

# 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 PL. 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 	1. FILE NUMBER  5 0 3 - 1 5 7	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 2 Through 0 9 0 1 2 0 0 2	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:  (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here: <input checked="" type="checkbox"/>
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<p align="center"><b>IMPORTANT</b></p> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>	8. MAILING ADDRESS (Type or print in capital letters.)	
	First Name A N N I E  Last Name C O L L I E R  P.O. Box • Building and Room Number (if any)  Number and Street 2 2 0 7      7 T H      S T R E E T  City C O L U M B U S  State      ZIP Code + 4 G A      3 1 9 0 6	
4. AFFILIATION OR ORGANIZATION NAME OPERATING ENGINEERS, AFL-CIO		
5. DESIGNATION (Local, Lodge, etc.) LOCAL	6. DESIGNATION NUMBER 443	
7. UNIT NAME (if any) INTERNATIONAL UNION OF OPERATING ENGINEERS		

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

Item Number "3(b)" 21. "3(b)" 14	<p>Everyone at Fort Benning, Georgia lost their job August 25, 2001 when they were awarded to Private Contractors, who bled on them.</p> <p>Effective (Sunday, September 1) + September 2, 2002 being a holiday, Labor Day, for Constitution, etc. (September 3 + September 4, 2002)</p> <p>I.U.O.E. Local 443 was merged into I.U.O.E. Local 926, Business Manager, Mr. Ronnie McCreary, 3541 Maynard Tenn. Str. 200, Abbeville, GA. 30516</p> <p>Local 443's only assets was a Bank Account, which was closed September 4, 2002 (Transferring <sup>cash</sup> balance <sup>to</sup> I.U.O.E. Parent Body Washington, D.C. \$22.00 (Twenty-Two Dollars) Attn: via B. Splain Regional Director JACKSON, MISSISSIPPI)</p> <p>+ 443 Records were given to Regional Director B. Splain, I.U.O.E.</p>
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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: <u>A. Morrison</u> <u>July 30 2003</u> Date	1 (706) 563 - 4964 Telephone Number	PRESIDENT (If other title, see instructions.)	21. SIGNED: <u>A. Collier</u> <u>7 27 2003</u> Date	1 (706) 563 - 4964 Telephone Number	TREASURER (If other title, see instructions.)
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03-251-014/503157

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.)

Yes No

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.)

Yes No

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.)

Yes No

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. \$ 5 0 0 0

Yes No

13. How many members did your organization have at the end of the reporting period? 25

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.). \$ 2 2

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.). \$ 0 0

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.) \$ 1 5 1 7

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.). \$ 1 5 1 9

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.). \$ 0 0

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.

A. Morrison  
 July 30, 2003

Annie Collier  
 7.27-2003