



*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"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i>   |                          |                          |
| 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
<span style="border: 1px solid black; padding: 2px 10px;">  </span>	<span style="border: 1px solid black; padding: 2px 10px;">  </span>

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	
(a) Regular Dues/Fees	\$ _____ per _____ <span style="font-size: small; text-align: right;">(Month, Year, etc.)</span>
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <span style="font-size: small; text-align: right;">(Month, Year, etc.)</span>

# 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER:    —

(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>	Status (C)*			
1.	<div> <div>Last Name</div> <div>First Name</div> <div>Title</div> <div>Status</div> </div>			
2.	<div> <div>Last Name</div> <div>First Name</div> <div>Title</div> <div>Status</div> </div>			
3.	<div> <div>Last Name</div> <div>First Name</div> <div>Title</div> <div>Status</div> </div>			
4.	<div> <div>Last Name</div> <div>First Name</div> <div>Title</div> <div>Status</div> </div>			
5.	<div> <div>Last Name</div> <div>First Name</div> <div>Title</div> <div>Status</div> </div>			
6.	<div> <div>Last Name</div> <div>First Name</div> <div>Title</div> <div>Status</div> </div>			
7.	<div> <div>Last Name</div> <div>First Name</div> <div>Title</div> <div>Status</div> </div>			
8. Totals from additional pages <i>(if any)</i>				
9. Totals of Lines 1 through 8				
Enter the total from Line 11 in .....			10. Less Deductions	
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"/>	37. NET ASSETS	<input type="text"/>	<input type="text"/>
	31. TOTAL ASSETS.....	<input type="text"/>	<input type="text"/>	(Item 31 less Item 36)...		

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

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

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

ORGANIZATION NAME: \_\_\_\_\_

ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER:    —

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(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)
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Totals				