

Filing your LM-4

Robin Haux, MNA Labor Program Director

What is a LM-4?

- ▶ The LM-4 form, or Labor Organization Annual Report, discloses financial information (such as assets, liabilities, receipts and disbursements) about labor organizations which have a total annual receipts of less than \$10,000.
- ▶ Filing is required by Department of Labor
- ▶ You can file TWO-ways:
 - ▶ **Printing form and mailing**
 - ▶ Filing electronically

WHEN does your Local Unit NEED TO FILE?

- ▶ Form LM-4 must be filed within 90 days after the end of your organization's fiscal year, or the **end of MARCH** of each year.

Where can we FIND the Form LM-4?

- ▶ Visit the Department of Labor at:
<https://www.dol.gov/olms/> and follow the links to the [Form LM-4](#) and the instructions

- ▶ OR visit www.mtnurses.org for a LM-4 filing packet (under labor services)

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

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	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/>
	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/>	MO DAY YEAR From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Through <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here: <input type="checkbox"/>

4. AFFILIATION OR ORGANIZATION NAME	8. MAILING ADDRESS (Type or print in capital letters.)
	First Name <input type="text"/> Last Name <input type="text"/> P.O. Box - Building and Room Number (if any) <input type="text"/> Number and Street <input type="text"/> City <input type="text"/> State ZIP Code + 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/>
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
7. UNIT NAME (if any)	

19. ADDITIONAL INFORMATION (If more space is needed, attach additional 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 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: _____	PRESIDENT	21. SIGNED: _____	TREASURER
_____/_____/_____	(If other title, see instructions.)	_____/_____/_____	(If other title, see instructions.)
Date	Telephone Number	Date	Telephone Number

Complete Items 9 through 18.

9. During the reporting period, did your 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
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

10. Did your organization change its rates of dues and fees during the reporting period? Yes No
(If "Yes," report the new rates in Item 19 on page 1.)

11. Did your organization discover any loss or shortage of funds or property during the reporting period? Yes No
(If "Yes," provide details in Item 19 on page 1. Answer "Yes" even if there has been repayment or recovery.)

12. Was your organization insured by a fidelity bond during the reporting period? Yes No
 If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person. \$

13. How many members did your organization have at the end of the reporting period?

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.) \$

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.) \$

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). *(If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.)* \$

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payment to officers, payments for office supplies, etc.). \$

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.). \$

Please be sure to:

- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.

Filling out your LM-4:

1. *FILE NUMBER:*

- ▶ To obtain, you can call the Office of Labor-Management Standards (OLMS) regional office in Denver at 720-264-3232

-OR-

- ▶ Visit <https://www.dol.gov/olms/regs/compliance/rrlo/lmrda.htm> if you have filed before or you opt to file electronically

Filling out your LM-4 (cont.):

2. PERIOD COVERED - ENTER *“January 1, 2016 to December 31, 2016”*
3. Leave blank
4. AFFILIATION NAME - ENTER *“National Federation of Nurses & Montana Nurses Association”*
5. DESIGNATION - ENTER *“Local Unit”*
6. DESIGNATION NUMBER - ENTER Your Local Unit Number, eg. *“13”*
7. UNIT NAME - ENTER *“MNA Local Unit #_____”*
8. Enter Name and Mailing address of President, Treasurer, or Sec filling out form

Items 9 through 18:

9. Enter Yes or No depending on if your local made changes to bylaws; if YES, you must attach a copy to your LM4.
10. Enter “NO”
11. Enter “NO”
12. Most of our Locals enter “NO”, but those that have a bond will answer “YES”
13. Enter number of your members (MNA can help if you don't know 😊)
14. Enter the balance in your local's checking account as of December 31st
15. Most likely is “0”

Items 9 through 18 (cont)

16. Enter total amount of deposits your local received during the reporting period of January 1st through December 31st .
17. Enter the amount your Local paid out of your checking account for expenses, etc. for the reporting period of January 1 - December 31.
18. Of the amount entered in item 17, how much was spent on elected officers; eg sending elected officer to conventions, labor retreat, bargaining reimbursement, covering officer dues, etc.

****Have your President and Treasurer sign the form and mail to:**

Office of Labor-Management Standards
200 Constitution Ave, NW, Room N-1519
Washington, DC 20210-0001

Local #	Facility	Members
1	Community Hospital of Anaconda	69
2	Billings Clinic	259
4	Bozeman Health	280
5	Saint James Community	128
6	Fresenius Med Care-Bozeman	4
7	MT State Hospital	44
8	MT Dept of Health (DPHHS)	5
11	Cascade City/County	11
12	Northern Montana Hospital	90
13	St Peters Hospital	261
14	Lewistown-MMHNCC	25
15	Community Medical Center	283
16	Big Sky Surgery Ctr	8
17	St Patrick's Hospital	487
21	Glendive Medical Center	24
22	Cabinet Peaks	34
24	Sweet Medical Center	4
25	Northern Rockies MC	15
26	MSU Student Health	4
27	Montana Veterans Home	28
32	Partners in Home Care	14
33	Fresenius Med Care-Missoula	11
34	Clark Fork Valley	12
35	Marcus Daly Memorial Hospital	10
36	MCDC	8
37	Butte SilverBow City/County Health	6
38	Rosebud HealthCare	2
39	Sidney Health Center	44
44	Holy Rosary - Miles City	75

Questions?

Contact Robin Haux and robin@mtnurses.org



Collective Bargaining Ballot

- Council on Economic & General Welfare-Representative to the Board
 - *One (1) will be elected for a two year term - Jan 2017 through Dec 2018
- Council on Economic & General Welfare:
 - *Two (2) will be elected for a two year term (with alternates) -Jan 2017 through Dec 2018
- NFN Assembly Delegate:
 - *Two (2) will be elected for a two year term (with alternates) - Jan 2017 through Dec 2018
- AFL-CIO Convention Delegates:
 - *Four (4) will be elected for a two year term (with alternates) - Jan 2017 through Dec 2018

~Any member wishing to run for an open position **MUST** complete a Consent to Serve~