U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

## FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 12-31-2010

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 CARI	EFULLY BEFO	ORE PREPARIN	IG THIS REPORT			
For Official Use Only	1. FILE NUMB	ER	2. PERIOD COVERED MON DAY	YEAR		) AMENDED – If port, check here:		ort correcting a previously file	L t
			From				your organization ceas XII of the instructions a	ed to exist and this is its termi and check here:	nal 🔲
			Through				If this is a report for a section X of the instruc	subsidiary organization of your	
4. AFFILIATION OR ORGANIZATION	ON NAME				8 MAILING	ADDRESS (Tyr	pe or print in capital lette	ers)	
4.74 FIEIATION ON ONO, WIZATIO	SIV IV WIL				First Name	TIDDICEOU (1)p	or print in depicer lette	Last Name	
5. DESIGNATION (Local, Lodge, et	c.)	6. DESIGNATIO	ON NUMBER		P.O. Box –	Building and Roc	om Number (if any)		
7. UNIT NAME (if any)									
					Number and	d Street			
9. Are your organization's readdress in Item 56.)	cords kept	at its mailing	address? (If "No," provi	de	City				
			Yes No [	ן כ	State			ZIP Code + 4	
56. ADDITIONAL INFORMATION									
Fach of the condension of duly control	:	-f +hh   -h				d			
Each of the undersigned, duly author report (including the information cor complete. (See Section VI on penal	ntained in any	accompanying d	or organization, declares, und ocuments) has been examine	ed by the sig	or perjury and is	s, to the best of the	e penaities of law, that a he undersigned's know	ledge and belief, true, correct,	and
57.SIGNED:				58. SIGI	NED:				
			(If other title, see instructions.)		_			(If other title instructions.	
Date	Tele	phone Number				Date	Telephone Num	ber	

10. During the reporting period did the labor organization organization" as defined in section X of the instructions?	have a 'subsidiary	18. During the reporting totaling more than \$250 loans to a business enter	to any of			e, or membe	
11. During the reporting period did the labor organization participate in the administration of a trust or other fund or defined in the instructions, which provides benefits for me beneficiaries?	organization, as mbers or their	19. How many member reporting period?	s did you	r orga	anization h		
12. During the reporting period did the labor organization have a political		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?					
13. During the reporting period did the labor organization of any assets in any manner other than by purchase or sa	21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws)						
14. During the reporting period did the labor organization review of its books and records by an outside accountant body auditor/representative?		22. What is the date of	your orga	ınizat	ion's next		es No No Stion of officers?
15. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)		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.)					
16. During the reporting period did the labor organization	have any officer	Rat	tes of	Dι	ies an	d Fees	
who was paid \$10,000 or more by your organization and a \$10,000 or more as an officer or employee of another laboration.	also received	Dues/Fees	Amount		Unit	Minimum	Maximum
of an employee benefit plan?	Yes No	(a) Regular Dues/Fees		per			
17. During the reporting period did the labor organization salary, allowances, and other expenses which, together w		(b) Initiation Fees		per			
from affiliates, totaled more than \$10,000?	Yes No	(c) Transfer Fees		per			
		(d) Work Permits					

## 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

(A)	Name	(List all persons who held off	ice during the reporting period eversibursements. Use all capital lette	en if they	Gross Salary (before taxes and other	Allowances and Other	
		Todal vod no dalary or other a	de de la capital lette	(C) Status *	deductions)	Disbursements	Total
(B)	Title	(Enter title of officer, such as	PRESIDENT or TREASURER.)	Middle Initial	(D)	(E)	(F)
1.	Last Name		First Name	Middle Initial			
	Title		<u> </u>	Status			
2.	Last Name		First Name				
	Title			Status			
	Tille			Status			
3.	Last Name		First Name	Middle Initial			
	Title			Status			
			I E N				
4.	Last Name		First Name	Middle Initial			
	Title			Status			
5.	Last Name		First Name	Middle Initial			
	Title			Status			
	Tille			Status			
6.	Last Name		First Name	Middle Initial			
٠.							
	Title			Status			
7.	Last Name		First Name	Middle Initial			
	Title			Status			
8.	Totals fro	om additional pages (if any)					
9.	Totals of	Lines 1 through 8					
						10. Less Deductions	
			The Tot	al from Line 11	will be entered in Item 45	11. Net Disbursements	
		atus: past officer - P; continuing office	er – C; new officer during the reporting	(If any officer	was not elected at a regular elect	ion in accordance with your	
peri	od – N.			organization's	constitution and bylaws, explain	in Item 56 on page 1.)	

**Enter Amounts in Dollars Only – Do Not Enter Cents** 

FILE NUMBER:

	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
STATEMENT A ASSETS AND LIABILITIES	25. Cash			32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments			35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITITES		
	30. Other Assets					
	31. TOTAL ASSETS			37. NET ASSETS (Item 31 less Item 36)		

	CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
	38. Dues		45. To Officers (from Item 24)	
	39. Per Capita Tax		46. To Employees (less deductions)	
SINTS	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	
SEME	41. Interest & Dividends		48. Office & Administrative Expense	
STATEMENT B RECEIPTS AND DISBURSEMENTS	42. Sale of Investments & Fixed Assets		49. Professional Fees	
	43. Other Receipts		50. Benefits	
	44. TOTAL RECEIPTS		51. Contributions, Gifts & Grants	
	,		52. Purchase of Investments & Fixed Assets	
	If total receipts reported in Item 44 are \$250,000 or more, your or Form LM-2 instead of this form.	rganization must file	53. Loans Made	
			54. Other Disbursements	
			55. TOTAL DISBURSEMENTS	

56. ADDI	TIONAL	<b>INFORMA</b>	ΓΙΟΝ
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FILE NUMBER: