


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

013+


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

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 Official Use Only 	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	042-415	MO DAY YEAR From 01 01 2000 Through 12 31 2000	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:

JOHN BULGARO (2) 042-415  
 TEAMSTERS AFL-CIO 120  
 LU 294  
 690 THIRD ST  
 ALBANY, NY 12206 12/2000



8. MAILING ADDRESS (Type or print in capital letters.)

First Name John  
 Last Name Bulgaro  
 P.O. Box • Building and Room Number (if any)  
 Number and Street 890 Third Street  
 City Albany  
 State NY ZIP Code + 4 12206

4. AFFILIATION OR ORGANIZATION NAME  
 Teamsters AFL-CIO

5. DESIGNATION (Local, Lodge, etc.) Local  
 6. DESIGNATION NUMBER 294

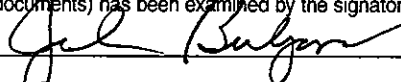
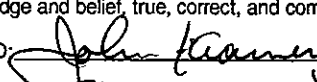
7. UNIT NAME (if any)

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

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 115# 14-1582160-19 Aviation Rd. Albany, NY 12205
14	Staff Ciampino & Company, P.C. - Independent Accountant
16	John Bulgaro - Joint Council 18 and See Schedule #9

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: 	PRESIDENT (If other title, see instructions.)	77. SIGNED: 	TREASURER (If other title, see instructions.)
3 128 101 (518) 489-5436		3 128 101 (518) 489-5436	
Date	Telephone Number	Date	Telephone Number

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? .....  Yes  No
- 12. Have a political action committee (PAC) fund? .....  Yes  No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  Yes  No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  Yes  No
- 15. Discover any loss or shortage of funds or other property? .....  Yes  No  
*(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? .....  Yes  No
- 17. Liquidate or reduce any liabilities without disbursement of cash? .....  Yes  No

*(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? ..... 3449
- 19. What is the date of your organization's next regular election of officers? ..... MO 09 YEAR 2003
- 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? \$ 500,000
- 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>10 min - 55 max</u> per <u>month</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>10 min - 400 max</u>
(c) Transfer Fees	\$ <u>.50</u>
(d) Work Permits	\$ <u>0</u> per _____ <i>(Month, Year, etc.)</i>

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

*(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: 042-415

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		Start of Reporting Period	End of Reporting Period
	Item	From SCH #	(A)	(B)
<b>ASSETS</b>	25. Cash.....		360,309	397,412
	26. Accounts Receivable.....		- 0 -	- 0 -
	27. Loans Receivable.....	1	- 0 -	- 0 -
	28. U.S. Treasury Securities.....		100,418	104,645
	29. Investments.....	2	25,000	25,000
	30. Fixed Assets.....	5	49,472	45,372
	31. Other Assets.....	3		
	32. TOTAL ASSETS.....		535,199	572,429
<b>LIABILITIES</b>	33. Accounts Payable.....			
	34. Loans Payable.....	8		
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4	62,088	88,174
	37. TOTAL LIABILITIES.....		62,088	88,174
	38. NET ASSETS (Item 32 less Item 37).....		473,111	484,255

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 042-415

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 .....			1292991	56. To Officers .....	9		443384
40. Per Capita Tax .....				57. To Employees .....	10		92102
41. Fees .....			203721	58. Per Capita Tax .....			195369
42. Fines .....				59. Fees, Fines, Assessments, etc. ....			46953
43. Assessments .....				60. Office & Administrative Expense ....	13		114121
44. Work Permits .....				61. Educational & Publicity Expense ...			10075
45. Sale of Supplies .....			292	62. Professional Fees .....			98602
46. Interest .....			18023	63. Benefits .....	11		182751
47. Dividends .....			-0-	64. Contributions, Gifts & Grants .....	12		1742
48. Rents .....			-0-	65. Supplies for Resale .....			-0-
49. Sale of Investments & Fixed Assets .....	6		-0-	66. Direct Taxes .....			43523
50. Loans Obtained .....	8		-0-	67. Withholding Taxes .....			158487
51. Repayments of Loans Made .....	1		-0-	68. Purchase of Investments & Fixed Assets .....	7		7619
52. On Behalf of Affiliates for Transmittal to Them .....			-0-	69. Loans Made .....	1		-0-
53. From Members for Disbursement on Their Behalf .....			6035	70. Repayment of Loans Obtained .....	8		-0-
54. Other Receipts .....	14		23258	71. To Affiliates of Funds Collected on Their Behalf .....			-0-
				72. On Behalf of Individual Members ...			7033
				73. Other Disbursements .....	15		105456
55. TOTAL RECEIPTS .....			1544320	74. TOTAL DISBURSEMENTS .....			1507217

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: 042-415

**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: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
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					
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: 042-415

**SCHEDULE 3 — OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
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) _____	
<b>Other Investments</b>	
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	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)	

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. Accrued vacation pay	88,174
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	88,174
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 042-415

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	70,595	45,758	24,837	24,837
7. Other Fixed Assets	37,446	16,911	20,535	20,535
8. Totals of Lines 1 through 7	108,041	62,669	45,372	45,372
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		
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 042-415

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

FILE NUMBER: 042-415

(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 Title President Status C	87692	-0-	19577	-0-	107269
Last Name 2. Kearney	First Name John Title Sec/Tres Status C	76980	-0-	14030	-0-	91010
Last Name 3. Hunter	First Name Kevin Title Bus. Agent Status C	73872	-0-	16175	-0-	90047
Last Name 4. Yevoli	First Name Lawrence Title Organizer Status C	45185	8400	7985	-0-	61570
Last Name 5. Kearney Jr	First Name Frank Title Business Agent Status N	73872	-0-	14708	-0-	88580
Last Name 6. Shade	First Name Richard Title Rec/Sec Status C	-0-	9396	-0-	-0-	9396
Last Name 7. Ready	First Name Joseph Title Vice President Status C	-0-	9948			9948
8. Totals from additional pages (if any)		73,872	26,292	13,724	0	113,888
9. Totals of Lines 1 through 8		431,473	54,036	86,199	0	571,708
				10. Less Deductions		128324
Enter the Total from Line 11 in .....				11. Net Disbursements		433 384

\*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: 042-415

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. 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) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<small>Last Name</small> 1. Harkins <small>First Name</small> Kathleen	45060	-0-	237	-0-	45297
<small>Position</small> Bookkeeper					
<small>Name of Affiliated Organization</small>					
<small>Last Name</small> 2. Oaks <small>First Name</small> Darlene	21685	-0-	-0-	-0-	21685
<small>Position</small> Office					
<small>Name of Affiliated Organization</small>					
<small>Last Name</small> 3. Larson <small>First Name</small> Henrietta	35834	-0-	-0-	-0-	35834
<small>Position</small> Office					
<small>Name of Affiliated Organization</small>					
<small>Last Name</small> 4. Bulgaro <small>First Name</small> Phyllis	19449	-0-	-0-	-0-	19449
<small>Position</small> Office					
<small>Name of Affiliated Organization</small>					
5.					
<small>Position</small>					
<small>Name of Affiliated Organization</small>					
6. Totals from additional pages (if any)					
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	122,028		237		122,265
9. Less Deductions					30163
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements		92102

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 042-415

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Plan	NYS Teamsters Pension Fd	89,369
2. Health & Welfare Plan	NYS Teamsters Council HLTH	52,514
3. 401(K) Savings	Teamsters N'TL 401k Svs Pln	13,298
4. Loss Time Wages	Members	27,570
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		182,751
Enter the Total from Line 6 in .....		↑ Item 63

# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Organized Charities	1,742
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1,742
Enter the Total from Line 8 in ..... ↑ Item 64	

# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent	44,556
2. Supplies & Printing	13,228
3. Telephone	23,135
4. Insurance	14,168
5. Machine Maintenance	2,767
6. Office & General	15,767
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	114,121
Enter the Total from Line 8 in ..... ↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Collection of Returned Checks	1,343
2. Difference in Fees	1,272
3. Reimbursement of expenses	20,143
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	23258
Enter the Total from Line 17 in ..... Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Refunds Dues & Fees	11,041
2. Meetings & Committee Exp.	16,712
3. Strike Expense	6,042
4. Out of Town Travel	32,466
5. Checks uncollected & returned	1,431
6. CDL Training School	30,958
7. Outside Services	100
8. Election Expense	6,706
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	105456
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: Local 294  
 ENDING DATE OF PERIOD COVERED: 01/01/00 - 12/31/00

FILE NUMBER: 042-415

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)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	(D)	(E)	(F)	(G)	(H)
Last Name: Engel First Name: Paul Title: Bus. Agent Status: C		73872	-0-	13724	-0-	87596
Last Name: Oleski First Name: Edward Title: Trustee Status: C		-0-	4800	-0-	-0-	4800
Last Name: Cary First Name: Ronald Title: Trustee Status: C		-0-	5692	-0-	-0-	5692
Last Name: Losario First Name: Rocco Title: Trustee Status: C		-0-	6945	-0-	-0-	6945
Last Name: Cerone Jr First Name: James Title: Sgt. @ Arms Status: C		-0-	900	-0-	-0-	900
Last Name: Romeo Jr. First Name: Gerald Title: Sgt. @ Arms Status: C		-0-	7955	-0-	-0-	7955
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		73,872	26,292	13,724	0	113,888

