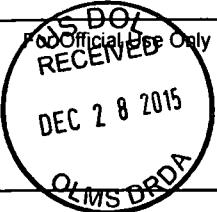


# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

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 504-088	2. PERIOD COVERED MO DAY YEAR From 10 01 2014 Through 09 30 2015	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: CALVIN Last Name: POLLARD P.O. Box - Building and Room Number (if any): 585 NTEU CHAPTER 65 Number and Street: City: WASHINGTON DC State: DC ZIP Code + 4: 20044-0555		
4. AFFILIATION OR ORGANIZATION NAME Treasury Employees Union IND		6. DESIGNATION NUMBER 65	
5. DESIGNATION (Local, Lodge, etc.) Chapter		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 type="checkbox"/> No <input checked="" type="checkbox"/>			

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

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>Calvin S. Pollard</u> Date: <u>12/22/2015</u> Telephone Number: <u>202-377-7065</u>	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>[Signature]</u> Date: <u>12/22/15</u> Telephone Number: <u>(202) 515-4471</u>	TREASURER (If other title, see instructions.)
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*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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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? [ ][ ][ ] 1314 [ ][ ][ ]

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? \$ [ ][ ][ ] 50000 [ ][ ][ ]

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 [ ] [ ] 09 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	\$ <u>1.00</u>	per		
(b) Initiation Fees	\$ <u>0</u>	per		
(c) Transfer Fees	\$ <u>0</u>	per		
(d) Work Permits	\$ <u>0</u>	per		

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 504-088

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)*			
1.	Last Name: POLLARD, First Name: CALVIN, MI: MI, Title: PRESIDENT, Status: C		24054	24054
2.	Last Name: TOOGOOD, First Name: ROBIN, MI: MI, Title: EXECUTIVE VICE PRES, Status: C		1822	1822
3.	Last Name: BACKUS, First Name: CARLA, MI: MI, Title: VICE PRES ADMINISTRATIVE, Status: N		1130	1130
4.	Last Name: SHAWNTI, First Name: SURESH, MI: MI, Title: VICE PRES RETIREE, Status: N		0	0
5.	Last Name: BRASZO, First Name: CHARIS, MI: MI, Title: VICE PRES PARLIAMENTARY, Status: C		1857	1857
6.	Last Name: MULLINS, First Name: KATHY, MI: MI, Title: VICE PRES FINANCIAL, Status: G		0	0
7.	Last Name: DEAN, First Name: ANNETTE, MI: MI, Title: VICE PRES AT LARGE, Status: C		0	0
8. Totals from additional pages (if any)			0	0
9. Totals of Lines 1 through 8		0	28863	28863
Enter the total from Line 11 in ..... Item 45 ⇨		10. Less Deductions		
		11. Net Disbursements		28863

\*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: 504 - 088

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash.....	108028	96974	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.....	108028	96974	37. NET ASSETS (Item 31 less Item 36)...	108028	96974

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues.....	94675	45. To Officers (from Item 24).....	28863
	39. Per Capita Tax.....	0	46. To Employees (less deductions).....	0
	40. Fees, Fines, Assessments & Work Permits...	0	47. Per Capita Tax.....	0
	41. Interest & Dividends.....	14	48. Office & Administrative Expense.....	505
	42. Sale of Investments & Fixed Assets.....	0	49. Professional Fees.....	950
	43. Other Receipts.....	4970	50. Benefits.....	0
	44. TOTAL RECEIPTS.....	99659	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.....	20395
			55. TOTAL DISBURSEMENTS.....	50713

ORGANIZATION NAME: \_\_\_\_\_  
 ENDING DATE OF PERIOD COVERED: \_\_\_\_\_

FILE NUMBER: 504-088

PAGE 1 OF 1 ADDITIONAL PAGES

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)		
Last Name: ADDGSON First Name: ERIC MI: Title: VICE-PRES AT LARGE Status: C	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: GLEN HARRIS - WHITEHEAD First Name: MI: Title: VICE-PRES AT LARGE Status: N	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: First Name: MI: Title: Status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: First Name: MI: Title: Status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: First Name: MI: Title: Status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: First Name: MI: Title: Status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: First Name: MI: Title: Status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name: First Name: MI: Title: Status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>

56. ADDITIONAL INFORMATION SUMMARY

QUESTION 14: Small Business Specialists Inc., 120 2<sup>nd</sup> Street, Suite 1, Laurel, Maryland 20707

QUESTION 9: 1111 Constitution Avenue, N.W., (Room 1002), Washington, DC

QUESTION 17: Calvin Pollard, President Total disbursement \$ 24054.