


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.

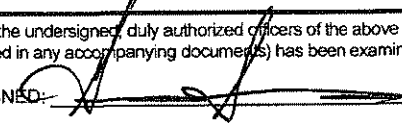
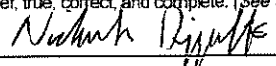
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Officers Only 	1. FILE NUMBER 544-348	2. PERIOD COVERED MO DAY YEAR From 03 10 2010 Through 12 31 2010	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"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME FEDERAL CONTRACT GUARDS OF AMERICA		8. MAILING ADDRESS (Type or print in capital letters.) First Name GUIDO Last Name JAMES P.O. Box · Building and Room Number (if any) Number and Street 1716 I STREET NW City WASHINGTON State ZIP Code + 4 DC 20006-3700	
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 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	9
	1196 DELL STREET TOMS RIVER, NJ 08755

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:  3129/2011 (202) 756-4770 Date Telephone Number	58. SIGNED:  3130/2011 (202) 756-4770 Date Telephone Number
PRESIDENT (If other title, see instructions.)	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?.....
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 or 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 employee?..... | <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? 240

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

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
03 2014

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	
(a) Regular Dues/Fees	\$ 20-50 per MONTH <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ 75-125
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <small>(Month, Year, etc.)</small>

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: **544-348**

(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>	(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: JAMES, First Name: GUIDO Title: PRESIDENT, Status: N			34500	12773	47273
2. Last Name: NAPOLITANO, First Name: JAMES Title: VICE PRES, Status: N			0	7930	7930
3. Last Name: DIPPOLITO, First Name: NICHOLAS Title: SECY-TREAS, Status: N			4400	5620	10020
4. Last Name: JONES, First Name: TREVOR Title: EXEC VICE PRES, Status: P			7000	590	7590
5. Last Name: , First Name: Title: , Status:					
6. Last Name: , First Name: Title: , Status:					
7. Last Name: , First Name: Title: , Status:					
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8			45,900	26,913	72,813
				10. Less Deductions	9162
Enter the Total from Line 11 in Item 45 ⇨				11. Net Disbursements	63651

*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: 544 - 348

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.....	0	4512	32. Accounts Payable.....	0	88946
	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	88946
	30. Other Assets.....	0	3160	37. NET ASSETS (Item 31 less Item 36)...	0	-81274
	31. TOTAL ASSETS.....	0	7672			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues.....	12305	45. To Officers (from Item 24).....	63651
	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.....	0	48. Office & Administrative Expense.....	4302
	42. Sale of Investments & Fixed Assets.....	0	49. Professional Fees.....	750
	43. Other Receipts.....	75000	50. Benefits.....	0
	44. TOTAL RECEIPTS.....	87305	51. Contributions, Gifts & Grants.....	0
			52. Purchase of Investments & Fixed Assets....	0
			53. Loans Made.....	0
			54. Other Disbursements.....	14090
			55. TOTAL DISBURSEMENTS.....	82793

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