

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

No: 1245-0003

Expires: 07-31-2019

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 E	1. FILE NUMBER 545-430	2. PERIOD COVERED MO DAY YEAR From 06/01/2017 Through 05/31/2018	3 (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is an amended report, check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME UNION OF GRINNELL STUDENT DINING WORKERS	8. MAILING ADDRESS (Type or print in capital letters)												
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER 0	7. UNIT NAME (if any)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name QUINN</td> <td style="width: 50%;">Last Name ERCOLANI</td> </tr> <tr> <td colspan="2">P.O. Box - Building and Room Number (if any) # 3409</td> </tr> <tr> <td colspan="2">Number and Street 1115 8TH AVENUE</td> </tr> <tr> <td colspan="2">City GRINNELL</td> </tr> <tr> <td>State IA</td> <td>ZIP Code + 4 50112-1553</td> </tr> </table>	First Name QUINN	Last Name ERCOLANI	P.O. Box - Building and Room Number (if any) # 3409		Number and Street 1115 8TH AVENUE		City GRINNELL		State IA	ZIP Code + 4 50112-1553
First Name QUINN	Last Name ERCOLANI												
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19. ADDITIONAL INFORMATION(Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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: <u>Quinn E Ercolani</u> _____ 08/06/2018 586-630-2187 Date Telephone Number PRESIDENT (If other title, see instructions.)	21. SIGNED: <u>Baojin Zhu</u> _____ 07/31/2018 717-809-7678 Date Telephone Number TREASURER (If other title, see instructions.)
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COMPLETE ITEMS 9 THROUGH 18

FILE NUMBER: 545-430

Enter Amounts in Dollars Only - Do Not Enter Cents

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? (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see instructions.)

Yes No

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 No

11. Did your organization discover any loss or shortage of funds or property during the reporting period? (If "Yes," provide details in Item 19. 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.

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.

If the answer to questions 9, 10, or 11 is "Yes," provide details in Item 19 (Additional Information) as explained in the instructions for each item.

19. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER: 545-430

Question 9: See attached revised constitution.