

FORM LM-2 LONG FORM LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$40,000,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND SUCH LABOR ORGANIZATIONS IN TRUSTEESHIP

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 MO DAY YEAR From Through	3. (a) AMENDED — If this is an amended report, check here: (b) HARDSHIP — If filing under hardship procedures check here: (c) TERMINAL — If this is a terminal report, check here: (d) TRUSTEESHIP—If the Labor Organization is under trusteeship, check here:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters.)	
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	P.O. Box - Building and Room Number	
7. UNIT NAME (if any)		Number and Street		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)		Yes No	City	
			State	ZIP Code + 4

75. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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.)

76. SIGNED: _____	77. SIGNED: _____
/ /	/ /
() —	() —
Date	Date
Telephone Number	Telephone Number
PRESIDENT (If other title, see instructions.)	TREASURER (If other title, see instructions.)

COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER:

10 (a) During the reporting period did the labor organization 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?

Yes No

10 (b). During the reporting period did an officer or employee paid \$10,000 or more by the labor organization also receive \$10,000 or more as an officer or employee of another labor organization in gross salaries, allowances, and other direct and indirect disbursements?

Yes No

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund?

Yes No

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions?

Yes No

12 During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

Yes No

13. During the reporting period did the labor organization experience and/or discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)

Yes No

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale?

Yes No

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

Yes No

17. Did the labor organization have any contingent liabilities at the end of the reporting period?

Yes No

18 (a) During the reporting period did the labor 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

18 18

(b) Enter the date of the labor organization's current Constitution

and Bylaws.

19 What is the date of the labor organization's next regular election of officers?

20 How many members did the labor organization have at the end of the reporting period? (Total from the Members Line of Schedule 15)

21. What are the labor 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) Working Dues/Fees		per		
(c) Initiation Fees		per		
(d) Transfer Fees		per		
(e) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 75 (Additional Information) as explained in the instructions for each item.

STATEMENT A – ASSETS AND LIABILITIES

FILE NUMBER:

Complete Schedules 1 Through 32 Before Completing Statement A

ASSETS

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	1		
24. Loans Receivable	2		
25. U.S. Treasury Securities			
26. Investments	7		
27. Fixed Assets	8		
28. Other Assets	9		
29. TOTAL ASSETS			

LIABILITIES

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	10		
31. Loans Payable	11		
32. Mortgages Payable			
33. Other Liabilities	12		
34. TOTAL LIABILITIES			

35. NET ASSETS (Item 29 Less Item 34)		
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STATEMENT B – RECEIPTS AND DISBURSEMENTS

Complete Schedules 1 Through 32 Before Completing Statement B

FILE NUMBER:

Item CASH RECEIPTS	SCH #	AMOUNT
36. Dues and Agency Fees	16	
37. Per Capita Tax	17	
38. Fees, Fines, Assessments, Work Permits	18	
39. Sale of Supplies	19	
40. Interest		
41. Dividends		
42. Rents	20	
43. Sale of Investments	3	
44. Sale of Fixed Assets	4	
45. Loans Obtained	11	
46. Repayments of Loans Made	2	
47. On Behalf of Affiliates for Transmittal to Them	21	
48. From Members for Disbursement on Their Behalf	22	
49. Other Receipts	23	
50. TOTAL RECEIPTS		

Item CASH DISBURSEMENTS	SCH #	AMOUNT
51. Contract Negotiation and Administration	24	
52. Organizing	25	
53. Political Activities	26	
54. Lobbying	27	
55. Contributions, Gifts, and Grants	28	
56. General Overhead	29	
57. Union Administration	30	
58. Benefits	31	
59. Per Capita Tax		
60. Strike Benefits		
61. Fees, Fines, Assessments, etc.		
62. Supplies for Resale		
63. Purchase of Investments	5	
64. Purchase of Fixed Assets	6	
65. Loans Made	2	
66. Repayment of Loans Obtained	11	
67. To Affiliates of Funds Collected on Their Behalf		
68. On Behalf of Individual Members		
69. Direct Taxes		
70. Officers	13	
71. Employees	14	
72. Subtotal		
73. Withholding Tax and Payroll Deductions		
73a. Total Withheld		
73b. Less Total Disbursed		
73c. Total Withheld But Not Disbursed		
74. TOTAL DISBURSEMENTS (Line 72 – 73c)		

SCHEDULE 1 – ACCOUNTS RECEIVABLE AGING SCHEDULE

FILE NUMBER:

Entity or Individual Name (A)	Total Account Receivable (B)	90 - 180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
Total of all itemized accounts receivable				
Totals from all other accounts receivable				
Totals (Total of Column (B) will be automatically entered in Item 23, Column (B))				

SCHEDULE 2 – LOANS RECEIVABLE

FILE NUMBER:

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
Total of loans not listed above					
Totals of all lines above					
Totals will be automatically entered inItem 24.....Item 65.....Item 46.....Item 75.....Item 24 Column (A) with Explanation Column (B)					

SCHEDULE 3 – SALE OF INVESTMENTS

FILE NUMBER:

Name and Address of Purchaser or Financial Management Firm (A)	Description (B)	Date of Sale (C)	Cost (D)	Book Value (E)	Gross Sales Price (F)	Amount Received (G)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total from all itemized sales of investments (lines (D)-(G) above)						
Total from all other sales of investments						
Total of all sales of investments						
				Less Reinvestments		
				Net Sales		

(The total from Net Sales Line will be automatically entered in Item 43.)

SCHEDULE 6 – PURCHASE OF FIXED ASSETS

FILE NUMBER:

Name and Address of Seller (A)	Description (B)	Date of Purchase (C)	Cost (D)	Book Value (E)	Cash Paid (F)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total of lines (D)-(F) above					
Total of all other purchases of fixed assets					
Total of all purchases of fixed assets					
		(The total from Cash Paid Column (F) Line will be automatically entered in Item 64.)		Net Purchases	

SCHEDULE 7 – INVESTMENTS

FILE NUMBER:

Description (A)	Amount (B)
Marketable Securities	
A. Total Cost	
B. Total Book Value	
C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B.	
(1)	
(2)	
(3)	
(4)	
Other Investments	
D. Total Cost	
E. Total Book Value	
F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.	
(1)	
(2)	
(3)	
(4)	
(5)	
G. Total of Lines B and E (Total from Line G will be automatically entered in Item 26, Column (B))	

SCHEDULE 8 – FIXED ASSETS

FILE NUMBER:

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
A. Land (give location)				
1.				
2.				
3.				
B. Buildings (give location)				
1.				
2.				
3.				
C. Automobiles and Other Vehicles				
D. Office Furniture and Equipment				
E. Other Fixed Assets				
F. Totals of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B))				

SCHEDULE 9 – OTHER ASSETS

FILE NUMBER:

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
Total (Total will be automatically entered in Item 28, Column (B))	

SCHEDULE 10 – ACCOUNTS PAYABLE AGING SCHEDULE

FILE NUMBER:

Entity or Individual Name (A)	Total Account Payable (B)	90 - 180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
Total of all Itemized Accounts Payable				
Total from all other accounts payable				
Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))				

SCHEDULE 12 – OTHER LIABILITIES

FILE NUMBER:

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))	

SCHEDULE 13 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER:

(A) Name Last, First, MI		(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Benefits	(G) Disbursements for Official Business	(H) Other Disbursements not reported in (D) through (G)	(I) Total
1 A									
B									
C									
2 A									
B									
C									
3 A									
B									
C									
4 A									
B									
C									

TOTAL OFFICER DISBURSEMENTS								
LESS DEDUCTIONS								
NET DISBURSEMENTS								

SCHEDULE 14 – DISBURSEMENTS TO EMPLOYEES

FILE NUMBER:

(A) Name Last, First, MI		(B) Title	(C) Other Payer	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Benefits	(G) Disbursements for Official Business	(H) Other Disbursements not reported in Columns (D) through (G)	(I) Total
1 A									
B									
C									
2 A									
B									
C									
3 A									
B									
C									
4 A									
B									
C									
TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS									
TOTAL EMPLOYEE DISBURSEMENTS									
LESS DEDUCTIONS									
NET DISBURSEMENTS									

SCHEDULE
15 – MEMBERSHIP STATUS

FILE NUMBER:

Category of Membership (A)	Number (B)	Voter Eligibility (C)
1. Retiree Members		Yes
2.		Yes
3.		Yes
4.		Yes
5.		Yes
6.		Yes
7.		Yes
Members (Total of all lines above)		
Agency Fee Payers*		
Total Members/Fee Payers (Total of Members and Fee Payers Lines)		
*Agency Fee Payers are not considered members of the labor organization		

Complete Itemization Pages BEFORE the Detailed Summary Page

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SCHEDULE 16 DUES AND AGENCY FEES	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 36

SCHEDULE 17 PER CAPITA TAX	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 37

SCHEDULE 18 FEES, FINES, ASSESSMENTS, WORK PERMITS	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 38

SCHEDULE 19 SALE OF SUPPLIES	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 39

SCHEDULE 20 RENTS	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 42

SCHEDULE 21 ON BEHALF OF AFFILIATES FOR TRANSMITTAL TO THEM	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 47

SCHEDULE 22 FROM MEMBERS FOR DISBURSEMENTS ON THEIR BEHALF	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 48

SCHEDULE 23 OTHER RECEIPTS	1. Named Payer Itemized Receipts	
	2. Named Payer Non-Itemized Receipts	
	3. All Other Receipts	
	4. Total Receipts (add Lines 1 through 3)	Item 49

SCHEDULE 16 – DUES AND AGENCY FEES

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 17 – PER CAPITA TAX

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 18 – FEES, FINES, ASSESSMENTS, WORK PERMITS

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 19 – SALE OF SUPPLIES

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 20 – RENTS

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 21 – ON BEHALF OF AFFILIATES FOR TRANSMITTAL TO THEM

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 22 – FROM MEMBERS FOR DISBURSEMENTS ON THEIR BEHALF

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 23 – OTHER RECEIPTS

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule			

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 24 CONTRACT NEGOTIATION AND ADMINISTRATION	1. Named Payee Itemized Disbursements		
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	4. Total Disbursements (add Lines 1 through 3)		Item 51
SCHEDULE 25 ORGANIZING	1. Named Payee Itemized Disbursements		
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	4 Total Disbursements (add Lines 1 through 3)		Item 52
SCHEDULE 26 POLITICAL ACTIVITIES	1. Named Payee Itemized Disbursements		
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	4. Total Disbursements (add Lines 1 through 3)		Item 53
SCHEDULE 27 LOBBYING	1. Named Payee Itemized Disbursements		
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	4. Total Disbursements (add Lines 1 through 3)		Item 54
SCHEDULE 28 CONTRIBUTIONS, GIFTS, AND GRANTS	1. Named Payee Itemized Disbursements		
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	4. Total Disbursements (add Lines 1 through 3)		Item 55

SCHEDULE 29 GENERAL OVERHEAD	1. Named Payee Itemized Disbursements		
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	4. Total Disbursements (add Lines 1 through 3)		Item 56
SCHEDULE 30 UNION ADMINISTRATION	1. Named Payee Itemized Disbursements		
	2. Named Payee Non-Itemized Disbursements		
	3. All Other Disbursements		
	4. Total Disbursements (add Lines 1 through 3)		Item 57

SCHEDULE 24 – CONTRACT NEGOTIATION AND
ADMINISTRATION

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)	
Type or Classification (B)				
	Total Itemized Transactions with this Payee/Payer			
	Total Non-Itemized Transactions with this Payee/Payer			
	Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 25 – ORGANIZING

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)	
Type or Classification (B)				
	Total Itemized Transactions with this Payee/Payer			
	Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for This Schedule				

SCHEDULE 26 – POLITICAL ACTIVITIES

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)	
Type or Classification (B)				
		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 28 – CONTRIBUTIONS, GIFTS, AND GRANTS

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		

SCHEDULE 29 – GENERAL OVERHEAD

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)	
Type or Classification (B)				
		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule			

SCHEDULE 30 – UNION ADMINISTRATION

FILE NUMBER:

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Type or Classification (B)			
	Total Itemized Transactions with this Payee/Payer		
	Total Non-Itemized Transactions with this Payee/Payer		
	Total of All Transactions with this Payee/Payer for This Schedule		

SCHEDULE 31– BENEFITS

FILE NUMBER:

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
Total of all lines above (Total will be automatically entered in Item 58.)		

75. ADDITIONAL INFORMATION

FILE NUMBER:

