U.S. Department of Labor
Employment Standards Administration
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: 11-30-2002

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

ESA Received B OLMS DRDA

1. FILE NUMBER: 004-015

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	2000
Through	12	31	2000

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: ☐

CHRISTOPHER MURPHY (2) 004-015
LABORERS AFL-CIO 110
LU 609
908 CONCORD ST 2ND FLOOR
FRAMINGHAM, MA 01701 12/2000

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

First Name

Last Name

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

Number and Street: 3 PIERCE STREET #2

City

State

ZIP Code + 4: 01702-6049

4. AFFILIATION OR ORGANIZATION NAME

5. DESIGNATION *(Local, Lodge, etc.)*

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	
11	Name: Massachusetts Laborers' Benefit fund Address: 14 N.E. Executive Park, Suite 200, P.O. Bx 4000, Burlington MA 01803-0900 Purpose: To provide health & welfare Training & retirement benefits to the Members
14	CAROL W. RICE, Certified Public Accountant, 782 Pleasant St., Worcester MA 01602

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: X James Murphy — PRESIDENT *(If other title, see instructions.)*
3 / 19 / 2001 — Date
(508) 875-5282 — Telephone Number

77. SIGNED: X Christopher Murphy — TREASURER *(If other title, see instructions.)*
3 / 19 / 2001 — Date
(508) 875-5282 — Telephone Number

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? 623

19. What is the date of your organization's next regular election of officers? MO 05 YEAR 2004

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ 100,000

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	$ 20 per Month *(Month, Year, etc.)*
(b) Initiation Fees	$ 450
(c) Transfer Fees	$
(d) Work Permits	$ 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: 004 - 015

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	Item ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		259747	438615
	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	2551	2551
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		262298	441166

	Item LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		14984	22358
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		14984	22358
	38. NET ASSETS *(Item 32 less Item 37)*		247314	418808

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 004-015

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		124661	56. To Officers	9	78186
40. Per Capita Tax			57. To Employees	10	22260
41. Fees		79709	58. Per Capita Tax		6920
42. Fines			59. Fees, Fines, Assessments, etc.		73932
43. Assessments			60. Office & Administrative Expense	13	20922
44. Work Permits			61. Educational & Publicity Expense		
45. Sale of Supplies		130	62. Professional Fees		2300
46. Interest		9587	63. Benefits	11	40700
47. Dividends			64. Contributions, Gifts & Grants	12	1000
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		8508
50. Loans Obtained	8		67. Withholding Taxes		27803
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	263261	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	15949
55. TOTAL RECEIPTS		477348	74. TOTAL DISBURSEMENTS		298480

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: 004-015

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	0	0	0	0	0
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: 004-015

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	
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	0
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.	
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.	
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 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 004-015

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				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			2551	

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		0

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

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 004-015

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		0

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	0	0	0	0	0

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: 004-015

(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. Last Name: MERLONI JR First Name: JAMES Title: PRESIDENT	Status: C			2139		2139
2. Last Name: COFFEY First Name: PAUL Title: EXECUTIVE BOARD	Status: C			939		939
3. Last Name: MERLONI III First Name: JAMES Title: RECORDING SECT	Status: C			1539		1539
4. Last Name: PANDOZZI First Name: J T Title: EXECUTIVE BOARD	Status: C			799		799
5. Last Name: UBALDINO First Name: U F Title: AUDITOR	Status: C			329		329
6. Last Name: LOFTY First Name: L Title: EXECUTIVE BOARD	Status: P			189		189
7. Last Name: CANAL First Name: C Title: VICE PRESIDENT	Status: P			209		209
8. Totals from additional pages *(if any)*		67500	0	23146		90646
9. Totals of Lines 1 through 8		67500	0	29289		96789
				10. Less Deductions		18603
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		78186

*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: 004-015

(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: QUINN First Name: IRENE Position: SECRETARY Name of Affiliated Organization:	23963				23963
2. Last Name: UPHAM First Name: SUSAN Position: OFFICE Name of Affiliated Organization:	5400				5400
3. Last Name: MURPHY First Name: MARIA Position: Name of Affiliated Organization:	2550				2550
4. Last Name: First Name: Position: Name of Affiliated Organization:					
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)	0				0
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	31913				31913
			9. Less Deductions		9653
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		22260

SCHEDULE 11 — BENEFITS

FILE NUMBER: 004-015

Description (A)	To Whom Paid (B)	Amount (C)
1. Health, Welfare, Pension & Legal Fund & L.I.U.A.N.A Pension		40700
2.		
3.		
4.		
5. Total from additional pages *(if any)*		
6. Total of Lines 1 through 5		40700
Enter the Total from Line 6 ..... Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Scholarship	1000
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	1000
Enter the Total from Line 8 in ..... Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent	8242
2. Telephone	6987
3. Office	4137
4. Advertising	1436
5. Repairs + Maint.	120
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	20922
Enter the Total from Line 8 in ..... Item 60	

FILE NUMBER: 0-04-015

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Massachusetts District Council	261317
2. Sale of Tee Shirts	1944
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	263261
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Charity	1040
2. Floral Tributes	207
3. Convention Expense	678
4. Entertainment	6132
5. Dues & Subscriptions	60
6. Utilities	105
7. Supplies	2023
8. Insurance	400
9. Tee Shirt Expense	5304
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	15949
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: LABORERS AFL-CIO LU 609

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 004-015

PAGE 1 OF 1 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: VICKERS First Name: J J Title: SGT AT ARMS	Status: C			239		239
Last Name: ELY First Name: H A Title: EXECUTIVE BOARD	Status: C			889		889
Last Name: DJAN First Name: S Title: AUDITOR	Status: C			329		329
Last Name: CHAMBERLAIN First Name: R Title: VICE PRESIDENT	Status: N			560		560
Last Name: CATTANI First Name: F D Title: AUDITOR	Status: N			160		160
Last Name: MURPHY First Name: CHRISTO Title: BUSINESS MNGR	Status: C	67500		20969		88469
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
	Totals	67500		23146		90646

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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 / 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					