

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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

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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only MAR - 2 2015	1. FILE NUMBER 057-389	2. PERIOD COVERED From MO DAY YEAR 09 01 2012 Through 08 31 2013	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 checked="" type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name STUART Last Name ZAGNIT P.O. Box • Building and Room Number (if any) Number and Street 31 EAST 7 ST City NEW YORK State NY ZIP Code + 4 10003		
4. AFFILIATION OR ORGANIZATION NAME ACTORS + ARTISTES AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) BRANCH		6. DESIGNATION NUMBER	
7. UNIT NAME (if any) HEBREW ACTORS UNION FOUNDATION			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	338 DEGRAW ST. APT. 1 BROOKLYN, NY 11231

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: <u>Sumner Danks</u> 01 129 2015 917449 -3333 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Joe Lagan</u> 01 129 2015 646391 -7987 Date Telephone Number	TREASURER (If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(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? 53

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? \$ 100000

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 YEAR

12 2016

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	\$	0	per		
(b) Initiation Fees	\$	0	per		
(c) Transfer Fees	\$	0	per		
(d) Work Permits	\$	0	per		

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER:				—		
--------------	--	--	--	---	--	--

Form LM-3 (Revised 2010)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: —

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	101412	56553	32. Accounts Payable.....	<input type="text"/>	<input type="text"/>
	26. Loans Receivable.....	<input type="text"/>	<input type="text"/>	33. Loans Payable.....	<input type="text"/>	<input type="text"/>
	27. U.S. Treasury Securities	<input type="text"/>	<input type="text"/>	34. Mortgages Payable.....	<input type="text"/>	<input type="text"/>
	28. Investments.....	<input type="text"/>	<input type="text"/>	35. Other Liabilities.....	<input type="text"/>	<input type="text"/>
	29. Fixed Assets.....	932000	953854	36. TOTAL LIABILITIES..	<input type="text"/>	<input type="text"/>
	30. Other Assets.....	<input type="text"/>	<input type="text"/>	37. NET ASSETS (Item 31 less Item 36)...	<input type="text"/>	<input type="text"/>
	31. TOTAL ASSETS.....	1033412	1010407			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	<input type="text"/>	45. To Officers (from Item 24)	<input type="text"/>
	39. Per Capita Tax	<input type="text"/>	46. To Employees (less deductions)	<input type="text"/>
	40. Fees, Fines, Assessments & Work Permits...	<input type="text"/>	47. Per Capita Tax	<input type="text"/>
	41. Interest & Dividends	<input type="text"/>	48. Office & Administrative Expense.....	<input type="text"/>
	42. Sale of Investments & Fixed Assets.....	<input type="text"/>	49. Professional Fees.....	<input type="text"/>
	43. Other Receipts	<input type="text"/>	50. Benefits.....	<input type="text"/>
	44. TOTAL RECEIPTS.....	15600	51. Contributions, Gifts & Grants.....	<input type="text"/>
			52. Purchase of Investments & Fixed Assets....	<input type="text"/>
			53. Loans Made.....	<input type="text"/>
			54. Other Disbursements.....	60622
			55. TOTAL DISBURSEMENTS.....	60622

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.