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

011

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.

USDOL/ESA Received OCT 3 '00 P-8 OLMS/DOE/SRD

For Official Use Only

1. FILE NUMBER: 505-647

2. PERIOD COVERED

	MO	DAY	YEAR
From	07	01	1999
Through	06	30	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: ___

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.

4. AFFILIATION OR ORGANIZATION NAME: CARPENTERS AFL-CIO

5. DESIGNATION (Local, Lodge, etc.): LOCAL

6. DESIGNATION NUMBER: 24

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 ___

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

First Name: CHUCK

Last Name: APPLEBY

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

Number and Street: 500 MAIN STREET

City: YALESVILLE

State: CT

ZIP Code + 4: 06492-1722

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

Item Number	
10	Trust for UBC&J of America-Local 24: THE TRUST OWNS & OPERATES THE BUILDING IN WHICH LOCAL 24 CARRIES OUT ITS DAY TO DAY ACTIVITIES. THE TRUST'S ACTIVITIES ARE COMBINED IN THE LM-2 REPORT.
14	AUDIT FOR YE 6-30-2000 COMPLETED BY INDEPENDENT CPA FIRM OF WHITTLESEY & HADLEY P.C.
12	THE PAC FILES ALL REQUIRED FORMS WITH THE SECRETARY OF STATE. NO POL 1120 REQUIRED.

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: [signature] PRESIDENT (If other title, see instructions.)
9/20/00 — Date
(203) 265-6242 — Telephone Number

77. SIGNED: Robert R Nettleton TREASURER (If other title, see instructions.)
9/20/2000 — Date
(203) 284-1362 — Telephone Number

FILE NUMBER: 505-647

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? 2592

19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2001

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? $ 320000

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	$ 6.00 MIN / 26.75 MAX per MONTH (Month, Year, etc.)
(b) Initiation Fees	$ 30.00 MIN / 200.00 MAX
(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: 505-647

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		579110	1028850
	26. Accounts Receivable			
	27. Loans Receivable	1	5000	5000
	28. U.S. Treasury Securities			
	29. Investments	2	180641	189579
	30. Fixed Assets	5	975506	1126172
	31. Other Assets	3	13667	13669
	32. TOTAL ASSETS		1753924	2363270

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable		530236	504925
	36. Other Liabilities	4	3000	3000
	37. TOTAL LIABILITIES		533236	507925
	38. NET ASSETS *(Item 32 less Item 37)*		1220688	1855345

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 505-647

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		2043675	56. To Officers	9	11709
40. Per Capita Tax			57. To Employees	10	57580
41. Fees		50512	58. Per Capita Tax		240721
42. Fines		14855	59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	45750
44. Work Permits			61. Educational & Publicity Expense		
45. Sale of Supplies			62. Professional Fees		30798
46. Interest		27927	63. Benefits	11	53057
47. Dividends		9724	64. Contributions, Gifts & Grants	12	2675
48. Rents		96359	65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		27687
50. Loans Obtained	8		67. Withholding Taxes		
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	201126
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	162302	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	1284511
55. TOTAL RECEIPTS		2405354	74. TOTAL DISBURSEMENTS		1955614

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: 505-647

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: LOAN Security: N/A Terms of Repayment: WHEN INCOME OF RENTAL IS POSITIVE	5000	-0-	-0-	-0-	5,000
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	5000	0	0	0	5000
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: 505-647

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	180579
2. Total Book Value	180579
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) Merrill Lynch Bond Fd.	75746
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	9,000
5. Total Book Value	9,000
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 REALTY CORP	8,000
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	189579

Enter the Total from Line 7 in ..... Item 29, Column (B)

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. ELECTRICAL DEPOSIT	7,000
2. MORTGAGE ESCROW	6,669
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	13669

Enter the Total from Line 7 in ..... Item 31, Column (B)

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. RENTAL SECURITY	3,000
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	3000

Enter the Total from Line 7 in ..... Item 36, Column (D)

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 505-647

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*): Yalesville & New London	235,000		235,000	UNKNOWN
2. Totals from additional pages *(if any)*				
3. Buildings (*give location*): Yalesville & New London	1,064,369	204,925	859,444	
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles	27025	21,620	5,405	
6. Office Furniture and Equipment	60706	35,870	24,836	
7. Other Fixed Assets	2894	1,407	1,487	
8. Totals of Lines 1 through 7	1,389,994	263,822	1,126,172	UNKNOWN

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.			N/A	
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: 505-647

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Improvements to New London Property	179,509	179,509	179,509
2. Furniture & Fixtures	12,679	12,679	12,679
3. Mutual Funds, direct purchase + reinvestments	8,938	8,938	8,938
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	201,126	201,126	201,126
	7. Less Reinvestments		
	8. Net Purchases		201,126

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.		N/A			
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: 505-647

(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 / First Name / Title	Status					
2. Last Name / First Name / Title	Status					
3. Last Name / First Name / Title	Status					
4. Last Name / First Name / Title	Status					
5. Last Name / First Name / Title	Status					
6. Last Name / First Name / Title	Status					
7. Last Name / First Name / Title	Status					
8. Totals from additional pages *(if any)*		11,709	-0-	-0-	-0-	11,709
9. Totals of Lines 1 through 8		11,709	-0-	-0-	-0-	11,709
				10. Less Deductions		
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		11,709

*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: 505-647

(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: SYNNETT First Name: BERTHA Position: CLERICAL Name of Affiliated Organization: N/A	29794	0	0	0	29794
2. Last Name: BROWN First Name: PAM Position: CLERICAL Name of Affiliated Organization: N/A	19712	0	0	0	19712
3. Last Name: First Name: Position: Name of Affiliated Organization:					
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)*					
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	8,074	-0-	-0-	-0-	8,074
8. Totals of Lines 1 through 7	57,580				57,580
			9. Less Deductions		0
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		57580

SCHEDULE 11 — BENEFITS

FILE NUMBER: 505 – 647

Description (A)	To Whom Paid (B)	Amount (C)
1. Health Insurance	CT CARP BENEFIT FUNDS	7,884
2. PENSION & ANNUITY	CT CARP BENEFIT FUNDS	12,173
3. DEATH BENEFITS	NAMED BENEFICIARY	33,000
4.		
5. Total from additional pages *(if any)*		
6. Total of Lines 1 through 5		53057

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

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Wm. Juse Memorial Fund	500
2. Special Olympics	500
3. N.L. Youth Football	40
4. Timothy Nordean Memorial	500
5. Fook Choi Kan Memorial	500
6. Walter Kupau Foundation	500
7. Total from additional pages *(if any)*	135
8. Total of Lines 1 through 7	2675

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

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Supplies & Exp.	15,824
2. Printing	9,964
3. Security	1,874
4. Postage	4,162
5. Special Events	5929
6. Advertising	3172
7. Total from additional pages *(if any)*	4,825
8. Total of Lines 1 through 7	45750

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

FILE NUMBER: 505-647

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. N.E. Regional Council - Reimb	149,489
2. Sale of hats & jackets	5,211
3. Special events	3,095
4. Reimb - Maintenance	328
5. Reimb - Meetings & Conv.	1,100
6. Reimb - Vehicle expense	1,265
7. Reimb - Insurance	1,814
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	162302

Enter the Total from Line 17 in ..... Item 54

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Cost of Jackets to be sold	9,757
2. Assessments / New Eng. Reg. Council	1,014,853
3. Rent	6,689
4. Repairs & Maintenance	35,806
5. Telephone	23,710
6. Utilities	25,458
7. Meetings & Conventions	10,941
8. Vehicle expense	5,808
9. Insurance	14,153
10. Business Agents / Promotion	2,783
11. Picket & Organizing Exp.	3,141
12. Interest / Mortgage	39,571
13. Mortgage Principal	25,311
14. Mortgage Escrow	2
15. Dues paid, refunds & adj.	66,528
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	1284511

Enter the Total from Line 17 in ..... Item 73

ORGANIZATION NAME: United Brotherhood of Carpenters & Joiners of America-Local 24

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

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: MONARCA First Name: RICHARD S Title: PRESIDENT	Status: P					
Last Name: MONTONE First Name: DOMINIC Title: CONDUCTOR	Status: C					
Last Name: NEGRELLI JR. First Name: AMEDEO A Title: VICEPRESIDENT	Status: C					
Last Name: LYDEM First Name: BRUCE C. Title: TRUSTEE	Status: C					
Last Name: POLLICITO First Name: SALVATORE Title: RECORDING SECRETARY	Status: C					
Last Name: WAGNER JR. First Name: ROBERT Title: WARDEN	Status: C					
Last Name: NETTLETON First Name: ROBERT R. Title: TREASURER	Status: C					
Last Name: MCKEE First Name: JAMES M. Title: TRUSTEE	Status: C					
	Totals					

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: PANEBIANCO First Name: RICHARD J. Title: TRUSTEE	Status: C					
Last Name: KEVITT First Name: CHARLES R. Title: FINANCIAL SECRETARY	Status: C					
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					

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a N/A
b	Amounts included on line a but not on line 12, Form 990:	
(1)	Net unrealized gains on investments $	
(2)	Donated services and use of facilities $	
(3)	Recoveries of prior year grants $	
(4)	Other (specify): $	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 12, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 $	
(2)	Other (specify): $	
	Add amounts on lines (1) and (2)	d
e	Total revenue per line 12, Form 990 (line c plus line d)	e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a N/A
b	Amounts included on line a but not on line 17, Form 990:	
(1)	Donated services and use of facilities $	
(2)	Prior year adjustments reported on line 20, Form 990 $	
(3)	Losses reported on line 20, Form 990 $	
(4)	Other (specify): $	
	Add amounts on lines (1) through (4)	b
c	Line a minus line b	c
d	Amounts included on line 17, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990 $	
(2)	Other (specify): $	
	Add amounts on lines (1) and (2)	d
e	Total expenses per line 17, Form 990 (line c plus line d)	e

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

LM-2 Report Schedule 9

(A) Name and address	Status	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD S. MONARCA 456 RANDOLPH ROAD MIDDLETOWN, CT 06457	P	PRESIDENT AS REQUIRED	1,549.	0.	0.
DOMINIC MONTONE 13 CEDAR COURT - UNIT K EAST HAVEN, CT 06513	C	CONDUCTOR AS REQUIRED	857.	0.	0.
AMEDEO A. NEGRELLI JR. 5 DOBSON CIRCLE MIDDLETOWN, CT 06457	C	VICE PRESIDENT AS REQUIRED	1,032.	0.	0.
BRUCE C. LYDEM 143 HARVARD PLACE BRISTOL, CT 06010	C	TRUSTEE AS REQUIRED	989.	0.	0.
SALVATORE POLLICITO 202 DOGWOOD LANE MERIDEN, CT 06450	C	RECORDING SECRETARY AS REQUIRED	1,549.	0.	0.
ROBERT WAGNER JR. 12 COVELL HILL ROAD PORTLAND, CT 06480	C	WARDEN AS REQUIRED	1,032.	0.	0.
ROBERT R. NETTLETON 64 VALLEY RIDGE DRIVE HIGGANUM, CT 06441	C	TREASURER AS REQUIRED	1,549.	0.	0.
JAMES M. MCKEE 20 BERLIN COURT MIDDLETOWN, CT 06457	C	TRUSTEE AS REQUIRED	873.	0.	0.
RICHARD J. PANEBIANCO 167 NEJAKO DRIVE MIDDLETOWN, CT 06457	C	TRUSTEE AS REQUIRED	730.	0.	0.
CHARLES R. KEVITT 54 BOSTON POST ROAD OLD LYME, CT 06371	C	FINANCIAL SECRETARY AS REQUIRED	1,549.	0.	0.

.75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule. ▶ [ ] Yes [X] No

11,709 Total

United Brotherhood of Carpenters & Joiners of America - Local 24
Form LM-2
Year ended June 30, 2000
File Number 505-647

Schedule 13 - Office & Administration Expense

Books & Subscriptions	4,825

Schedule 12 - Contributions

Boston / NY AIDS Ride	100
CT Fraternal Order of Police	35
	135