

# FORM LM-1

## LABOR ORGANIZATION INFORMATION REPORT

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. SUBMIT THIS REPORT IN DUPLICATE.**

### IDENTIFICATION ITEMS

(To be completed by all filers)

<p>1. Is this the first Form LM-1 your organization has filed?</p> <p><input type="checkbox"/> Yes, this is an INITIAL FORM LM-1. (Complete Items 1 through 21 except Item 2.)</p> <p><input type="checkbox"/> No, this is an AMENDED FORM LM-1. (Complete Items 1 through 9, 18, 20 and 21.)</p>		<p>2. FILE NUMBER</p>							
		<p>3. What is your organization's fiscal year ending date?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MONTH</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		MONTH	DAY	YEAR			
		MONTH	DAY	YEAR					
<p>4. AFFILIATION OR ORGANIZATION NAME</p>									
<p>5. DESIGNATION (Local, Lodge, etc.)</p>	<p>6. DESIGNATION NUMBER</p>	<p>7. UNIT NAME (if any)</p>							
<p>8. MAILING ADDRESS (In care of) Name and Title of Person _____ Number and Street _____ Building and Room Number (if any) _____ City _____ State _____ ZIP Code _____</p>			<p>9. Are your organization's records kept at its mailing address?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(If "No," provide address in Item 19.)</p>						

### INFORMATION ITEMS

(To be completed by initial filers only)

<p>10. Where is your organization chartered to operate?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">CITY</td> <td style="width: 33%; text-align: center;">COUNTY</td> <td style="width: 33%; text-align: center;">STATE</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>			CITY	COUNTY	STATE				<p>11. When is your organization's next regular election of officers?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">MONTH</td> <td style="width: 50%; text-align: center;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		MONTH	YEAR											
CITY	COUNTY	STATE																					
MONTH	YEAR																						
<p>12. Are any of your organization's members:</p> <p><input type="checkbox"/> Private Industry Employees</p> <p><input type="checkbox"/> U.S. Postal Service Employees</p> <p><input type="checkbox"/> Federal Government Employees</p> <p>(Check as many boxes as are applicable.)</p>	<p>13. Is your organization:</p> <p><input type="checkbox"/> A Local, Lodge, Branch, etc.</p> <p><input type="checkbox"/> An Intermediate Body (a conference, general committee, joint board, system board, joint council, district, etc.)</p> <p><input type="checkbox"/> A National or International</p>	<p>14. What are your organization's expected annual receipts (dues, fees, etc.):</p> <p><input type="checkbox"/> Less than \$10,000</p> <p><input type="checkbox"/> \$10,000-\$199,999</p> <p><input type="checkbox"/> \$200,000 or more</p>																					
<p>15. List the names and titles of all your organization's officers:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">NAME</th> <th style="width: 50%;">TITLE</th> <th style="width: 50%;">NAME</th> <th style="width: 50%;">TITLE</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> </tbody> </table>				NAME	TITLE	NAME	TITLE																
NAME	TITLE	NAME	TITLE																				
<p>16. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Rates of Dues and Fees</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">(a) Regular Dues/Fees</td> <td>\$ _____ per _____ (month, year, etc.)</td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ _____</td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ _____</td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ _____ per _____ (month, year, etc.)</td> </tr> </tbody> </table>		Rates of Dues and Fees		(a) Regular Dues/Fees	\$ _____ per _____ (month, year, etc.)	(b) Initiation Fees	\$ _____	(c) Transfer Fees	\$ _____	(d) Work Permits	\$ _____ per _____ (month, year, etc.)	<p>17. Two copies of your organization's current constitution and bylaws must be filed with this report. Under certain circumstances, your parent national or international may file copies on your behalf (see the instructions for this item). Is your parent national or international submitting copies on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your organization is filing any governing documents with this report, list them below.</p> <p>_____</p> <p>_____</p> <p>_____</p>											
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## PRACTICES AND PROCEDURES

(To be completed by all filers except Federal employee labor organizations subject solely to Title VII of the Civil Service Reform Act or Chapter 10 of the Foreign Service Act)

18. Enter in Column (1) the page number and section or paragraph number of your organization's constitution and bylaws where the listed practice or procedure is described. Or, if not described in the constitution and bylaws, check the box in Column (2) and provide a description of the practice or procedure in Item 19 or on an attached page.

PRACTICE OR PROCEDURE	(1) PAGE, SECTION, AND/OR PARAGRAPH NUMBER OF CONSTITUTION AND BYLAWS	(2) DESCRIBED IN ITEM 19
(a) Qualifications for or restrictions on membership .....	_____	(a) <input type="checkbox"/>
(b) Levying assessments .....	_____	(b) <input type="checkbox"/>
(c) Participating in insurance or other benefit plans .....	_____	(c) <input type="checkbox"/>
(d) Authorizing disbursement of labor organization funds .....	_____	(d) <input type="checkbox"/>
(e) Auditing financial transactions of the labor organization .....	_____	(e) <input type="checkbox"/>
(f) Calling regular and special meetings .....	_____	(f) <input type="checkbox"/>
(g) (1) Selecting officers and stewards and any representatives to other bodies composed of labor organizations' representatives .....	_____	(g)(1) <input type="checkbox"/>
(g) (2) Invoking procedures by which a member may protest a defect in the election of officers (including not only all procedures for initiating an election protest but also all procedures for subsequently appealing an adverse decision, for example, procedures for appeals to superior or parent bodies, if any) .....	_____	(g)(2) <input type="checkbox"/>
(h) Disciplining or removing officers or agents for breaches of their trust .....	_____	(h) <input type="checkbox"/>
(i) Imposing fines and suspending or expelling members including the grounds for such action and any provision made for notice, hearing, judgment on the evidence, and appeal procedures .....	_____	(i) <input type="checkbox"/>
(j) Authorizing bargaining demands .....	_____	(j) <input type="checkbox"/>
(k) Ratifying contract terms .....	_____	(k) <input type="checkbox"/>
(l) Authorizing strikes .....	_____	(l) <input type="checkbox"/>
(m) Issuing work permits .....	_____	(m) <input type="checkbox"/>

### ADDITIONAL INFORMATION

(To be completed by all filers, as necessary)

19. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
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### SIGNATURES

(To be completed by all filers)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the 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.)

20. SIGNED: _____ _____ ( ) _____ Date Telephone Number	PRESIDENT (If other title, see instructions)	21. SIGNED: _____ _____ ( ) _____ Date Telephone Number	SECRETARY (If other title, see instructions)
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