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

For Official Use Only

FORM LM-1
LABOR ORGANIZATION INFORMATION REPORT

Form approved
Office of Management and Budget
No. 1245-0003
Expires 10-31-2013

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.

Identification Items *(To be completed by all filers)*

1. File Number

2. What is your organization's fiscal year ending date? / /

3. Is this the first Form LM-1 your organization has filed?

Yes, this is an INITIAL FORM LM-1. *(Complete Items 2 through 21.)*

No, this is an AMENDED FORM LM-1. *(Complete Items 1 through 9, 18, 20, and 21.)*

4. Affiliation or Organization Name

5. Designation *(Local, Lodge, etc.)*

6. Designation Number

Prefix *Number* *Suffix*

7. Unit Name *(if any)*

8. Mailing Address

Name

Title

P.O. Box, Bldg., and Room No., if any

Street

City

State ZIP Code + 4

9. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., and Room No., if any

Street

City

State ZIP Code + 4

Signatures

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 the section on penalties in the instructions.)*

20. Signed _____ President (if other title, see instructions)

President

On _____ Date _____ Telephone Number

21. Signed _____ Secretary (if other title, see instructions)

Secretary

On _____ Date _____ Telephone Number

Name of Labor Organization		File Number	

Information Items *(To be completed by initial filers only)*

10. Where is your organization chartered to operate?
City _____ County _____ State _____

11. When is your organization's next regular election of officers?
Month _____ Year _____

12. Are any of your organization's members:

- ☐ Private Industry Employees
- ☐ U.S. Postal Service Employees
- ☐ Federal Government Employees

(Check as many boxes as are applicable)

13. Is your organization:

- ☐ A Local, Lodge, Branch, etc.
- ☐ An Intermediate Body (a conference, general committee, joint board, system board, joint council, district, etc.)
- ☐ A National or International

14. What are your organization's expected annual receipts (dues, fees, etc.):

- ☐ Less than $10,000
- ☐ $10,000 - 199,999
- ☐ $200,000 or more

15. List the names and titles of all your organization's officers.

Name			Title

Add More Names & Titles

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.)*

a. Regular Dues/Fees	$		per *(month, year, etc.)*	Minimum		Maximum
b. Working Dues	$			Minimum		Maximum
c. Initiation Fees	$			Minimum		Maximum
d. Transfer Fees	$			Minimum		Maximum
e. Work Permits	$		per *(month, year, etc.)*	Minimum		Maximum

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 organization may file copies on your behalf *(see the instructions for this item)*. Is your parent national or international submitting copies on your behalf?

☐ Yes ☐ No

If your organization is filing any governing documents with this report, list them below.

Add More Item 17 Information

Name of Labor Organization		File Number	

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. ☐
b. Levying assessments		b. ☐
c. Participating in insurance or other benefit plans		c. ☐
d. Authorizing disbursement of labor organization funds		d. ☐
e. Auditing financial transactions of the labor organization		e. ☐
f. Calling regular and special meetings		f. ☐
g.1. Selecting officers and stewards and selecting any representatives to other bodies composed of labor organizations' representatives.		g.1. ☐
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. ☐
h. Disciplining or removing officers or agents for breaches of their trust		h. ☐
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. ☐
j. Authorizing bargaining demands		j. ☐
k. Ratifying contract terms		k. ☐
l. Authorizing strikes		l. ☐
m. Issuing work permits		m. ☐

Additional Information *(To be completed by all filers, as necessary)*

19. Additional Information