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

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

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

340

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: US DOL ESA Rec'd OCT 3 2001 B OLMS DRDA

1. FILE NUMBER: 002-637

2. PERIOD COVERED

	MO	DAY	YEAR
From	07	01	2000
Through	06	30	2001

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
(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:

IMPORTANT

Peel off the address label from the back of the package and place it here.

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

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

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

First Name: TERRY

Last Name: NELSON

P.O. Box • Building and Room Number *(if any)*:

Number and Street: 1401 HAMPTON AVE

City: ST LOUIS

State: MO ZIP Code + 4: 63139-

4. AFFILIATION OR ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS

5. DESIGNATION *(Local, Lodge, etc.)*: DISTRICT COUNCIL

6. DESIGNATION NUMBER:

7. UNIT NAME *(if any)*:

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

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

Item Number	
	SEE ATTACHED SCHEDULE

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: Rio O'Taylor — PRESIDENT *(If other title, see instructions.)*
Date: 9/27/01 — Telephone Number: (314) 644-4800

77. SIGNED: Terry Nelson — TREASURER *(If other title, see instructions.)*
Date: 9/27/01 — Telephone Number: (314) 644-4800

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	X	
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?	X	
12. Have a political action committee (PAC) fund?	X	
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X	
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*		X
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?		X
17. Liquidate or reduce any liabilities without disbursement of cash?		X

(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? 18569

19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2002

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? $ 500000

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	$ 2% OF WAGES ~~per~~ _____ *(Month, Year, etc.)*
(b) Initiation Fees	$ $40 - $200
(c) Transfer Fees	$ N/A
(d) Work Permits	$ N/A per _____ *(Month, Year, etc.)*

	Yes	No
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.)*		X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?		X

(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: 002-637

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		539829	3116896
	26. Accounts Receivable			
	27. Loans Receivable	1 ✓	4964934	4504352
	28. U.S. Treasury Securities		1015905	2095649
	29. Investments	2	3513998	2666953
	30. Fixed Assets	5	4521426	6359976
	31. Other Assets	3	1334981	1746225
	32. TOTAL ASSETS		15891073	20490051

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable			
	34. Loans Payable	8	4358079	4317293
	35. Mortgages Payable			
	36. Other Liabilities	4	113679	30273
	37. TOTAL LIABILITIES		4471758	4347566
	38. NET ASSETS *(Item 32 less Item 37)*		11419315	16142485

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 002-637

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		9508485	56. To Officers	9	301711
40. Per Capita Tax		151534	57. To Employees	10	2488278
41. Fees		558210	58. Per Capita Tax		180156
42. Fines			59. Fees, Fines, Assessments, etc.		462432
43. Assessments		13378	60. Office & Administrative Expense	13	1110895
44. Work Permits			61. Educational & Publicity Expense		845005
45. Sale of Supplies			62. Professional Fees		175916
46. Interest		529207	63. Benefits	11	988342
47. Dividends		11316	64. Contributions, Gifts & Grants	12	209032
48. Rents		510347	65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6	2369900	66. Direct Taxes		271947
50. Loans Obtained	8		67. Withholding Taxes		932320
51. Repayments of Loans Made	1	747896	68. Purchase of Investments & Fixed Assets	7	3533211
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	929167
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	40786
54. Other Receipts	14	2670364	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	2024372
55. TOTAL RECEIPTS		17070637	74. TOTAL DISBURSEMENTS		14493570

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: 002-637

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: St. Louis / So. Illinois Labor Tribune Purpose: HELP MEET EXPENSES Security: NONE Terms of Repayment: $500/mo., 0% Int	13,500			6,000	7,500
2. Name: PYRAMID CONSTRUCTION Purpose: LAND PURCHASE Security: LAND & EASEMENTS Terms of Repayment: Int. Monthly @ Index + 3%, Principal due 2/14/01	3,500,000				3,500,000
3. Name: HORTON HOMES Purpose: TARGETING Security: NONE Terms of Repayment: 4% INTEREST Payable 6/1/02	—	28,937	—	—	28,937
4. Totals from additional pages *(if any)*	1,451,434	900,230	747,896	635,853	967,915
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	4964934	929167	747896	641853	4504352
Enter the Totals from Line 6 in	Item 27 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

FILE NUMBER: 002-637

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	2,666,953
2. Total Book Value	2,666,953
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) N/A	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	
5. Total Book Value	
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)	
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	2666953
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. TRAINING BOOK INVENTORY	134
2. DEPOSITS	136,000
3. ADVANCE TO OW L, INC	100,001
4. SUBDIVISION CONSTRUCTION IN PROCESS	1,510,090
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	1746225
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. RENTERS' SECURITY DEPOSIT	3,115
2. PAYROLL WITHHOLDINGS	437
3. HEALTH & SAFETY FAIR DEPOSIT	1,540
4. BUILDERS PROLOAN DEPOSIT	25,181
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	30273
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 002-637

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*): 1401 HAMPTON, ST.LOUIS, MO	497,203		497,203	497,203
2290 S. ILLINOIS ST., BELLEVILLE, IL	47,491		47,491	47,491
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*: 1401 HAMPTON, ST.LOUIS, MO	2,280,997	1,638,588	642,409	2,280,997
2290 S. ILLINOIS ST., BELLEVILLE, IL	1,182,553	244,902	937,651	1,182,553
4. Totals from additional pages *(if any)*	697,109	91,708	605,401	697,109
5. Automobiles and Other Vehicles	406,315	81,263	325,052	325,052
6. Office Furniture and Equipment	1,222,049	556,115	665,934	665,934
7. Other Fixed Assets BUILDING IMPROVEMENTS	3,390,906	752,071	2,638,835	3,390,906
8. Totals of Lines 1 through 7	9,724,623	3,364,647	6359976	9087,245

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. SEE				
2. ATTACHED				
3. SCHEDULE				
4.				
5. Totals from additional pages *(if any)*	2,459,283	2,326,445	2,369,900	2,369,900
6. Totals of Lines 1 through 5	2,459,283	2,326,445	2,369,900	2,369,900
		7. Less Reinvestments		-
		8. Net Sales		2369900

Enter the Total from Line 8 in ..... Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 002-637

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE			
2. ATTACHED			
3. SCHEDULE			
4.			
5. Totals from additional pages *(if any)*	5,676,168	5,277,945	3,533,211
6. Totals of Lines 1 through 5	5,676,168	5,277,945	3,533,211
	7. Less Reinvestments		—
	8. Net Purchases		3533211

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. UNITED BROTHERHOOD OF CARP	2,500	—	2,500	—	—
2. UNITED BROTHERHOOD OF CARP.	855,579		38,286	—	817,293
3. COMMERCE BANK	1,000,000	—	—	—	1,000,000
4. COMMERCE BANK	2,500,000	—	—	—	2,500,000
5. Totals from additional pages *(if any)*	—	—	—	—	—
6. Totals of Lines 1 through 5	4358079	0	40786	0	4317293

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: 002-637

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. NELSON, TERRY — EXEC. SEC'Y/TREAS.	C	94220	8064	11409		113693
2. HEINSZ, THOMAS — DIR. OF ORGANIZ'G	C	82637	8063	8430		99130
3. SWEENEY, PATRICK — ASST. EXEC. SEC'Y	C	87089	8064	5159		100312
4. HOLZER, JOHN — DIR. OF JURISDIC.	C	84099	8064	3828		95991
5. TAYLOR, LESLIE — PRESIDENT	C	2580				2580
6. KELLY, BENJAMIN — VICE PRESIDENT	C	1860				1860
7. SCHWANN, TIMOTHY — CONDUCTOR	C	1860				1860
8. Totals from additional pages *(if any)*		9,681	—	—		9,681
9. Totals of Lines 1 through 8		364,026	32,255	28,826		425,107
				10. Less Deductions		123396
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		301711

*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: 002-637

(A) Name (List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) / (B) Position (Enter employee's job title.) / (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: WALLACE First Name: DANIEL Position: BUSINESS REP. Name of Affiliated Organization:	80853	8064	11810		100727
2. Last Name: CAPUTA First Name: CARMELO Position: BUSINESS REP Name of Affiliated Organization:	80665	8064	3013		91742
3. Last Name: GREGORY First Name: LARRY Position: BUSINESS REP Name of Affiliated Organization:	80058	8064	6811		94933
4. Last Name: STEELE First Name: JAMES Position: BUSINESS REP Name of Affiliated Organization:	80302	8064	6353		94719
5. Last Name: STANFIELD First Name: JOHN Position: BUSINESS REP Name of Affiliated Organization:	80328	8063	3773		92164
6. Totals from additional pages (if any)	2,174,180	129,042	102,664		2,405,886
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	405,154	10,250	1,627		417,031
8. Totals of Lines 1 through 7	2,981,540	179,611	136,051		3,297,202
			9. Less Deductions		808924
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		2488278

SCHEDULE 11 — BENEFITS

FILE NUMBER: 002-637

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	CARPENTERS PENSION TRUST FUND	277,456
2. PENSION	UBCJA PENSION PLAN	311,741
3. HEALTH & WELFARE	CARPENTERS HEALTH & WELFARE TRUST	397,567
4. CONTINUING PROFESSIONAL EDUCATION	OFFICE EMPLOYEES	1,578
5. Total from additional pages *(if any)*		
6. Total of Lines 1 through 5		988342

Enter the Total from Line 6 ..... Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CONTRIBUTION TO CHARITIES	112,128
2. CONTRIBUTION TO LABOR ORGANIZATN	24,000
3. CONTRIBUTION TO ILL/INJURED MEMBER	4,564
4. CONTRIBUTION TO GOLF TOURNAMENTS	9,420
5. POLITICAL CONTRIBUTIONS	58,575
6. CHRISTMAS GIFTS	345
7. Total from additional pages *(if any)*	–
8. Total of Lines 1 through 7	209032

Enter the Total from Line 8 in ..... Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE	
2. ATTACHED	
3. SCHEDULE	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	1,110,895
8. Total of Lines 1 through 7	1110895

Enter the Total from Line 8 in ..... Item 60

FILE NUMBER: 002-637

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. CHIPP FUND RECEIPTS	32,097
2. GRANT INCOME-DUKE UNIV	27,627
3. PROLOAN REIMBURSEMENTS	8,000
4. DEPOSIT FROM TRADE ORGS.	93,500
5. BENEVOLENT FUND RECEIPTS	92,840
6. ADMIN SERVICE FEES	4,833
7. PUBLIC RELATIONS INCOME	94,878
8. EASEMENT INCOME	4,749
9. GOLF TOURNAMENT RECEIPTS	9,355
10. SALARY REIMBURSEMENTS	315,753
11. CASH RECEIVED AT TIME OF MERGER WITH FILE No. 013-026	1,986,732
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	2670364
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. SEE	
2. ATTACHED	
3. SCHEDULE	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	2,024,372
17. Total of Lines 1 through 16	2024372
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

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PAGE 1 OF 10 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HICKS First Name: RAYMOND Title: TRUSTEE	Status: C	3227				3227
Last Name: PARKIN First Name: ROBERT Title: TRUSTEE	Status: C	3227				3227
Last Name: LABEAU First Name: DARELD Title: TRUSTEE	Status: C	3227				3227
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
	Totals	9,681	—	—	—	9,681

Form LM-2 (Revised 2000)

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: ___ – ___

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name NONE First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
	Totals					

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HILDEBRANDT; First Name: TIMOTHY; Position: BUSINESS REP; Name of Affiliated Organization:	80280	8064	4384		92728
Last Name: MARKUS; First Name: STEVEN; Position: BUSINESS REP; Name of Affiliated Organization:	81653	8064	20046		109763
Last Name: WILLIAMS; First Name: JOANN; Position: BUSINESS REP; Name of Affiliated Organization:	79205	8063	5037		92305
Last Name: SCHMIED; First Name: JOHN; Position: BUSINESS REP; Name of Affiliated Organization:	84723	8064	2611		95398
Last Name: BRUSSEL JR; First Name: DONALD; Position: BUSINESS REP; Name of Affiliated Organization:	80322	8064	4603		92989
Totals	406,183	40,319	36,681		483,183

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SCHMID First Name: JAMES Position: BUSINESS REP Name of Affiliated Organization:	48631	4647	6758		60036
Last Name: THUSTON First Name: MICHAEL Position: BUSINESS REP Name of Affiliated Organization:	81334	8064	7859		97257
Last Name: COX First Name: TIMOTHY Position: BUSINESS REP Name of Affiliated Organization:	80072	8064	5561		93697
Last Name: BUTLER First Name: JAMES Position: BUSINESS REP Name of Affiliated Organization:	80477	8064	7321		95862
Last Name: BYRNE First Name: SCOTT Position: BUSINESS REP Name of Affiliated Organization:	81738	8064	4321		94123
Totals	372,252	36,903	31,820		440,975

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BOND; First Name: AL; Position: BUSINESS REP; Name of Affiliated Organization:	80132	8063	6735		94930
Last Name: OWEN; First Name: DARYL; Position: BUSINESS REP; Name of Affiliated Organization:	67664	8064	5977		81705
Last Name: ROTH; First Name: DALE; Position: BUSINESS REP; Name of Affiliated Organization:	67879	8064	5738		81681
Last Name: WILLIAMSON; First Name: CHARLES; Position: BUSINESS REP; Name of Affiliated Organization:	79972	8063	4153		92188
Last Name: TAYLOR; First Name: KEITH; Position: BUSINESS REP; Name of Affiliated Organization:	79884	8064	5901		93849
Totals	375,531	40,318	28,504		444,353

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: DOERR First Name: BRIAN Position: BUSINESS REP Name of Affiliated Organization:	76516	7403	3212		87131
Last Name: BYRNE First Name: KEVIN Position: BUSINESS REP Name of Affiliated Organization:	27626	2733	847		31206
Last Name: ROCHE First Name: LOGAN Position: BUSINESS REP Name of Affiliated Organization:	8476	683	1000		10159
Last Name: EVERSMANN First Name: TOM Position: BUSINESS REP Name of Affiliated Organization:	11337	683	600		12620
Last Name: LARAMIE First Name: JULI Position: CONTROLLER Name of Affiliated Organization:	68269				68269
Totals	192,224	11,502	5,659		209,385

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUN

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) / (B) Position (Enter employee's job title.) / (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BAUER First Name: DAVID Position: ASST CONTROLLER Name of Affiliated Organization:	48458				48458
Last Name: COLLINS First Name: DEBORAH Position: OFFICE Name of Affiliated Organization:	43938				43938
Last Name: FEARHEILEY First Name: MARY Position: OFFICE Name of Affiliated Organization:	54784				54784
Last Name: PARTNEY First Name: LUCILLE Position: OFFICE Name of Affiliated Organization:	51209				51209
Last Name: CZICHOS-JAMI First Name: ELIZABE Position: OFFICE Name of Affiliated Organization:	28468				28468
Totals	226,857				226,857

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: OD 2-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: WILLEY First Name: KAREN Position: OFFICE Name of Affiliated Organization:	38792				38792
Last Name: ANDREWS First Name: VICKEY Position: OFFICE Name of Affiliated Organization:	35618				35618
Last Name: FARRELL First Name: VIVIAN Position: OFFICE Name of Affiliated Organization:	40495				40495
Last Name: HAYES First Name: MARY Position: OFFICE Name of Affiliated Organization:	46318				46318
Last Name: HAANTZ First Name: JEFF Position: OFFICE Name of Affiliated Organization:	47211				47211
Totals	208,434				208,434

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name THIES First Name MARGARE Position OFFICE Name of Affiliated Organization	33460				33460
Last Name WILLMAN First Name KEALI Position OFFICE Name of Affiliated Organization	38757				38757
Last Name KRAFVE First Name ELIZABE Position OFFICE Name of Affiliated Organization	34425				34425
Last Name BAZILE First Name BETTY Position OFFICE Name of Affiliated Organization	41933				41933
Last Name WHITE First Name KRISTIN Position OFFICE Name of Affiliated Organization	38914				38914
Totals	187,489				187,489

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HELLMER First Name: ROBIN Position: OFFICE Name of Affiliated Organization:	36594				36594
Last Name: JACKSON First Name: VALENA Position: OFFICE Name of Affiliated Organization:	32820				32820
Last Name: FRIESE First Name: DEBORAH Position: SEMO OFFICE Name of Affiliated Organization:	29674				29674
Last Name: HARTZELL First Name: ROBERT Position: MAINTENANCE Name of Affiliated Organization:	23446				23446
Last Name: HOPSON First Name: ALBERT Position: MAINTENANCE Name of Affiliated Organization:	18763				18763
Totals	141,297				141,297

ORGANIZATION NAME: UNITED BROTHERHOOD OF CARPENTERS DISTRICT COUNCIL

ENDING DATE OF PERIOD COVERED: 6/30/01

FILE NUMBER: 002-637

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: PRUITT First Name: MADELIN Position: MAINTENANCE Name of Affiliated Organization:	27375				27375
Last Name: THOMPKINS First Name: KENNETH Position: MAINTENANCE Name of Affiliated Organization:	36538				36538
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
Totals	63,913				63,913

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name NONE Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

CARPENTERS DISTRICT COUNCIL
1401 HAMPTON AVENUE
ST. LOUIS, MO 63139

FILE NUMBER 002-637

YEAR ENDED 6/30/01

LINE 75 ADDITIONAL INFORMATION

ITEM 10

OLLIE W. LANGHORST APARTMENTS(OWL, INC.) WAS CREATED SEPTEMBER 26, 1983 AS A MISSOURI NOT-FOR-PROFIT CORPORATION TO CONSTRUCT REAL PROPERTY LOCATED IN ST. LOUIS, MISSOURI AND OPERATE THEREON AN APARTMENT COMPLEX OF 100 UNITS UNDER SECTION 202 OF THE NATIONAL HOUSING ACT. SUCH PROJECTS ARE REGULATED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AS TO RENT CHARGES, OPERATING METHODS AND DISTRIBUTIONS TO OWNERS. THE REGULATORY AGREEMENT PROHIBITS DISTRIBUTIONS OF NET OPERATING RECEIPTS TO OWNERS. THE DISTRICT COUNCIL CARRIES ITS OWNERSHIP UNDER OTHER ASSETS. METHOD(3) IS USED TO REPORT THE REQUIRED FINANCIAL INFORMATION.

CARPENTER DEVELOPMENT COMPANY L.L.C. (LLC) WAS CREATED ON JULY 15, 1999 AS A MISSOURI SINGLE MEMBER LIMITED LIABILITY COMPANY TO CONSTRUCT REAL PROPERTY LOCATED IN CAPE GIRARDEAU, MISSOURI AND SELL UNION BUILT HOMES TO RESIDENTS IN THAT AREA. THE L.L.C. PURCHASED A TRACT OF LAND INCLUDING 35 LOTS AND HAS BEGUN TO INSTALL A SUBDIVISION INFRASTRUCTURE THROUGHOUT THIS TRACT OF LAND. THE DISTRICT COUNCIL CARRIES ITS OWNERSHIP UNDER THE OTHER ASSETS CLASSIFICATION.

ITEM 11

CARPENTERS' HEALTH AND WELFARE TRUST FUND OF ST. LOUIS, 1401 HAMPTON AVENUE, ST. LOUIS, MO. TO PROVIDE GROUP HOSPITAL AND MEDICAL, LIFE AND DISABILITY BENEFITS FOR EMPLOYEES AND EMPLOYEES' DEPENDENTS OF PARTICIPATING EMPLOYERS. EIN #43-1622970 PLAN #501

CARPENTERS' PENSION TRUST FUND OF ST. LOUIS, 1401 HAMPTON AVENUE, ST. LOUIS, MO. TO PROVIDE PENSION BENEFITS FOR EMPLOYEES OF PARTICIPATING EMPLOYERS. EIN #43-1622970 PLAN #001

CARPENTERS' VACATION TRUST FUND OF ST. LOUIS, 1401 HAMPTON AVENUE, ST. LOUIS, MO. TO PROVIDE VACATION PAY FOR EMPLOYEES OF PARTICIPATING EMPLOYERS

CARPENTERS' DISTRICT COUNCIL OF ST. LOUIS, SHOPS AND MILLS HEALTH AND WELFARE FUND, 1401 HAMPTON AVENUE, ST. LOUIS, MO. TO PROVIDE GROUP HOSPITAL AND MEDICAL, LIFE AND DISABILITY BENEFITS FOR EMPLOYEES AND EMPLOYEES' DEPENDENTS OF PARTICIPATING EMPLOYERS. EIN #43-1622968 PLAN #501

CARPET, LINOLEUM, HARDWOOD, & RESILIENT TILE LAYERS LOCAL UNION 1310 HEALTH AND WELFARE FUND, 1401 HAMPTON AVENUE, ST. LOUIS, MO. TO PROVIDE GROUP HOSPITAL AND MEDICAL, LIFE, AND DISABILITY BENEFITS TO LOCAL 1310 EMPLOYEES AND EMPLOYEES' DEPENDENTS OF PARTICIPATING EMPLOYERS. EIN #43-0686500 PLAN #501

CARPET, LINOLEUM, HARDWOOD, & RESILIENT TILE LAYERS LOCAL UNION 1310 TRAINING FUND 1401 HAMPTON AVENUE, ST. LOUIS, MO. TO PROVIDE TRAINING TO LOCAL 1310 EMPLOYEES OF PARTICIPATING EMPLOYERS

SOUTHERN ILLINOIS CARPENTERS WELFARE FUND, 2290 S. ILLINOIS STREET, BELLEVILLE, IL. TO PROVIDE GROUP HOSPITAL AND MEDICAL, LIFE, AND DISABILITY BENEFITS TO PARTICIPANTS, THEIR SPOUSES AND THEIR DEPENDENTS. EIN# 37-1328896, PLAN #501.

SOUTHERN ILLINOIS CARPENTERS PENSION FUND, 2290 S. ILLINOIS STREET, BELLEVILLE, IL. TO PROVIDE PENSION BENEFITS TO RETIRED PARTICIPANTS. EIN #37-6126543, PLAN # 001.

SOUTHERN ILLINOIS CARPENTERS ANNUITY FUND, 2290 S. ILLINOIS STREET, BELLEVILLE, IL. TO PROVIDE ANNUITY BENEFITS TO RETIRED PARTICIPANTS. EIN# 37-6324298, PLAN # 001

CARPENTERS DISTRICT COUNCIL
1401 HAMPTON AVENUE
ST. LOUIS, MO 63139

FILE NUMBER 002-637

YEAR ENDED 6/30/01

LINE 75 ADDITIONAL INFORMATION

ITEM 12

CARPENTERS HELPING IN THE POLITICAL PROCESS (CHIPP) FUND.
REPORTS FILED WITH: MO ETHICS COMMISSION (QUARTERLY)

ITEM 13

ON MAY 1, 2001 SOUTHERN ILLINOIS DISTRICT COUNCIL OF CARPENTERS, FILE # 013-026, WAS MERGED INTO CARPENTERS DISTRICT COUNCIL OF GREATER ST. LOUIS (FILE # 002-637). ASSETS TRANSFERRED AT THE TIME OF THE MERGER INCLUDED $1,986,732 OF CASH, WHICH IS INCLUDED ON SCHEDULE 14 (OTHER RECEIPTS), $1,377,698 (BOOK VALUE) OF FIXED ASSETS WITH ORIGINAL COST OF $1,775,921 AND $367,036 OF INVESTMENTS, WHICH ARE INCLUDED ON SCHEDULE 7 (PURCHASE OF INV. & FIXED ASSETS).

ITEM 14

AUDIT PERFORMED BY INDEPENDENT OUTSIDE ACCOUNTANTS:
WOLFE NILGES NAHORSKI, P.C.

ITEMS 28 AND 29

INVESTMENTS ARE RECORDED AT BOOK VALUE

SCHEDULE 1, LINE 6 (D) (2)

THE DISTRICT COUNCIL MADE A LOAN TO THE ST. LOUIS LABOR TRIBUNE, WHICH PRODUCES A UNION PUBLICATION. REPAYMENT IS TO BE MADE THROUGH A REDUCTION IN SUBSCRIPTION FEES CHARGED TO THE DISTRICT COUNCIL. ALSO INCLUDED IN THIS AMOUNT IS UNCOLLECTIBLE LOANS WHICH WERE WRITTEN OFF IN THE CURRENT YEAR.

SCHEDULE 14, LINE 4

THE DISTRICT COUNCIL IS INVOLVED IN AND ACTS A CONDUIT AGENCY FOR A PROLOAN BUYDOWN PROGRAM. THE PROGRAM OFFERS LOANS TO PURCHASERS OF 100% UNION BUILT HOMES AT A DISCOUNTED RATE OF INTEREST. UNDER THIS PROGRAM, UNION LABOR COUNCILS IN THE ST. LOUIS AREA DEPOSIT FUNDS WITH THE DISTRICT COUNCIL. THE DISTRICT COUNCIL USES THESE FUNDS TO PAY PROLOAN FOR THE RESIDUAL INTEREST BETWEEN THE MARKET RATE OF INTEREST AND THE INTEREST RATE CHARGED TO THE HOME PURCHASER. THE CASH BALANCE OF THIS PROGRAM IS INCLUDED IN LINE 25 AND AN AMOUNT EQUAL TO THE CASH BALANCE IS INCLUDED IN LINE 36 AS A BUILDERS PROLOAN DEPOSIT.

CARPENTERS DISTRICT COUNCIL
1401 HAMPTON AVENUE
ST. LOUIS, MO 63139

FILE NUMBER 002-637

YEAR ENDED 6/30/01

SCHEDULE 1 - LOANS RECEIVABLE

(A)	LOANS OUTSTANDING AT START OF PERIOD (B)	LOANS MADE DURING PERIOD (C)	REPAYMENTS RECEIVED DURING PERIOD (D)(1)	NON CASH WRITE-OFFS/ REPAYMENTS (D)(2)	LOANS OUTSTANDING AT END OF PERIOD (E)
NAME: ECUMENICAL HOUSING PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 9/9/01	210,000	0	0		210,000
NAME: GOODWIN CONSTRUCTION PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 10/29/00	10,000	0	0	10,000	0
NAME: SOUTHBRIDGE FIXTURES PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 10/15/04	125,000	0	0	99,500	25,500
NAME: EILER CONSTRUCTION PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 8/9/00	20,000	0	1,000		19,000
NAME: L.K. WOODWORKING PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 04/17/04	57,687	0	14,208		43,479
NAME: SOUTHPORT LLC PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 4/06/02	140,000	10,000	0		150,000
NAME: R.F. WEBER CUSTOM BUILDERS PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 05/08/01	55,166	172,071	227,237		0
NAME: TIMBERRIDGE CONSTRUCTION PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 05/09/03	14,575	10,000	2,072		22,503
NAME: OTTMAN WOODWORKING PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 6/30/02	50,000	0	0		50,000
NAME: SCHRUM CONSTRUCTION PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 6/6/01	30,000	15,805	0	37,805	8,000
NAME: STEEL CONCEPT DESIGN PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL (VARIOUS DATES), 4%	170,000	52,598	0	222,598	0
NAME: PYRAMID CONSTRUCTION PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 2/24/00, 6%	250,000	0	250,000		0

CARPENTERS DISTRICT COUNCIL
1401 HAMPTON AVENUE
ST. LOUIS, MO 63139

FILE NUMBER 002-637

YEAR ENDED 6/30/01

SCHEDULE 1 - LOANS RECEIVABLE

(A)	LOANS OUTSTANDING AT START OF PERIOD (B)	LOANS MADE DURING PERIOD (C)	REPAYMENTS RECEIVED DURING PERIOD (D)(1)	NON CASH WRITE-OFFS/ REPAYMENTS (D)(2)	LOANS OUTSTANDING AT END OF PERIOD (E)
NAME: M-G SINGLETON CONSTRUCTION PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE ON DEMAND, 0%	15,000	0	0	15,000	0
NAME: WOODBYRNE CABINETRY PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PAYABLE IN FULL 9/13/03, 8%	0	45,000	10,343		34,657
NAME: TOTAL SIDING PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PERIODIC MONTHLY PAYMENTS, 6%	21,384	0	7,372		14,012
NAME: HENGES MANUFACTURING PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PERIODIC PAYMENTS STARTING 4/10/01, 8%	250,000	0	91,672	158,328	0
NAME: T & S BUILDERS L.L.C. PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PERIODIC PAYMENTS STARTING 8/10/02, 6%	0	60,000	0	60,000	0
NAME: LORENZO DEVELOPMENT PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PERIODIC PAYMENTS STARTING 12/18/01, 7%	0	177,663	143,992	0	33,671
NAME: LANCIA WOODWORKING PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PERIODIC PAYMENTS STARTING 5/25/06, 4%	0	107,093	0	0	107,093
NAME: MID AMERICA MASTERCRAFT PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PERIODIC PAYMENTS STARTING 5/03/06, 4%	0	175,000	0	0	175,000
NAME: FLOORING PARTNERS PURPOSE: TARGETING SECURITY: NONE TERMS OF REPAYMENT: PERIODIC PAYMENTS STARTING 6/5/03, 4%	0	75,000	0	0	75,000
NAME: SOUTHEAST MISSOURI APPREN. & JOURNEYMAN FUND PURPOSE: TRAINING EQUIPMENT SECURITY: NONE TERMS OF REPAYMENT: PERIODIC MONTHLY PAYMENTS, 0%	32,622	0	0	32,622	0
	1,451,434	900,230	747,896	635,853	967,915

CARPENTERS DISTRICT COUNCIL
1401 HAMPTON AVENUE
ST. LOUIS, MO 63139

FILE NUMBER 002-637

YEAR ENDED 6/30/01

SCHEDULE 5 - FIXED ASSETS

DESCRIPTION (A)	COST (B)	TOTAL DEPREC. (C)	BOOK VALUE (D)	FAIR MARKET VALUE (E)
LINE 3 - BUILDINGS:				
6260 KNOX INDUSTRIAL DR., ST. LOUIS, MO	356,057	66,896	289,161	356,057
813 ENTERPRISE STREET, CAPE GIRARDEAU, MO	341,052	24,812	316,240	341,052
	697,109	91,708	605,401	697,109

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

DESCRIPTION (A)	COST (B)	BOOK VALUE (C)	GROSS SALES PRICE (D)	AMOUNT RECEIVED (E)
OFFICE FURNITURE & EQUIPMENT	133,533	695	1,175	1,175
U.S. GOVERNMENT SECURITIES	189,535	189,535	198,401	198,401
CORPORATE BONDS	743,627	743,627	732,678	732,678
COMMON STOCK	671,816	671,816	716,342	716,342
MUTUAL FUNDS	720,772	720,772	721,304	721,304
	2,459,283	2,326,445	2,369,900	2,369,900

SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS

DESCRIPTION (A)	COST (B)	BOOK VALUE (C)	CASH PAID (D)
LAND RECEIVED UPON MERGER WITH FILE NO. 013-026	47,491	47,491	0
BUILDINGS RECEIVED UPON MERGER WITH FILE NO. 013-026	1,182,553	937,651	0
AUTOMOBILES RECEIVED UPON MERGER WITH FILE NO. 013-026	406,315	345,368	0
OFFICE EQUIP. RECEIVED UPON MERGER WITH FILE NO. 013-026	42,389	10,878	0
BUILDING IMP. RECEIVED UPON MERGER WITH FILE NO. 013-026	97,173	36,310	0
INVESTMENTS RECEIVED UPON MERGER WITH FILE NO. 013-026	367,036	367,036	0
SUBDIVISION - CONSTRUCTION IN PROGRESS	524,777	524,777	524,777
LEASEHOLD IMPROVEMENTS	330,526	330,526	330,526
OFFICE FURNITURE & EQUIPMENT	317,263	317,263	317,263
BUILDING IMPROVEMENTS	169,231	169,231	169,231
U.S. GOVERNMENT SECURITIES	902,244	902,244	902,244
CORPORATE BONDS	101,731	101,731	101,731
COMMON STOCK	586,298	586,298	586,298
MUTUAL FUNDS	601,141	601,141	601,141
	5,676,168	5,277,945	3,533,211

CARPENTERS DISTRICT COUNCIL
1401 HAMPTON AVENUE
ST. LOUIS, MO 63139

FILE NUMBER 002-637

YEAR ENDED 6/30/01

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

RENT	132,184
COMPUTER SUPPL/SVCES	34,078
OFFICE SUPPLIES	23,264
REPAIRS & MAINT	182,780
DUES & SUBSCRIPT	34,578
PRINTING	91,097
POSTAGE	127,106
BANK FEES	48,353
INSURANCE	63,406
TAXES & LICENSING	100,271
TELEPHONE	129,622
UTILITIES	144,156
	1,110,895

SCHEDULE 15 - OTHER DISBURSEMENTS

TRIAL COMMITTEE	5,435
STEWARDS MEETING	19,755
LABOR DAY PICNIC	303,110
PICKETING	35,420
TARGETING EXPENSE	252,824
SALARY REIMB. TO OTHER FUNDS	11,234
AUTO EXPENSE	11,361
TRAVEL	61,503
ENTERTAINMENT	162,634
MEETINGS & CONV	144,256
PROLOAN BUYDOWN PROGRAM	683,474
DEPOSIT RETURNED TO CONTRACTO	4,600
LAND DEPOSIT RETURNED TO BUYER	45,000
INTEREST EXPENSE	246,420
JANITORIAL SUPPLIES	37,346
	2,024,372