

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

# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. xxxxxxxx  
Expires: xx-xx-xxxx

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND 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.

| For Official Use Only  |  | 1. FILE NUMBER                      |     | 2. PERIOD COVERED     |  | 3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here:<br>(b) HARDSHIP - If filing under the Hardship Exemption Procedures, check here:<br>(c) TERMINAL - If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: |  |
|--|--|-------------------------------------|-----|-----------------------|--|--|--|
|  |  | MO                                  | DAY | YEAR                  |  |  |  |
|  |  | From                                |     |                       |  |  |  |
|  |  | 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  |  |                                     |     |                       |  |  |  |
| City   |  |                                     |     |                       |  |  |  |
| State ZIP Code + 4   |  |                                     |     |                       |  |  |  |
| 4. AFFILIATION OR ORGANIZATION NAME  |  |                                     |     |                       |  |  |  |
| 5. DESIGNATION (Local, Lodge, etc.)  |  |                                     |     | 6. DESIGNATION NUMBER |  |  |  |
| 7. UNIT NAME (if any)  |  |                                     |     |                       |  |  |  |
| 9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                                     |     |                       |  |  |  |
| (If "No," provide address in Item 69.)   |  |                                     |     |                       |  |  |  |
| 69. ADDITIONAL INFORMATION (if more space is needed, attach Continuation 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 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.) |  |                                     |     |                       |  |  |  |
| 70. SIGNED:  |  | PRESIDENT                           |     | 71. SIGNED:           |  | TREASURER  |  |
| / / ( ) -  |  | (if other title, see instructions.) |     | / / ( ) -             |  | (if other title, see instructions.)  |  |
| Date   |  | Telephone Number                    |     | Date                  |  | Telephone Number   |  |