


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

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. 120-01B

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<p>For Official Use Only</p> 	<p>1. FILE NUMBER</p> <p style="font-size: 1.2em;">040-211</p>	<p>2. PERIOD COVERED</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">01</td> <td style="border: 1px solid black;">2000</td> </tr> <tr> <td colspan="3">From</td> </tr> <tr> <td style="border: 1px solid black;">12</td> <td style="border: 1px solid black;">31</td> <td style="border: 1px solid black;">2000</td> </tr> <tr> <td colspan="3">Through</td> </tr> </table>	MO	DAY	YEAR	01	01	2000	From			12	31	2000	Through			<p>3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/></p> <p>(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"/></p> <p>(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"/></p>
MO	DAY	YEAR																
01	01	2000																
From																		
12	31	2000																
Through																		
<p style="text-align: center;">IMPORTANT</p> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>		<p>8. MAILING ADDRESS (Type or print in capital letters.)</p> <p>First Name: <u>JOHN</u></p> <p>Last Name: <u>BULGARO</u></p> <p>P.O. Box • Building and Room Number (if any): _____</p> <p>Number and Street: <u>890 THIRD STREET</u></p> <p>City: <u>ALBANY</u></p> <p>State: <u>NY</u> ZIP Code + 4: <u>12206</u></p>																
<p>4. AFFILIATION OR ORGANIZATION NAME</p> <p><u>NYS Teamsters Joint Council 18</u></p>		<p>5. DESIGNATION (Local, Lodge, etc.)</p> <p><u>Joint Council</u></p>																
<p>6. DESIGNATION NUMBER</p>		<p>7. UNIT NAME (if any)</p>																
<p>9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>																		

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

Item Number	<p>14 The books and records were audited by the accounting firm of: Teal, Becker and Chiaramonte CPAs PC 3 Washington Square Albany NY 12205</p>
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the 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.)

<p>76. SIGNED: <u>[Signature]</u> PRESIDENT (If other title, see instructions.)</p> <p><u>3 1231 01</u> (518) 489-5436 Date Telephone Number</p>	<p>77. SIGNED: <u>[Signature]</u> TREASURER (If other title, see instructions.)</p> <p><u>3 1231 01</u> (315) 265-6125 Date Telephone Number</p>
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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?
<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 of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 14500
19. What is the date of your organization's next regular election of officers? MO YEAR
04 2004
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? \$ 60000
21. 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	\$ <u>.45</u> per <u>month</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <small>(Month, Year, etc.)</small>

- | | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| 22. 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?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 040-211

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)
	Item	From SCH #		
ASSETS	25. Cash		93490	246382
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	25000	13000
	28. U.S. Treasury Securities		0	0
	29. Investments	2	289791	147628
	30. Fixed Assets	5	0	0
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		408281	407010
LIABILITIES	33. Accounts Payable		0	0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		0	0
	38. NET ASSETS (Item 32 less Item 37)		408281	407010

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 040-211

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			15125	56. To Officers	9		73400
40. Per Capita Tax			92239	57. To Employees	10		0
41. Fees			0	58. Per Capita Tax			0
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			16450	60. Office & Administrative Expense	13		2447
44. Work Permits			0	61. Educational & Publicity Expense ...			0
45. Sale of Supplies			0	62. Professional Fees			19225
46. Interest			22591	63. Benefits	11		0
47. Dividends			0	64. Contributions, Gifts & Grants	12		17025
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		141000	66. Direct Taxes			0
50. Loans Obtained	8		0	67. Withholding Taxes			0
51. Repayments of Loans Made	1		12000	68. Purchase of Investments & Fixed Assets	7		1773
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		6275	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		38918
55. TOTAL RECEIPTS			305680	74. TOTAL DISBURSEMENTS			152788

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 040-211

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>Teamsters Local 693</u> Purpose: <u>414 Howard Ave</u> Security: <u>Binghamton NY</u> Terms of Repayment: <u>\$1000 per mo. Fint.</u>	25000	0	12000	0	13000
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	25000	0	12000	0	13000
Enter the Totals from Line 6 in.....	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 040-211

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	147628
2. Total Book Value	147628
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) MBNA America	75000
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	147628
↑ Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
↑ Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
↑ Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 040-2111

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			0	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Flagstar Bank Bond	70000	70000	70000	70000
2. Midfirst Bank Bond	41000	41000	41000	41000
3. Greenwood Trust Bond	30000	30000	30000	30000
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	141000	141000	141000	141000
7. Less Reinvestments				0
8. Net Sales				141000
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 040-211

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Bonds	1773	1773	1773
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
			8. Net Purchases 1773
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in		↑ Item 34 Column (C)	Enter the Totals from Line 6 in		↑ Item 34 Column (D)
			↑ Item 50	Enter the Totals from Line 6 in	
			↑ Item 70	Enter the Totals from Line 6 in	
			↑ Item 75 with Explanation		

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 040-211

(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 (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name 1. BULGARO	First Name JOHN	0	10800	0	0	10800
Title PRESIDENT	Status N					
Last Name 2. THAYNE	First Name THOMAS	0	10400	0	0	10400
Title TRUSTEE	Status C					
Last Name 3. WOOD	First Name IRVING	0	12000	0	0	12000
Title RECORDING SEC.	Status C					
Last Name 4. CARTER	First Name FREDERI	0	12000	0	0	12000
Title SECRETARY TREAS.	Status C					
Last Name 5. MASTERSON	First Name BRIAN	0	2400	0	0	2400
Title FREIGHT DIV	Status C					
Last Name 6. RICHMOND	First Name STEVEN	0	8800	0	0	8800
Title TRUSTEE	Status C					
Last Name 7. KRAKAV	First Name THOMAS	0	1000	0	0	1000
Title SGT AT ARMS	Status P					
8. Totals from additional pages (if any)		0	16000	0	0	16000
9. Totals of Lines 1 through 8		0	73400	0	0	73400
				10. Less Deductions		0
Enter the Total from Line 11 in Item 56 ⇨				11. Net Disbursements		73400

*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 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 040-211

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
1. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
6. Totals from additional pages <i>(if any)</i>					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7					
[Hatched area]			9. Less Deductions _____		
Enter the Total from Line 10 in _____ Item 57 ⇨			10. Net Disbursements _____ 0		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 040-211

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS


Description (A)	Amount (B)
1. International Brotherhood of Teamsters	12000
2. Teamsters National Black Caucus	350
3. James R. Hoffa Memorial Scholarship Fund	2200
4. Teamsters Care Program	925
OSIA Grand Lodge Fund.	200
5. JCMF	600
6. NYS Labor Organization	750
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	17,025
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Insurance	820
2. Postage	301
3. Supplies and Printing	1269
4. Bank Service Charges	35
5. Telephone	22
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2447
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Miscellaneous	75
2. From Affiliates	6200
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6275
Enter the Total from Line 17 in  Item 54	

Description (A)	Amount (B)
1. Meetings + Committee	13246
2. Out of Town Travel	24401
3. Refunds	1125
4. Per Capita	50
5. Flowers and Cards	98
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	38918
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: NYS Teamsters Joint Council 18
 ENDING DATE OF PERIOD COVERED: December 31, 2000

FILE NUMBER: 040-211

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — 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 (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: <u>STARING</u> First Name: <u>GARY</u> Title: <u>TRUSTEE</u> Status: <u>N</u>		<u>0</u>	<u>5600</u>	<u>0</u>	<u>0</u>	<u>5600</u>
Last Name: <u>CIPOLLO</u> First Name: <u>MICHAEL</u> Title: <u>TRUSTEE</u> Status: <u>C</u>		<u>0</u>	<u>8400</u>	<u>0</u>	<u>0</u>	<u>8400</u>
Last Name: <u>KEARNEY</u> First Name: <u>JOHN</u> Title: <u>SGT AT ARMS</u> Status: <u>N</u>		<u>0</u>	<u>2000</u>	<u>0</u>	<u>0</u>	<u>2000</u>
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		<u>0</u>	<u>16000</u>	<u>0</u>	<u>0</u>	<u>16000</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — 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>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
Last Name _____ First Name _____							
Title _____ Status _____							
Last Name _____ First Name _____							
Title _____ Status _____							
Last Name _____ First Name _____							
Title _____ Status _____							
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Last Name _____ First Name _____							
Title _____ Status _____							
Totals							