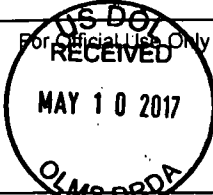


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

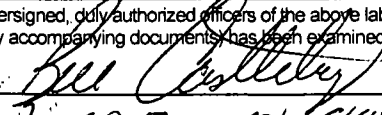
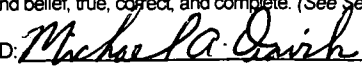
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER 018-458	2. PERIOD COVERED MO DAY YEAR From 01 01 2016 Through 12 31 2016	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name MICHAEL Last Name DRAVIK P.O. Box • Building and Room Number (if any) Number and Street 90 AUSTIN WOODS DR City SENOIA State GA ZIP Code + 4 30276-3126		
4. AFFILIATION OR ORGANIZATION NAME SHEET METAL, AIR, RAIL & TRANSPORTATION			
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 1598	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

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

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.)

57. SIGNED:  4.22.2017 (706) 845-3367 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED:  04.18.17 (770) 722-6031 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☐ Yes ☒ No
12. Have a political action committee (PAC) fund? ☐ Yes ☒ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ Yes ☒ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☐ Yes ☒ No
15. Discover any loss or shortage of funds or other property? ☐ Yes ☒ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ Yes ☒ No
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? ☐ Yes ☒ No
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 59

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 75000

21. 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.)

22. What is the date of your organization's next regular election of officers? MO 11 YEAR 2017

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

Rates of Dues and Fees					
Dues/Fees	Amount	Unit	Minimum	Maximum	
(a) Regular Dues/Fees	\$ 103.23	per	MO		
(b) Initiation Fees	\$	per			
(c) Transfer Fees	\$	per			
(d) Work Permits	\$	per			

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 018 - 458

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. Last Name: HUNT First Name: WILLIAM MI: L Title: PRESIDENT Status: C		0	0	0
2. Last Name: ORAVIK First Name: MICHAEL MI: A Title: SEC/TREAS Status: C		4288	3042	7330
3. Last Name: BYNAM First Name: TRAVIS MI: T Title: LOCAL CHAIRMAN Status: C		6752	0	6752
4. Last Name: WARREN First Name: JACK MI: A Title: LOCAL CHAIRMAN Status: C		3215	0	3215
5. Last Name: DAWSON First Name: DOWNIE MI: D Title: TRUSTEE Status: C		0	0	0
6. Last Name: GARMON First Name: EMIKO MI: D Title: TRUSTEE Status: C		0	0	0
7. Last Name: GODBEY First Name: JACOB MI: D Title: TRUSTEE Status:		0	0	0
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		14255	3042	17297
Enter the total from Line 11 in Item 45 ⇨		10. Less Deductions 1789		
		11. Net Disbursements 15508		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N. (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 018 - 458

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	3191	1335	32. Accounts Payable.....	0	0
	26. Loans Receivable.....	0	0	33. Loans Payable.....	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable.....	0	0
	28. Investments.....	0	0	35. Other Liabilities.....	0	0
	29. Fixed Assets.....	0	0	36. TOTAL LIABILITIES..	0	0
	30. Other Assets.....	0	0			
	31. TOTAL ASSETS.....	3191	1335	37. NET ASSETS (Item 31 less Item 36)...	3191	1335

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	24027	45. To Officers (from Item 24)	15508
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits...	0	47. Per Capita Tax	2187
	41. Interest & Dividends	1	48. Office & Administrative Expense.....	4829
	42. Sale of Investments & Fixed Assets.....	0	49. Professional Fees.....	0
	43. Other Receipts	421	50. Benefits.....	0
	44. TOTAL RECEIPTS.....	24449	51. Contributions, Gifts & Grants.....	0
	<p>If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets....	0
53. Loans Made.....			0	
54. Other Disbursements.....			3781	
55. TOTAL DISBURSEMENTS.....			26305	