FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

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

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 07-31-2019

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 545-430	2. PERIOD COVE From Through	ERED 06/01/2016 05/31/2017		1ENDED - Is this ar RMINAL - Is this a			No No	
4. AFFILIATION OR ORG	ANIZATION NAME UDENT DINING WORKERS				8. MAILING ADD	RESS (Type or print in c	apital letters)		
UNION OF GRINNELL ST	ODENT DINING WORKERS				First Name		Last Name		
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NBR					RACHEL		BASS		
o. Beololy (Holy (Eddal,	Louge, etc.)	0. 520	OW WION NEW			 			
					P.O Box - Building	and Room Number			
7. UNIT NAME (if any)					# 3146				
					Number and Stree	et			_
					1115 8TH AVENU				
					City				
					GRINNELL				
					Ctata		ZIP Code + 4		_
					State		501121553		
							001121000		
					1		l		_
information contained in a								submitted in this report (including nd complete (See Section V on penaltie	es
in the instructions.) 26. SIGNED: Cor	y McCartan		PRESIDEN [*]	Г	27. SIGNED:	Zijun Xu		TREASURER	
	0, 2017 Contact I	nfo:	319-343-7718	•	Date:	Jul 11, 2017	Contact Info:	319-343-7718	

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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		14. Enter the total value of your organizations assets at the end of the period (cash, bank accounts, equipment, etc.).	\$198
instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see instructions.)	163	15. Enter the total liabilities (debts) of your organization at the end of the period (unpaid bills, loans owed, etc.).	\$14
10. Did your organization change its rates of dues and fees during the reporting period? (If "Yes," report the new rates in Item 19 on page 1.)	Yes	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	\$278
11. Did your organization discover any loss or shortage of funds or property during the		instead of this form.)	,]
reporting period? (If "Yes," provide details in Item 19. Answer "Yes" even if there has been repayment or recovery.)	No	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.).	\$94
12. Was your organization insured by a fidelity bond during the reporting period?	No	18. Enter the total payments to officers and employees made by your organization during the	
If "Yes," enter the maximum amount recoverable under the bond for loss caused by any		reporting period (gross salaries, lost time payments, allowances, expenses, etc.).	\$0
person.			
13. How many members did your organization have at the end of the reporting period?	102		

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19. ADDITIONAL INFORMATION SUMMARY FILE NUMBER: 545-430

Question 9: See attached revisions of constitution and bylaws.

Question 10: Optional dues of \$2.00 a month established. Payment of dues has no bearing on a member's status or rights.

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