed Assets....

53. Loans Made.....

54. Other Disbursements.....

55. TOTAL DISBURSEMENTS.....

ORGANIZATION NAME:	]		FILE NUMBE	R:		
ENDING DATE OF PERIOD COVERED:	J 			F ADDITIONAL PAGES		
24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)						
(A) Name (List all parsons who hold office during the reporting period of	won if	Cross Calary	Allowanasa			

(A) Name (B) Title	(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)  Status (Enter title of officer, such as PRESIDENT or TREASURER.) (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name	First Name			
Title				
Last Name	First Name			
Title	Status			
Last Name	First Name			
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Last Name	Last Name First Name			
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Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
	Totals			

ORGANIZATION NAME:	FILE NUMBER:	
ENDING DATE OF PERIOD COVERED:	PAGE OF A	ADDITIONAL PAGES
24 ALL OFFICERS AND DISPURSEMENTS		ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

			, ·	
(A) Name	(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital lett		Allowances and Other	
(B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	Status other deductions) (C) (D)	Disbursements (E)	Total (F)
Last Name	First Name			
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