FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT
U.S. Department of Labor

Office of Labor-Management Standards Washington, DC 20210

MUST BE USED BY LABOR ORGANIZATIONS WITH $\$ 250,000$ OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 08-31-2016

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.


 instructions.)


[^0]
## ITEMS 10 THROUGH 21

10. During the reporting period did the labor organization create or participate in the administration of a trust or a fund or organization, as defined in the instructions, which provides benefits for members or beneficiaries?
11(a). During the reporting period did the labor organization have a political action committee (PAC) fund?
11 (b). During the reporting period did the labor organization have a subsidiary organization as defined in Section $X$ of these Instructions?
11. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? 13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.)
12. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?
13. During the reporting period did the labor organization acquire or dispose of any assets in a manner other than purchase or sale?
14. Were any of the labor organization's assets pledged as security or encumbered in any way at the end of the reporting period?
15. Did the labor organization have any contingent liabilities at the end of the reporting period?
16. During the reporting period did the labor organization have any changes in its constitution or bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions?
17. What is the date of the labor organization's next regular election of officers?

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20. How many members did the labor organization have at the end of the reporting period?
21. What are the labor organization's rates of dues and fees?

| Rates of Dues and Fees |  |  |  |  |  |
| :--- | ---: | :--- | :--- | :--- | ---: |
| Dues/Fees | Amount |  | Unit | Minimum | Maximum |
| (a) Regular Dues/Fees | 63.50 | per | month |  | 63.50 |
| (b) Working Dues/Fees |  | per |  |  | 63.50 |
| (c) Initiation Fees |  | per |  |  |  |
| (d) Transfer Fees |  | per |  |  |  |
| (e) Work Permits |  | per |  |  |  |



| ASSETS | Schedule Number | Start of Reporting Period <br> (A) | End of Reporting Period <br> (B) |
| :---: | :---: | :---: | :---: |
| 22. Cash |  | \$55,391 | \$123,661 |
| 23. Accounts Receivable | 1 |  | \$0 |
| 24. Loans Receivable | 2 | \$25,805 | \$19,387 |
| 25. U.S. Treasury Securities |  | \$0 | \$0 |
| 26. Investments | 5 | \$547,706 | \$458,894 |
| 27. Fixed Assets | 6 | \$0 | \$4,582 |
| 28. Other Assets | 7 |  | \$0 |
| 29. TOTAL ASSETS |  | \$628,902 | \$606,524 |



| LIABILTIIES | Schedule <br> Number | Start of Reporting Period <br> (A) | End of Reporting Period <br> (B) |
| :--- | :---: | :---: | :---: |
| 30. Accounts Payable | 8 |  |  |
| 31. Loans Payable | 9 |  | $\$ 0$ |
| 32. Mortgages Payable |  | 10 | $\$ 0$ |
| 33. Other Liabilities |  | $\$ 345,233$ | $\$ 0$ |
| 34. TOTAL LIABILTIES |  | $\$ 345,233$ | $\$ 0$ |

35. NET ASSETS
\$283,669

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FILE NUMBER: 513-948


| Entity or Individual Name <br> (A) | Total Account Receivable (B) | 90-180 Days Past Due (C) | 180+ Days Past Due (D) | Liquidated Account Receivable (E) |
| :---: | :---: | :---: | :---: | :---: |
| Total of all itemized accounts receivable | \$0 | \$0 | \$0 | \$0 |
| Totals from all other accounts receivable |  |  |  |  |
| Totals (Total of Column (B) will be automatically entered in tem 23 , Column(B)) | \$0 | \$0 | \$0 | \$0 |

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| List below loans to officers, employees, or members which at any time during the reporting period exceeded $\$ 250$ and list all loans to business enterprises regarless of amount. | Loans Outstanding at Start of Period (B) | Loans Made During Period (C) | Repayments Received During Period |  | Loans Outstanding at End of Period (E) |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | $\begin{aligned} & \text { Cash } \\ & \text { (D)(1) } \end{aligned}$ | Other Than Cash (D)(2) |  |
| Name: Greater?N.H.?Labor?Council |  |  |  |  |  |
| Purpose: General?Purpose?Loan |  |  |  |  |  |
| Security: N/A | \$25,805 |  | \$6,418 |  | \$19,387 |
| Terms of Repayment: 15?yr.,6.75\%,?\$663.68?mo.?pym |  |  |  |  |  |
| Total of loans not listed above |  |  |  |  |  |
| Total of all lines above | \$25,805 | \$0 | \$6,418 | \$0 | \$19,387 |
| Totals will be automatically entered in... | Item 24 <br> Column (A) | Item 61 | Item 45 | $\begin{gathered} \text { Item } 69 \\ \text { with Explanation } \\ \hline \end{gathered}$ | Item 24 <br> Column (B) |

[^1]
## SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 513-948


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FILE NUMBER: 513-948

| Description (if land or buildings, give location) <br> (A) |  | Cost <br> (B) | Book Value (C) | Cash Paid (D) |
| :---: | :---: | :---: | :---: | :---: |
| DIVIDEND REINVESTMENTS IN NPC ACCOUNT |  | \$11,173 | \$11,173 | \$11,173 |
| COMPUTER AND OFFICE EQUIPMENT |  | \$4,582 | \$4,582 | \$4,582 |
| Total of all lines above |  | \$15,755 | \$15,755 | \$15,755 |
|  |  |  | stments | \$0 |
| (The total from Net Purchases Line will be automatically entered in Item 60.) Net Purchases |  |  |  | \$15,755 |

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FILE NUMBER: 513-948

| Description <br> (A) | Cost or Other Basis <br> (B) | Total Depreciation or Amount Expensed (C) | Book Value <br> (D) | Value (E) |
| :---: | :---: | :---: | :---: | :---: |
| A. Land (give location) | \$0 |  | \$0 | \$0 |
| B. Buildings (give location) | \$0 | \$0 | \$0 | \$0 |
| C. Automobiles and Other Vehicles |  |  |  |  |
| D. Office Furniture and Equipment | \$27,615 | \$23,033 | \$4,582 | \$4,582 |
| E. Other Fixed Assets | \$1,020 | \$1,020 | \$0 | \$0 |
| F. Totals of Lines A through E (Column(D) Total will be automatically entered in Item 27, Column(B)) | \$28,635 | \$24,053 | \$4,582 | \$4,582 |

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## Entity or Individual Name

(A)

Total for all itemized accounts payable
Total from all other accounts payable
Totals (Total for Column(B) will be automatically entered in Item 30, Column(D))
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| Source of Loans Payable at Any Time During the Reporting Period (A) | Loans Owed at Start of Period (B) |  | Loans Obtained During Period (C) | Repayment During Period Cash (D)(1) |  | Repayment During Period Other Than Cash (D)(2) | Loans Owed at End of Period (E) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total Loans Payable |  | \$0 | \$0 |  | \$0 | \$0 |  | \$0 |
| Totals will be automatically entered in... | $\begin{gathered} \text { Item } 31 \\ \text { Column (C) } \end{gathered}$ |  | Item 44 | Item 62 |  | Item 69 with Explanation | Item 31 <br> Column (D) |  |



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[^2]

[^3]FILE NUMBER: 513-948

| Category of Membership <br> (A) | Number (B) | Voting Eligibility (C) |
| :---: | :---: | :---: |
| Teachers \& Nurses | 1,645 | Yes |
| Members (Total of all lines above) | 1,645 |  |
| Agency Fee Payers* |  |  |
| Total Members/Fee Payers | 1,645 |  |
| ${ }^{*}$ Agency Fee Payers are not considered members of the labor organization. |  |  |

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| SCHEDULE 14 OTHER RECEIPTS |  |
| :--- | ---: |
| 1. Named Payer Itemized Receipts | $\$ 75,000$ |
| 2. Named Payer Non-itemized Receipts | $\$ 0$ |
| 3. All Other Receipts | $\$ 75,000$ |
| 4. Total Receipts |  |
|  |  |
|  |  |


| SCHEDULE 15 REPRESENTATIONAL ACTIVITIES |  |
| :--- | ---: |
| 1. Named Payee Itemized Disbursements | $\$ 26,169$ |
| 2. Named Payee Non-itemized Disbursements | $\$ 0$ |
| 3. To Officers | $\$ 0$ |
| 4. To Employees | $\$ 0$ |
| 5. All Other Disbursements | $\$ 26,169$ |
| 6. Total Disbursements |  |
| SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING |  |
| 1. Named Payee Itemized Disbursements | $\$ 0$ |
| 2. Nament Payee Non-itemized Disbursements | $\$ 0$ |
| 3. To Officers | $\$ 0$ |
| 4. To Employees | $\$ 0$ |
| 5. All Other Disbursements |  |
| 6. Total Disbursement | $\$ 0$ |


| SCHEDULE 17 CONTRIBUTIONS, GIFTS \& GRANTS |  |
| :---: | :---: |
| 1. Named Payee Itemized Disbursements | \$15,657 |
| 2. Named Payee Non-itemized Disbursements | \$0 |
| 3. To Officers | \$0 |
| 4. To Employees | \$0 |
| 5. All Other Disbursements |  |
| 6. Total Disbursements | \$15,657 |
|  |  |
| SCHEDULE 18 GENERAL OVERHEAD |  |
| 1. Named Payee Itemized Disbursements | \$76,189 |
| 2. Named Payee Non-itemized Disbursements | \$0 |
| 3. To Officers | \$0 |
| 4. To Employees | \$0 |
| 5. All Other Disbursements |  |
| 6. Total Disbursements | \$76,189 |
| SCHEDULE 19 UNION ADMINISTRATION |  |
| 1. Named Payee Itemized Disbursements | \$93,546 |
| 2. Named Payee Non-itemized Disbursements | \$0 |
| 3. To Officers | \$88,382 |
| 4. To Employees | \$159,101 |
| 5. All Other Disbursements |  |
| 6. Total Disbursements | \$341,029 |


| Name and Address <br> (A) |  |  |  |
| :---: | :---: | :---: | :---: |
| NPC | Purpose <br> (C) | Date (D) | Amount <br> (E) |
|  | Transfer from Brokerage Account | 02/27/2015 | \$75,000 |
|  | Total Itemized Transactions with this Payee/Payer |  | \$75,000 |
|  | Total Non-ltemized Transactions with this Payee/Payer |  |  |
| Type or Classification <br> (B) | Total of All Transactions with this Payee/Payer for This Schedule |  | \$75,000 |
| BROKERAGE |  |  |  |

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| Name and Address <br> (A) |  |  |  |
| :---: | :---: | :---: | :---: |
| Various | Purpose <br> (C) | Date <br> (D) | Amount (E) |
|  | Legal | 12/31/2015 | \$26,169 |
| New Haven | Total Itemized Transactions with this Payee/Payer Total Non-Itemized Transactions with this Payee/Payer |  | \$26,169 |
| CT |  |  |  |
| Type or Classification <br> (B) | Total of All Transactions with this Payee/Payer for This Schedule |  | \$26,169 |
| LEGAL |  |  |  |

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| Name and Address <br> (A) | Purpose <br> (C) | Date(D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| New Haven Schools |  |  |  |
|  | Scholarships | 12/31/2015 | \$3,300 |
|  | Contributions | 12/31/2015 | \$12,357 |
| CT | Total Itemized Transactions with this Payee/Payer |  | \$15,657 |
|  | Total Non-Itemized Transactions with this Payee/Payer |  |  |
| (B) | Total of All Transactions with this Payee/Payer for This Schedule |  | \$15,657 |
| CONTRIBUTIONS AND SCHOLARSHIPS |  |  |  |

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| New Haven CT | Purpose <br> (C) | Date <br> (D) | Amount (E) |
| :---: | :---: | :---: | :---: |
| Type or Classification | Insurance | 12/31/2015 | \$3,148 |
| (B) | Repairs \& Maintenance | 12/31/2015 | \$81 |
| Various Classification | Auto | 12/31/2015 | \$9,656 |
|  | Office | 12/31/2015 | \$5,855 |
|  | Postage | 12/31/2015 | \$1,037 |
|  | Dues \& Subscriptions | 12/31/2015 | \$936 |
|  | Outside Contract Services | 12/31/2015 | \$7,825 |
|  | Property Taxes | 12/31/2015 | \$434 |
|  | Sales Tax | 12/31/2015 | \$57 |
|  | Total Itemized Transactions with this Payee/Payer |  | \$29,029 |
|  | Total Non-ltemized Transactions with this Payee/Payer |  |  |
|  | Total of All Transactions with this Payee/Payer for This Schedule |  | \$29,029 |
| Name and Address <br> (A) |  |  |  |
| Wells Fargo | Purpose <br> (C) | Date (D) | Amount <br> (E) |
|  | Lease | 12/31/2015 | \$4,873 |
| New Haven | Total Itemized Transactions with this Payee/Payer |  | \$4,873 |
| CT | Total Non-ltemized Transactions with this Payee/Payer |  |  |
| Type or Classification <br> (B) | Total of All Transactions with this Payee/Payer for This Schedule |  | \$4,873 |
| LEASE |  |  |  |

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| Name and Address <br> (A) | Purpose <br> (C) | Date (D) | Amount <br> (E) |
| :---: | :---: | :---: | :---: |
| Various |  |  |  |
|  | Union Member Benefits | 12/31/2015 | \$76,880 |
|  | Meetings/Conferences | 12/31/2015 | \$16,666 |
| $\begin{aligned} & \text { New } \\ & \text { CT } \end{aligned}$ | Total Itemized Transactions with this Payee/Payer |  | \$93,546 |
|  | Total Non-Itemized Transactions with this Payee/Payer |  |  |
| (B) | Total of All Transactions with this Payee/Payer for This Schedule |  | \$93,546 |
| Member benefits |  |  |  |

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| Description <br> (A) | To Whom Paid <br> (B) | Amount <br> (C) |
| :---: | :---: | :---: |
| Health Insurance | American Federation of Teachers | \$42,561 |
| Total of all lines above (Total will be automatically entered in Item 55.) |  | \$42,561 |

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# Question 12: Books were reviewed by an outside accountant - Brierley, Cadwell \& Possidente, LLC 

Schedule 13, Row 1:Membership consists of teachers and nurses primarily in the New Haven CT area, They are subject to full membership dues on a monthly basis.
General Information:
General Information:
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