

# 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 UNDER TRUSTEESHIP**

**APR 8 1997**

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. SUBMIT THIS REPORT IN DUPLICATE.**

**IMPORTANT**

If a label is here, peel off the top copy and place it in the same box on the second copy of the form.

If label information is correct, leave Items 4 through 8 blank.

If label information is incorrect, complete Items 4 through 8.

Howard Bennett  
Teamsters AFL-CIO  
LU 00294  
890 Third Street  
Albany, NY 12206

1. FILE NUMBER  
**042-415**

2. PERIOD COVERED	MO	DAY	YR
From	1	1	96
Through	12	31	96

3. If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:

4. AFFILIATION OR ORGANIZATION NAME  
**International Brotherhood of Teamsters**

5. DESIGNATION (Local, Lodge, etc.)  
**Local Union**

6. DESIGNATION NUMBER  
**294**

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)  
Yes  No

6. MAILING ADDRESS  
(In care of) NAME AND TITLE OF PERSON  
**Mr. Howard Bennett**

NUMBER AND STREET  
**890 Third St.**

BUILDING AND ROOM NUMBER (if any)

CITY **Albany** STATE **NY** ZIP CODE **12206**

**DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:**

10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No	
	<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 checked="" type="checkbox"/>	<input 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? (Answer "Yes" even if there has been repayment or recovery.)	<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 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?  
**3800**

19. What is the date of your organization's next regular election of officers?  
**10 97**  
Month Year

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?  
**\$175,000**

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>6 min - 45 max</u> per <u>month</u> <small>(month, year, etc.)</small>
(b) Initiation Fees	\$ <u>10 min 400 max</u>
(c) Transfer Fees	\$ <u>.50</u>
(d) Work Permits	\$ <u>N/A</u> per <u>                    </u> <small>(month, year, etc.)</small>

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? (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)  
Yes  No

23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?

24. Did your organization have any contingent liabilities at the end of the reporting period?

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

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.)

76. SIGNED: <u>Howard Bennett</u> PRESIDENT (If other title, see instructions)	77. SIGNED: <u>John Bulger</u> TREASURER (If other title, see instructions)
Date: <u>3-28-97</u> Telephone Number: <u>(518) 489-236</u>	Date: <u>3/31/97</u> Telephone Number: <u>(518) 489-5436</u>

COMPLETE SCHEDULES 1 THROUGH 15 BEFORE COMPLETING STATEMENTS A AND B

**STATEMENT A — ASSETS AND LIABILITIES**

ASSETS				LIABILITIES			
Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)	Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash .....		341,675	397,649	33. Accounts Payable .....			
26. Accounts Receivable ...				34. Loans Payable .....	8		
27. Loans Receivable .....	1			35. Mortgages Payable .....			
28. U.S. Treasury Securities				36. Other Liabilities .....	4		83,613
29. Investments .....	2	25,000	25,000	37. TOTAL LIABILITIES .....		- 0 -	83,613
30. Fixed Assets .....	5	17,434	23,214				
31. Other Assets .....	3	425	425	38. NET ASSETS			
32. TOTAL ASSETS .....		384,534	446,288	(Item 32 less Item 37) .....		384,534	362,675

**STATEMENT B — RECEIPTS AND DISBURSEMENTS**

CASH RECEIPTS			CASH DISBURSEMENTS		
Item	From SCH #	AMOUNT	Item	From SCH #	AMOUNT
39. Dues .....		1,246,833	56. To Officers .....	9	386,075
40. Per Capita Tax .....			57. To Employees .....	10	72,873
41. Fees .....		141,380	58. Per Capita Tax .....		201,164
42. Fines, Withdrawals & Transfer Cards		281	59. Fees, Fines, Assessments, etc. ....		44,981
43. Assessments .....		250	60. Office & Administrative Expense .....	13	130,017
44. Work Permits .....			61. Educational & Publicity Expense .....		10,999
45. Sale of Supplies .....		526	62. Professional Fees .....		84,789
46. Interest .....		11,744	63. Benefits .....	11	169,501
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	2,418
48. Rents .....			65. Supplies for Resale .....		-
49. Sale of Investments & Fixed Assets .....	6	- 0 -	66. Direct Taxes .....		40,424
50. Loans Obtained .....	8	- 0 -	67. Withholding Taxes .....		212,645
51. Repayments of Loans Made .....	1	- 0 -	68. Purchase of Investments & Fixed Assets .....	7	9,877
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	- 0 -
53. From Members for Disbursement on Their Behalf .....		7,767	70. Repayment of Loans Obtained .....	8	- 0 -
54. Other Receipts .....	14	32,490	71. To Affiliates of Funds Collected on Their Behalf		-
55. TOTAL RECEIPTS .....		1,441,271	72. On Behalf of Individual Members .....		8,521
			73. Other Disbursements .....	15	11,013
			74. TOTAL DISBURSEMENTS .....		1,385,297

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

Item Number	Description
11	Teamsters Local 294-Albany Area Trucking & Allied Industries Health & Welfare Fund EIN*14-1582160 AND Pension Fund of the Albany Area Trucking & Allied Industries Local 294 EIN*14-1401024-both at 19 Aviation Rd, Albany, NY 12205
14	Stanley B. Eisenberg, CPA - Independant Accountant

If more space is needed to complete any of the schedules, 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.

**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: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Totals from additional pages (if any)					
4. Totals of loans not listed above					
5. Totals of Lines 1 through 4	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
Enter the Totals from Line 5 in ..... Item 27, ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27, ..... Item 75 ..... Item 27, ..... Item 75 ..... Item 27, ..... Item 75 ..... Column (A) ..... with Explanation ..... Column (B)					

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

Description (A)	Amount (B)
<u>Marketable Securities</u>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) _____ (b) _____ (c) _____ (d) _____	
<u>Other Investments</u>	
4. Total Cost	25,000
5. Total Book Value	25,000
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) Labor Temple Bond 25,000 (b) _____ (c) _____ (d) _____ (e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	25,000
Enter the Total from Line 7 in ..... Item 29, Column (B)	

**SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1. Airline Deposit	425
2.	
3.	
4.	
5. Total from additional pages (if any)	
6. Total of Lines 1 through 5	425
Enter the Total from Line 6 in ..... Item 31, Column (B)	

**SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. Accrued Vacations	83,613
2.	
3.	
4.	
5.	
6.	
7.	
8. Total from additional pages (if any)	
9. Total of Lines 1 through 8	83,613
Enter the Total from Line 9 in ..... Item 36, Column (D)	

**SCHEDULE 5 — FIXED ASSETS**

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	45,682	29,098	16,584	16,584
7. Other Fixed Assets	17,549	10,919	6,630	6,630
8. Totals of Lines 1 through 7	63,231	40,017	23,214	23,214
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.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
7. Less Reinvestments				
8. Net Sales				- 0 -
Enter the Total from Line 8 in ..... Item 49				

**SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Office Equipment & Furniture	9,877	9,877	9,877
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	9,877	9,877	9,877
7. Less Reinvestments			
8. Net Purchases			9,877
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)	Repayments Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of Lines 1 through 4	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
Enter the Totals from Line 5 in ..... Item 34, Column (C) ..... Item 50 ..... Item 70 ..... Item 75, with Explanation ..... Item 34, Column (D)					

**SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.) (A)	Title (B)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
1.								
2.								
3.								
4.	← SEE ATTACHED SCHEDULE →							
5.								
6.								
7.								
8.								
9.								
10. Totals from additional pages (if any)			437,134	46,732	81,247		565,113	
11. Totals of Lines 1 through 10			437,134	46,732	81,247		565,113	
							12. Less Deductions	179,038
							13. Net Disbursements	386,075
Enter the Total from Line 13 in .....							↑	Item 56
* Code for Column (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.)								

**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES**

Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (A)	Position (B)	Name of Affiliated Organization (if applicable) (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
1.								
2.								
3.								
4.	← SEE ATTACHED SCHEDULE →							
5.								
6.								
7.								
8.								
9. Totals from additional pages (if any)			106,480				106,480	
10. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates								
11. Totals of Lines 1 through 10			106,480				106,480	
							12. Less Deductions	33,607
							13. Net Disbursements	72,873
Enter the Total from Line 13 in .....							↑	Item 57

**SCHEDULE 11 — BENEFITS**

Description (A)	To Whom Paid (B)	Amount (C)
1. Out of Work Benefits	members	40,548
2. Pension Plan	Pension Fund - Local 274	73,474
3. Health & Welfare Plan	NYS Teamsters CNCL Health/Hosp Pd	51,155
4. Retires Health Insurance	Blue Cross / Blue Shield	4,324
5.		
6.		
7.		
8.		
9.		
10. Total from additional pages (if any)		
11. Total of Lines 1 through 10		169,501
Enter the Total from Line 11 in .....		↑ item 63

**SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Organized Charities	2,418
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	2,418
Enter the Total from Line 11 in .....	
↑ Item 64	

**SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Meeting & Committee Expense	2,883
2. Out of Town Travel	26,052
3. Office & Sundry	216
4. Rent	45,042
5. Supplies & Printing	18,872
6. Postage, Flowers, cards & bibles	11,172
7. Telephone	19,216
8. Machinery maint & leasing	1,870
9. Insurance	4,694
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	130,017
Enter the Total from Line 11 in .....	
↑ Item 60	

**SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. Non Member Fees	19,810
2. Reimbursement of expenses	9,056
3. Collection of return checks	1,133
4. Collection of care program	90
5. Local 232 merger transfer	2,401
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	32,490
Enter the Total from Line 11 in .....	
↑ Item 54	

**SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Refunds on Dues	9,700
2. Outside Services	50
3. Returned checks	1,133
4. Bank service charges	130
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	11,013
Enter the Total from Line 11 in .....	
↑ Item 73	

TEAMSTERS LOCAL 294 - 042-415 - 12/96

INTERNATIONAL BROTHERHOOD OF TEAMSTERS  
CHAUFFEURS, WAREHOUSEMEN AND HELPERS OF AMERICA  
LOCAL UNION 294  
890 THIRD STREET  
ALBANY, NEW YORK 12206

SCHEDULE OF DISBURSEMENTS TO OFFICERS  
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1996

(ATTACHMENT TO FORM LM-2 FOR THE CALENDAR YEAR 1996)

<u>OFFICER NAME</u>	<u>OFFICER TITLE</u>	<u>STATS</u>	<u>GROSS SALARY</u>	<u>EXPENSE ALLOWANCE</u>	<u>EXPENSES AND REIMBURS. EXPENSES</u>	<u>TOTAL DISBURSED</u>
Howard Bennett	President	C	84,074	-0-	13,497	97,571
John Bulgaro	Sec. Treas.	C	73,156	-0-	13,505	86,661
John Kearney	Bus. Agent	C	69,976	-0-	12,228	82,204
Dave McComb	Bus. Agent	C	69,976	-0-	12,465	82,441
Kevin Hunter	Rec. Sec.	C	69,976	-0-	16,943	86,919
Thomas Baum	Bus. Agent	C	69,976	-0-	9,889	79,865
Lawrence Yevoli	Vice Pres.	C	-0-	10,046	935	10,981
Joseph Berghela	Trustee	C	-0-	3,915	-0-	3,915
Richard Shade	Rec. Sec.	C	-0-	9,396	-0-	9,396
John Gottstein	Sgt. at Arms	C	-0-	1,800	-0-	1,800
Joseph Ready	Trustee	C	-0-	10,573	894	11,467
Gerald Menz	Trustee	C	-0-	10,119	891	11,010
John R. Mahan	Trustee	N	-0-	883	-0-	883
TOTALS.....			<u>437,134</u>	<u>46,732</u>	<u>81,247</u>	<u>565,113</u>

TEAMSTERS LOCAL 294 - 042-415 - 12/96

INTERNATIONAL BROTHERHOOD OF TEAMSTERS  
CHAUFFEURS, WAREHOUSEMEN AND HELPERS OF AMERICA  
LOCAL UNION 294  
890 THIRD STREET  
ALBANY, NEW YORK 12206

SCHEDULE OF DISBURSEMENTS TO EMPLOYEES  
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1996

(ATTACHMENTS TO FORM LM-2 FOR THE CALENDAR YEAR 1996)

<u>EMPLOYEE NAME</u>	<u>EMPLOYEE TITLE</u>	<u>STATUS</u>	<u>GROSS SALARY</u>	<u>EXPENSE ALLOWANCE</u>	<u>EXPENSES AND REIMBURS. EXPENSES</u>	<u>TOTAL DISBURSED</u>
Kathleen Harkins	Employee	C	40,568	-0-	-0-	40,568
Darlene Oaks	Employee	C	31,802	-0-	-0-	31,802
Henrietta Larson	Employee	C	31,750	-0-	-0-	31,750
Michelle Hunter	Employee	N	<u>2,360</u>	<u>-0-</u>	<u>-0-</u>	<u>2,360</u>
TOTALS.....			<u>106,480</u>			<u>106,480</u>