

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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 0 4 6 - 0 1 0	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 3 Through 1 1 3 0 2 0 0 3	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input checked="" type="checkbox"/> (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"/>
	<h2 style="text-align: center;">Terminal Report</h2>		8. MAILING ADDRESS First Name _____ Last Name _____ P.O. Box - Building and Room Number (if any) P O B O X 1 4 5 9 Number and Street 1 9 5 F O R T E D W A R D R O A D City S O U T H G L E N S F A L L S State ZIP Code + 4 N Y 1 2 8 0 3 - _____
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS IND 5. DESIGNATION (Local, Lodge, etc.) LU 6. DESIGNATION NUMBER 229 7. UNIT NAME (if any)			9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)

75. ADDITIONAL INFORMATION

Item Number	
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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.)

76. SIGNED: <u>Douglas J. McCon...</u> 7/12/04 Date 202/546-6206 Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>...</u> 7/14/04 Date 202/546-6206 Telephone Number	TREASURER (If other title, see instructions.)
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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 as explained in the instructions for each item.)

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

19. What is the date of your organization's next regular election of officers?
 MO 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? \$

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	\$ <input style="width: 100px;" type="text" value="6-30"/> per <input style="width: 50px;" type="text" value="month"/> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <input style="width: 100px;" type="text" value="300"/>
(c) Transfer Fees	\$ <input style="width: 100px;" type="text" value="none"/>
(d) Work Permits	\$ <input style="width: 100px;" type="text" value="none"/> per <input style="width: 50px;" type="text" value="n/a"/> <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 or 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.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 4 6 - 0 1 0

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
			Item	
	25. Cash.....		1 0 4 0 9 6 5	1 0 5 0 8 4 6
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	1 5 8 0 7 9	1 5 4 1 2 5
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		1 1 9 9 0 4 4	1 2 0 4 9 7 1
	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
			Item	
	33. Accounts Payable.....		6 4 9 6	5 9 4 0
	34. Loans Payable.....	8	1 6 0 2 8	1 2 4 4 1
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
	37. TOTAL LIABILITIES.....		2 2 5 2 4	1 8 3 8 1
	38. NET ASSETS (Item 32 less Item 37).....		1 1 7 6 5 2 0	1 1 8 6 5 9 0

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 4 6 - 0 1 0**

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.....			2 2 5 1 5 4	56. To Officers.....	9		0
40. Per Capita Tax.....			0	57. To Employees.....	10		1 8 8 3 8
41. Fees.....			0	58. Per Capita Tax.....			1 4 6 5 3 0
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments.....			0	60. Office & Administrative Expense....	13		1 7 3 1 3
44. Work Permits.....			0	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			0	62. Professional Fees.....			8 5 0 0
46. Interest.....			9 2 5 7	63. Benefits.....	11		1 0 4 1 4
47. Dividends.....			0	64. Contributions, Gifts & Grants.....	12		4 2 2
48. Rents.....			4 0 0 0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			0
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			1 5 6 2
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		0
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		3 5 8 7
54. Other Receipts.....	14		1 6 5	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		2 1 5 2 9
55. TOTAL RECEIPTS.....			2 3 8 5 7 6	74. TOTAL DISBURSEMENTS			2 2 8 6 9 5

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.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 4 6 - 0 1 0

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
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) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 4 6 - 0 1 0

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): So. Glens Falls, NY 12803	1 0 0 0 0		1 0 0 0 0	1 0 0 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): So. Glens Falls, NY 12803	1 9 2 1 1 5	6 3 2 7 8	1 2 8 8 3 7	1 5 5 0 0 0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 8 8 3 3	1 3 5 4 5	1 5 2 8 8	1 5 0 0 0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	2 3 0 9 4 8	7 6 8 2 3	1 5 4 1 2 5	1 8 0 0 0 0
The total from Line 8, Column (D) is entered 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. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
7. Less Reinvestments				0
8. Net Sales				0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 4 6 - 0 1 0

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0
The total from Line 8 is entered 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. Mortgage - Evergreen Bank	1 6 0 2 8	0	3 5 8 7	0	1 2 4 4 1
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	1 6 0 2 8	0	3 5 8 7	0	1 2 4 4 1
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 4 6 - 0 1 0

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</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>							
1.	GLENN BEN TRUSTEE	C	0	0	0	0	0
2.	KENT RON TRUSTEE	C	0	0	0	0	0
3.	CAPPELLI MIKE TRUSTEE	C	0	0	0	0	0
4.	MIDDLETON TERRY TRUSTEE	C	0	0	0	0	0
5.							
6.							
7.							
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			0	0	0	0	0
					10. Less Deductions		0
The total from Line 11 is entered in Item 56					11. Net Disbursements		0

*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.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 6 - 0 1 0

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</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>					
1. SULLIVAN RHONDA BOOKKEEPER N/A	1 0 2 6 3	0	0	0	1 0 2 6 3
2. EVERLETH MELONIE BOOKKEEPER N/A	1 0 1 3 7	0	0	0	1 0 1 3 7
3.					
4.					
5.					
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	0	0	0	0	0
8. Totals of Lines 1 through 7	2 0 4 0 0	0	0	0	2 0 4 0 0
	9. Less Deductions			1 5 6 2	
The total from Line 10 is entered in Item 57	10. Net Disbursements			1 8 8 3 8	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 4 6 - 0 1 0

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Expense	Carpenters Pension Fund	7 3 5 4
2. Employee Health Benefits	Health Care Fund	3 0 6 0
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 0 4 1 4
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Seventh Day Adventist Church	1 0 0
2. Empire State Regional Council	3 2 2
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 2 2
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Supplies	3 5 8 1
2. Postage	1 0 0 7
3. Telephone	5 7 5 8
4. Bank Service Charges	4
5. Printing and Reproduction	3 6 0 0
6. Payroll Taxes - Union Expense	1 5 6 2
7. Total from additional pages (if any)	1 8 0 1
8. Total of Lines 1 through 7	1 7 3 1 3
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. Reimbursement of NSF Charge	2 0
2. 50/50 Raffle/T-shirts/Hats	1 4 5
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	1 6 5
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Interest Expense	3 9 2
2. Insurance	9 9 8
3. Real Estate Taxes	6 0 5 8
4. Utilities	1 9 2 7
5. Building Maintenance	1 4 6 9
6. Contingency Account Expense	4 1 8 5
7. Rent	2 5 0 0
8. Contractor Bid Supplemental	4 0 0 0
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 1 5 2 9
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:

CARPENTERS IND

FILE NUMBER: 0 4 6 - 0 1 0

ENDING DATE OF PERIOD COVERED:

11/30/2003

75. ADDITIONAL INFORMATION

Item Number	
3B	<p>Reason for Termination: The Local had been under trusteeship due to litigation. The trusteeship has now expired and the continued viability was in serious doubt. Accordingly the Local was dissolved.</p> <p>Plans for Disposition: Effective 12/1/2003 Local Union 229 was dissolved. A new charter was issued creating a local union to be known as Local Union 1042 located in Plattsburgh, New York. All current members of Local Union 229 who are also former members of Local Union 1042 shall be transferred to Local Union 1042 and all other members of Local Union 229 shall be transferred to Local Union 370, located in Albany, NY. The assets of local Union 229 will be split evenly between the newly formed Local Union 1042 and Local Union 370, with the entirety of the building being transferred to Local 370.</p> <p>Records of terminated Local Union 229: The books and records of Local Union 229 shall be provided to Local Union 1042, but made available to Local Union 370 as necessary to properly serve the membership.</p> <p>Mergers: A portion of the terminated Local Union 229 will be merged into Local Union 370. The remaining portion will form a new Local Union 1042.</p> <p>Carpenters IND, LU 370 890 Third St Albany, NY 12206 File #: 516-995</p> <p>Carpenters IND, LU 1042 PO Box 568 23 Elm Street, Ste. 300 Plattsburgh, NY 12901 File # 052-843 prior to merger with Local 229 in September 2001 New file number is pending</p>

ORGANIZATION NAME:
CARPENTERS IND

FILE NUMBER: 0 4 6 - 0 1 0

ENDING DATE OF PERIOD COVERED:
11/30/2003

75. ADDITIONAL INFORMATION(continued)

Item Number	
10	195 Fort Edward, Inc PO Box 1459 So. Glens Falls, NY 12803 Building Corporation Activity is consolidated on this return (Formerly Local 229, Inc., the control of which is currently under dispute)

ORGANIZATION NAME:
CARPENTERS IND

FILE NUMBER: 0 4 6 - 0 1 0

ENDING DATE OF PERIOD COVERED:
11/30/2003

75. ADDITIONAL INFORMATION (continued)

Item Number	
10	195 Fort Edward, Inc PO Box 1459 So. Glens Falls, NY 12803 Building Corporation Activity is consolidated on this return (Formerly Local 229, Inc., the control of which is currently under dispute)

ORGANIZATION NAME:
CARPENTERS IND

FILE NUMBER: 0 4 6 - 0 1 0

ENDING DATE OF PERIOD COVERED:
11/30/2003

75. ADDITIONAL INFORMATION (continued)

Item Number	
11	<p>Adirondack Carpenters Pension Fund PO Box 1280 So. Glens Falls, NY 12803 EIN # 16-0877196 Defined Benefit Plan ERISA Plan #001</p> <p>Carpenters Local 1042/229 Health Care Fund PO Box 1280 So. Glens Falls, NY 12803 EIN # 22-2701866 Health and Welfare Plan ERISA Plan #501</p> <p>Carpenters Local 229 JAC PO Box 1459 So. Glens Falls, NY 12803</p>
	<p>EIN # 14-1808054 Education and Training Fund ERISA Plan # N/A</p>

ORGANIZATION NAME:
CARPENTERS IND

FILE NUMBER: 046 - 010

ENDING DATE OF PERIOD COVERED:
11/30/2003

TRUSTEE SIGNATURES

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.)

Trustee Sign: Michael Capello TRUSTEE

Trustee Sign: Benjamin A. Lee TRUSTEE

3/1/04 856-218-2768
Date Telephone Number

3-5-04 410-488-0540
Date Telephone Number