

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

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.

<p>IMPORTANT</p> <p>If a label is here, → peel off the top copy and place it in the same box on the second copy of the form.</p> <p>If label information is correct, leave items 4 through 8 blank.</p> <p>If label information is incorrect, complete items 4 through 8.</p>	<p>JOHN BULGARO (2) 042-415 TEAMSTERS AFL-CIO 015 LU 00294 890 THIRD ST 12/99 ALBANY, NY 12206</p>	<p>1. FILE NUMBER 042-415</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">2. PERIOD COVERED</td> <td style="width: 15%;">MO</td> <td style="width: 15%;">DAY</td> <td style="width: 15%;">YR</td> </tr> <tr> <td>From</td> <td>1</td> <td>1</td> <td>99</td> </tr> <tr> <td>Through</td> <td>12</td> <td>31</td> <td>99</td> </tr> </table> <p>3. 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>	2. PERIOD COVERED	MO	DAY	YR	From	1	1	99	Through	12	31	99
2. PERIOD COVERED	MO	DAY	YR											
From	1	1	99											
Through	12	31	99											

<p>4. AFFILIATION OR ORGANIZATION NAME INTERNATIONAL BROTHERHOOD OF TEAMSTERS</p>	<p>8. MAILING ADDRESS <i>(In care of)</i> NAME AND TITLE OF PERSON JOHN BULGARO, PRESIDENT</p>
<p>5. DESIGNATION <i>(Local, Lodge, etc.)</i> LOCAL UNION</p>	<p>6. DESIGNATION NUMBER 294</p>
<p>7. UNIT NAME <i>(if any)</i></p>	<p>NUMBER AND STREET 890 THIRD STREET</p>
<p>9. Are your organization's records kept at its mailing address? <i>(If "No," provide address in Item 75.)</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>BUILDING AND ROOM NUMBER <i>(if any)</i></p> <p>CITY ALBANY STATE NY ZIP CODE 12206</p>

<p>DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:</p> <p>10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>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"/></p> <p>12. Have a political action committee (PAC) fund? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>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"/></p> <p>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"/></p> <p>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"/></p> <p>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"/></p> <p>17. Liquidate or reduce any liabilities without disbursement of cash? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><i>(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)</i></p>	<p>18. How many members did your organization have at the end of the reporting period? 3488</p> <p>19. What is the date of your organization's next regular election of officers? 9 00 Month Year</p> <p>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? \$ 100,000</p> <p>21. What are your organization's rates of dues and fees? <i>(Enter a minimum and maximum if more than one rate applies for any line.)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Rates of Dues and Fees</th> </tr> <tr> <td>(a) Regular Dues/Fees</td> <td>\$ 6 MIN-49 MAX per MONTH <small>(month, year, etc.)</small></td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ 10 MIN-400 MAX</td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$.50¢</td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ N/A per _____ <small>(month, year, etc.)</small></td> </tr> </table> <p>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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i></p> <p>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"/></p> <p>24. Did your organization have any contingent liabilities at the end of the reporting period? <input type="checkbox"/> <input checked="" type="checkbox"/> <i>(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)</i></p>	Rates of Dues and Fees		(a) Regular Dues/Fees	\$ 6 MIN- 49 MAX per MONTH <small>(month, year, etc.)</small>	(b) Initiation Fees	\$ 10 MIN- 400 MAX	(c) Transfer Fees	\$.50¢	(d) Work Permits	\$ N/A per _____ <small>(month, year, etc.)</small>
Rates of Dues and Fees											
(a) Regular Dues/Fees	\$ 6 MIN- 49 MAX per MONTH <small>(month, year, etc.)</small>										
(b) Initiation Fees	\$ 10 MIN- 400 MAX										
(c) Transfer Fees	\$.50¢										
(d) Work Permits	\$ N/A per _____ <small>(month, year, etc.)</small>										

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>John Bulgaro</u> PRESIDENT <i>(If other title, see instructions)</i></p> <p><u>3/30/00</u> (518) 489-5436 Date Telephone Number</p>	<p>77. SIGNED: <u>John Kearney</u> TREASURER <i>(If other title, see instructions)</i></p> <p><u>3/30/00</u> (518) 489-5436 Date Telephone Number</p>
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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		427,929	360,309	33. Accounts Payable			
26. Accounts Receivable ...				34. Loans Payable	8		
27. Loans Receivable	1			35. Mortgages Payable			
28. U.S. Treasury Securities			100,418	36. Other Liabilities	4	57,296	62,088
29. Investments	2	25,000	25,000	37. TOTAL LIABILITIES		57,296	62,088
30. Fixed Assets	5	21,254	49,472				
31. Other Assets	3			38. NET ASSETS (Item 32 less Item 37)			
32. TOTAL ASSETS		474,183	535,199			416,887	473,111

STATEMENT B — RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS			CASH DISBURSEMENTS		
Item	From SCH #	AMOUNT	Item	From SCH #	AMOUNT
39. Dues		1,232,408	56. To Officers	9	418,799
40. Per Capita Tax			57. To Employees	10	86,878
41. Fees		186,744	58. Per Capita Tax		190,377
42. Fines		-0-	59. Fees, Fines, Assessments, etc.		43,500
43. Assessments		-0-	60. Office & Administrative Expense	13	150,188
44. Work Permits		-0-	61. Educational & Publicity Expense		7,785
45. Sale of Supplies		108	62. Professional Fees		99,134
46. Interest		10,567	63. Benefits	11	173,130
47. Dividends		-0-	64. Contributions, Gifts & Grants	12	2,850
48. Rents		-0-	65. Supplies for Resale		-0-
49. Sale of investments & Fixed Assets	6	-0-	66. Direct Taxes		41,463
50. Loans Obtained	8	-0-	67. Withholding Taxes		151,099
51. Repayments of Loans Made	1	-0-	68. Purchase of Investments & Fixed Assets	7	135,507
52. On Behalf of Affiliates for Transmittal to Them		-0-	69. Loans Made	1	-0-
53. From Members for Disbursement on Their Behalf		4,745	70. Repayment of Loans Obtained	8	-0-
54. Other Receipts	14	23,570	71. To Affiliates of Funds Collected on Their Behalf		-0-
			72. On Behalf of Individual Members		6,036
55. TOTAL RECEIPTS		1,458,142	73. Other Disbursements	15	19,016
			74. TOTAL DISBURSEMENTS		1,525,762

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

Item Number	
11	TEAMSTERS LOCAL 294 - ALBANY AREA TRUCKING & ALLIED INDUSTRIES HEALTH AND WELFARE FUND EIN # 14-1582160 - 19 AVIATION RD, ALBANY, NY 12205
14	STAFF CIAMPINO & COMPANY, P.C. - INDEPENDENT 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, Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27, Column (B)

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

Description (A)	Amount (B)
Marketable Securities	
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) _____	
Other Investments	
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 STOCK (b) _____ (c) _____ (d) _____ (e) Total from additional pages (if any)	25,000
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.	
2.	
3.	
4.	
5. Total from additional pages (if any)	
6. Total of Lines 1 through 5	-0-
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 VACATION PAY	62,088
2.	
3.	
4.	
5.	
6.	
7.	
8. Total from additional pages (if any)	
9. Total of Lines 1 through 8	62,088
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	67,204	40,129	27,075	27,075
7. Other Fixed Assets LEASEHOLD IMPROVEMENTS	37,445	15,048	22,397	22,397
8. Totals of Lines 1 through 7			49,472	49,472

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	-0-	-0-	-0-	-0-
		7. Less Reinvestments		
		8. Net Sales		

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. U.S. TREASURY T. BILL	100,418	100,418	100,418
2. FURNITURE & FIXTURES	15,192	15,192	15,192
3. LEASEHOLD IMPROVEMENTS	19,897	19,897	19,897
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	-0-
		8. Net Purchases	135,507

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.	(SEE SCHEDULE ATTACHED)						
4.							
5.							
6.							
7.							
8.							
9.							
10. Totals from additional pages (if any)			422,930	44,167	78,745		545,842
11. Totals of Lines 1 through 10			422,930	44,167	78,745		545,842
						12. Less Deductions	127,043
						13. Net Disbursements	418,799
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.	(SEE SCHEDULE ATTACHED)						
4.							
5.							
6.							
7.							
8.							
9. Totals from additional pages (if any)			110,934	-0-	-0-	-0-	110,934
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			110,934	-0-	-0-	-0-	110,934
						12. Less Deductions	24,056
						13. Net Disbursements	86,878
Enter the Total from Line 13 in							↑ Item 57

SCHEDULE 11 — BENEFITS

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION PLAN	NYS TEAMSTERS PENSION FUND	90,616
2. HEALTH & WELFARE PLAN	NYS TEAMSTERS COUNCIL HLTH/HOSP	41,276
3. 401(k) SAVINGS	TEAMSTERS N'TL 401k SVGS PLN	12,852
4. LOSS TIME WAGES	MEMBERS	28,386
5.		
6.		
7.		
8.		
9.		
10. Total from additional pages (if any)		
11. Total of Lines 1 through 10		173,130
Enter the Total from Line 11 in		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. ORGANIZED CHARITIES	2,850
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	2,850
Enter the Total from Line 11 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. MEETING & COMMITTEE EXPENSE	8,288
2. OUT OF TOWN TRAVEL	25,701
3. RENT	44,556
4. SUPPLIES & PRINTING	16,737
5. POSTAGE, CARDS & BIBLES	12,323
6. TELEPHONE	19,643
7. OFFICE & SUNDRY	9,800
8. MACHINE MAINT.	2,155
9. INSURANCE	10,985
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	150,188
Enter the Total from Line 11 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. REC. FROM AFFILIATES-REIMB	240
2. COLLECTION OF RTN CHECKS	3,969
3. OVERPAYMENT ON CHECK OFFS	56
4. COLLECTION SUBPOENA FEE	65
5. REIMBURSEMENT OF EXPENSES	19,240
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	23,570
Enter the Total from Line 11 in ↑ Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. REFUND OF DUES & FEES	12,185
2. RETURN CHECKS	3,969
3. STRIKE EXPENSE	1,024
4. BANK SERVICE CHARGES	402
5. ORGANIZATION EXPENSES	1,436
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	19,016
Enter the Total from Line 11 in ↑ Item 73	

TEAMSTERS LOCAL 294
INTERNATIONAL BROTHERHOOD OF TEAMSTERS, AFL – CIO

SCHEDULE OF DISBURSEMENTS TO OFFICERS
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1999

LOCAL 294 – 042-415 – 12/99
(ATTACHMENT TO FORM LM-2)

<u>OFFICER NAME</u>	<u>OFFICER TITLE</u>	<u>STATUS</u>	<u>GROSS SALARY</u>	<u>EXPENSE ALLOWANCE</u>	<u>EXPENSES AND REIMBURS. EXPENSE</u>	<u>TOTAL DISBURSED</u>
John Bulgaro	President	C	\$ 85,126	\$ -0-	\$ 19,612	\$104,738
John Kearney	Sec./Treas.	C	74,414	-0-	12,552	86,966
Dave McComb	Bus. Agent	P	40,137	4,900	4,681	49,718
Kevin Hunter	Bus. Agent	C	71,305	-0-	20,323	91,628
Thomas Baum	Bus. Agent	P	41,137	-0-	6,257	47,394
Lawrence Yevoli	Organizer	C	43,269	7,700	3,724	54,693
Richard Shade	Rec. Sec.	C	-0-	9,396	-0-	9,396
John Gottstein	Sgt. at Arms	P	-0-	150	-0-	150
Joseph Ready	Vice Pres.	N	423	9,396	150	9,969
Paul Engel	Bus. Agent	N	30,167	2,000	7,127	39,294
Frank Kearney, Jr.	Bus. Agent	N	32,291	2,000	4,319	38,610
Edward Oleski	Trustee	N	-0-	4,000	-0-	4,000
Ronald Cary	Trustee	N	436	1,600	-0-	2,036
Rocco Losavio	Trustee	N	4,225	1,600	-0-	5,825
James Cerone, Jr.	Sgt. at Arms	N	-0-	750	-0-	750
Gerald Romeo, Jr.	Sgt. at Arms	N	-0-	675	-0-	675
			<u>\$422,930</u>	<u>\$ 44,167</u>	<u>\$ 78,745</u>	<u>\$545,842</u>

TEAMSTERS LOCAL 294
INTERNATIONAL BROTHERHOOD OF TEAMSTERS, AFL - CIO

SCHEDULE OF DISBURSEMENTS TO
EMPLOYEES FOR THE CALENDAR YEAR ENDED
DECEMBER 31, 1999

LOCAL 294 - 042-415 12/99
(ATTACHMENT TO FORM LM-2)

<u>EMPLOYEE NAME DISBURSED</u>	<u>EMPLOYER TITLE</u>	<u>STATUS</u>	<u>GROSS SALARY</u>	<u>EXPENSE ALLOWANCE</u>	<u>EXPENSES AND REIMBURS. EXPENSE</u>	<u>TOTAL</u>
Kathleen Harkins	Employee	C	\$ 43,536	\$ -0-	\$ -0-	\$ 43,536
Darlene Oaks	Employee	C	33,581	-0-	-0-	33,581
Henrietta Larson.	Employee	C	<u>33,817</u>	<u>-0-</u>	<u>-0-</u>	<u>33,817</u>
			<u>\$110,934</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$110,934</u>