



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 STATE BOARD OF MEDIATION
 P.O. Box 2071 Jefferson City, MO 65102-2071

For Official Use Only

SBM-LM-1 LABOR ORGANIZATION INFORMATION REPORT

This report is mandatory under RSMo. 105.535, as amended.
 Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by RSMo. 105.555 (2018).

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Identification Items <i>(To be completed by all filers)</i>	
1. File Number:	2. What is your organization's fiscal year ending date?
3. Is this the first Form SBM-LM-1 your organization has filed with Missouri?	
<input type="checkbox"/> Yes, this is an INITIAL FORM SBM-LM-1 <i>(Complete Items 2 through 20)</i>	
<input type="checkbox"/> No, this is an AMENDED FORM SBM-LM-1 <i>(Complete Items 1 through 9, 16, 18, 19, and 20)</i>	
4. Affiliation or Organization Name	5. Designation (<i>Local, Lodge, etc.</i>)
6. Designation Number Prefix Number Suffix	7. Unit Name (<i>if any</i>)
8. Mailing Address: Name Title: P.O. Box, Bldg., and Room No. (<i>if any</i>): Street: City: State: ZIP Code + 4:	9. Any other address where records are necessary to verify this report are kept: Name: Title: P.O. Box, Bldg., and Room No. (<i>if any</i>): Street: City: State: ZIP Code + 4:

Signatures

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 (<i>including the information contained in any accompanying documents</i>) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (<i>See the section on penalties in the instructions.</i>)	
19. Signed /S/ _____ <i>(if other title, see instructions)</i> On _____ Phone Number _____	20. Signed /S/ _____ <i>(if other title, see instructions)</i> On _____ Phone Number _____

Name of Labor Organization:	File Number:
-----------------------------	--------------

Identification Items *(To be completed by all filers)*

10. Where is your organization chartered to operate? City: County:	11. When is your organization's next regular election of officers? Month: Year:
State:	

12. Is your organization:

A Local, Lodge, Branch, etc.

An Intermediate Body (a conference, general committee, joint board, system board, joint council, district, etc.)

A National or International

13. List the names and titles of all your organization's officers:

Name:	Title:

14. What are your organization's rate of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

		Per (month, year, etc.)	Minimum	Maximum
a. Regular Dues/Fees	\$			
b. Working Dues	\$			
c. Initiation Fees	\$			
d. Transfer Fees	\$			
e. Work Permits	\$			

15. A copy of your organization's current constitution and bylaws must be filed with this report. Under certain circumstances, your parent national or international organization may file copies on your behalf *(see the instructions for this item)*. Is your parent national or international submitting copies on your behalf?

Yes No

If your organization is filing any governing documents with this report, list them below:

Name of Labor Organization:	File Number:
-----------------------------	--------------

16. Enter in Column 1 the page number and section or paragraph number of your organization's constitution and bylaws where the listed practice or procedure is described. Or, if not described in the constitution and bylaws, check the box in Column 2 and provide a description of the practice or procedure in Item 17 or on an attached page.

Practice or Procedure	Page, Section, and/or Paragraph Number of Constitution and Bylaws	Described in Item 17
a. Qualifications for or restrictions on membership		<input type="checkbox"/>
b. Levying assessments		<input type="checkbox"/>
c. Participating in insurance or other benefit plans		<input type="checkbox"/>
d. Authorizing disbursement of labor organization funds		<input type="checkbox"/>
e. Auditing financial transactions of the labor organization		<input type="checkbox"/>
f. Calling regular and special meetings		<input type="checkbox"/>
g.1. Selecting officers and stewards and selecting any representatives to other bodies composed of labor organizations' representatives		<input type="checkbox"/>
g.2. Invoking procedures by which a member may protest a defect in the election of officers (including not only all procedures for initiating an election protest but also all procedures for subsequently appealing an adverse decision, for example, procedures for appeals to superior or parent bodies, if any)		<input type="checkbox"/>
h. Disciplining or removing officers or agents for breaches of their trust		<input type="checkbox"/>
i. Imposing fines and suspending or expelling members including the grounds for such action and any provision made for notice, hearing, judgment on the evidence, and appeal procedures		<input type="checkbox"/>
j. Authorizing bargaining demands		<input type="checkbox"/>
k. Ratifying contract terms		<input type="checkbox"/>
l. Issuing work permits		<input type="checkbox"/>

17. Additional Information *(To be completed by all filers, as necessary)*

Name of Labor Organization:	File Number:
-----------------------------	--------------

18. Subunit Information <i>(To be completed by all filers)</i>	Are additional pages needed for Sub Unit Information <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---

Name of Subunit:	SBM Case Number:
------------------	------------------

Is there a contract involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Ending Date <i>(Month-Day-Year)</i> :	Original SBM Certification Date <i>(Month-Day-Year)</i> : <input type="checkbox"/> Voluntary
---	--	---