

APR 6 1999

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-99

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.

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 (2) 042-415
TEAMSTERS AFL-CIO LU 00294 01B
890 THIRD ST ALBANY, NY 12206 12/98

1. FILE NUMBER
042-415

2. PERIOD COVERED	MO	DAY	YR
From	1	1	98
Through	12	31	98

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? Yes No
(If "No," provide address in Item 75.)

8. MAILING ADDRESS
(In care of) NAME AND TITLE OF PERSON
JOHN BULGARO, PRESIDENT

NUMBER AND STREET
890 THIRD STREET

BUILDING AND ROOM NUMBER (if any)

CITY STATE ZIP CODE
ALBANY N.Y. 12206

DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes No

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?

12. Have a political action committee (PAC) fund?

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.)

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?

17. Liquidate or reduce any liabilities without disbursement of cash?

(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? **3419**

19. What is the date of your organization's next regular election of officers? **9 00**
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? **\$ 178,500**

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> (month, year, etc.)
(b) Initiation Fees	\$ <u>10 MIN-400 MAX</u>
(c) Transfer Fees	\$ <u>.50¢</u>
(d) Work Permits	\$ <u>N/A</u> per (month, year, etc.)

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: John Bulgaro PRESIDENT
3/30/99 ()
Date Telephone Number
(If other title, see instructions)

77. SIGNED: John Kearney TREASURER
3/30/99 ()
Date Telephone Number
(If other title, see instructions)

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		387,215	427,929	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	95,956	57,296
29. Investments	2	25,000	25,000	37. TOTAL LIABILITIES		95,956	57,296
30. Fixed Assets	5	19,568	21,254				
31. Other Assets	3			38. NET ASSETS			
32. TOTAL ASSETS		431,783	474,183	(Item 32 less Item 37)		335,827	416,887

STATEMENT B — RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS			CASH DISBURSEMENTS		
Item	From SCH #	AMOUNT	Item	From SCH #	AMOUNT
39. Dues		1,217,341	56. To Officers	9	384,015
40. Per Capita Tax			57. To Employees	10	74,155
41. Fees		149,521	58. Per Capita Tax		185,826
42. Fines			59. Fees, Fines, Assessments, etc.		41,143
43. Assessments			60. Office & Administrative Expense	13	140,397
44. Work Permits			61. Educational & Publicity Expense		10,698
45. Sale of Supplies		147	62. Professional Fees		84,501
46. Interest		16,970	63. Benefits	11	176,977
47. Dividends			64. Contributions, Gifts & Grants	12	1,725
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		41,836
50. Loans Obtained	8		67. Withholding Taxes		163,590
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	5,664
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	-0-
53. From Members for Disbursement on Their Behalf		12,249	70. Repayment of Loans Obtained	8	-0-
54. Other Receipts	14	36,078	71. To Affiliates of Funds Collected on Their Behalf		13,193
55. TOTAL RECEIPTS		1,432,306	72. On Behalf of Individual Members		67,872
			73. Other Disbursements	15	
			74. TOTAL DISBURSEMENTS		1,391,592

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 AND WELFARE FUND EIN# 14-1582160 - 19 AVIATION ROAD, ALBANY, N.Y. 12206
14	STAFF CIAMPINO & COMPANY, P.C. - INDEPENDENT ACCOUNTANT
17	ACCRUED VACATION PAY WAS DECREASED \$ 42,470. ON DECEMBER 31, 1998, WITHOUT CASH DISBURSED. OFFICER RETIRED WITHOUT USING VACATION TIME ACCRUED.

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

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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, Column (A) Column (B) with Explanation					

**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	
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) <u>LABOR TEMPLE STOCK</u> 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.	
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. <u>ACCRUED VACATIONS</u>	57,296
2.	
3.	
4.	
5.	
6.	
7.	
8. Total from additional pages (if any)	
9. Total of Lines 1 through 8	57,296
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	52,013	35,049	16,964	16,964
7. Other Fixed Assets	17,549	13,259	4,290	4,290
8. Totals of Lines 1 through 7	69,562	48,308	21,254	21,254

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				-0-
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. FURNITURE AND FIXTURES	5,664	5,664	5,664
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
8. Net Purchases			5,664

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)

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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)							
11.	Totals of Lines 1 through 10		444,142	37,235	86,340		567,717	
					12. Less Deductions		183,702	
					13. Net Disbursements		384,015	
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)							
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		111,699	-	-	-	111,699	
					12. Less Deductions		37,544	
					13. Net Disbursements		74,155	
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	82,849
2. HEALTH & WELFARE PLAN	NYS TEAMSTERS COUNCIL HLTH/HOSP.	47,860
3. 401(K) SAVINGS PLAN	TEAMSTERS N'TL. 401(K) SVGS. PLN.	12,528
4. LOSS TIME WAGES	MEMBERS	33,740
5.		
6.		
7.		
8.		
9.		
10. Total from additional pages (if any)		
11. Total of Lines 1 through 10		176,977
Enter the Total from Line 11 in		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. ORGANIZED CHARITIES	1,725
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	1,725
Enter the Total from Line 11 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. MEETING & COMMITTEE EXPENSE	4,321
2. OUT OF TOWN TRAVEL	20,915
3. OFFICE & SUNDRY	5,828
4. RENT	44,556
5. SUPPLIES & PRINTING	14,858
6. POSTAGE, FLOWERS, CARDS	11,780
7. TELEPHONE	22,216
8. MACHINE MAINT. & LEASING	2,916
9. INSURANCE	13,007
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	140,397
Enter the Total from Line 11 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. REC. FROM AFFILIATES-REIMB.	12,152
2. COLLECTION OF RTN. CHECKS	1,440
3. OVERPYMT ON CHECK OFFS	39
4. COLLECTION CARE PROGRAM	500
5. COLLECTION AUTO ALLOWANCE	4,680
6. REIMBURSEMENT OF EXPENSES	17,267
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	36,078
Enter the Total from Line 11 in ↑ Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. REFUND OF DUES & FEES	7,376
2. RETURN CHECKS	1,739
3. STRIKE EXPENSE	862
4. OVERPYMT ON CHECK OFFS	39
5. 3RD PARTY MEDICAL EXAM	200
6. AUTO ALLOWANCE WITHHELD	4,680
7. DUES WITHHELD	4,448
8. 401(K) WITHHELD	47,241
9. LEGAL HLTH. & WELFARE WITHHELD	1,287
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	67,872
Enter the Total from Line 11 in ↑ Item 73	

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS
CHAUFFEURS, WAREHOUSEMEN AND HELPERS OF AMERICA
LOCAL UNION 294**

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**SCHEDULE OF DISBURSEMENTS TO OFFICERS
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1998**

LOCAL 294-042-415-12/98

(ATTACHMENT TO FORM LM-2)

OFFICER NAME	OFFICER TITLE	STATUS	GROSS SALARY	EXPENSE ALLOWANCE	EXPENSES AND REIMBURS. EXPENSE	TOTAL DISBURSED
Howard Bennett	President	P	\$ 84,787	\$ -0-	\$ 14,104	\$ 98,891
John Bulgaro	President	N	74,401	-0-	17,707	92,108
John Kearney	Sec./Treas.	N	71,281	-0-	13,128	84,409
Dave McComb	Bus. Agent	C	71,111	-0-	14,911	86,022
Kevin Hunter	Rec. Sec.	C	71,281	-0-	15,047	86,328
Thomas Baum	Bus. Agent	C	71,281	-0-	9,490	80,771
Lawrence Yevoli	Vice Pres.	C	-0-	9,396	-0-	9,396
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-	9,396	663	10,059
John R. Mahan	Trustee	C	-0-	5,681	76	5,757
Robert Dipace	Trustee	C	-0-	1,566	1,214	2,780
TOTAL			<u>\$ 444,142</u>	<u>\$ 37,235</u>	<u>\$ 86,340</u>	<u>\$ 567,717</u>

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**INTERNATIONAL BROTHERHOOD OF TEAMSTERS
CHAUFFEURS, WAREHOUSEMEN AND HELPERS OF AMERICA
LOCAL UNION 294**

**EXHIBIT III – SUPPLEMENTARY SCHEDULE OF DISBURSEMENTS TO EMPLOYEES
FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1998**

LOCAL 294-042-415-12/98

(ATTACHMENT TO FORM LM-2)

EMPLOYEE NAME	EMPLOYER TITLE	STATUS	GROSS SALARY	EXPENSES AND		TOTAL DISBURSED
				EXPENSE ALLOWANCE	REIMBURS. EXPENSE	
Kathleen Harkins	Employee	C	\$ 42,840	\$ -0-	\$ -0-	\$ 42,840
Darlene Oaks	Employee	C	33,485	-0-	-0-	33,485
Henrietta Larson	Employee	C	33,374	-0-	-0-	33,374
Michelle Hunter	Employee	C	<u>2,000</u>	<u>-0-</u>	<u>-0-</u>	<u>2,000</u>
TOTAL			<u><u>\$ 111,699</u></u>	<u><u>\$ -0-</u></u>	<u><u>\$ -0-</u></u>	<u><u>\$ 111,699</u></u>