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

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN $200,000 IN TOTAL ANNUAL RECEIPTS

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

07D

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

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1. FILE NUMBER: 018-185

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: United Brotherhood of Carpenters

5. DESIGNATION (Local, Lodge, etc.): Local 2832

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 56.) Yes [X] No [ ]

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

First Name: RICHARD

Last Name: SCHOEPKE

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

Number and Street: 452 W 6TH ST

City: OSHKOSH

State: WI

ZIP Code + 4: 54901 -

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

Item Number	
14	Schenck & Associates, SC 712 Riverfront Dr. Suite 301 Sheboygan, WI 53081

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.)

57. SIGNED: Philip J. Hansen — PRESIDENT (If other title, see instructions.)
9/20/00 — Date
(920) 725-9619 — Telephone Number

58. SIGNED: Richard Schoepke — TREASURER (If other title, see instructions.)
9/20/00 — Date
(920) 233-5383 — 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. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000?		X
18. Have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise?		X

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 184

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? $ 50000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

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

23. 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	$ 29	per Month *(Month, Year, etc.)*
(b) Initiation Fees	$ 100	
(c) Transfer Fees	$ -	
(d) Work Permits	$ 29	per Month *(Month, Year, etc.)*

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 018-185

(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 and Other Disbursements (E)	Total (F)
1. Last Name: HASSELER First Name: PHILIP	PRESIDENT	N	822	0	822
2. Last Name: MELSO First Name: MICHAEL	VICE PRESIDENT	N	1008	0	1008
3. Last Name: MEULEMANS First Name: PAT	FINANCIAL SECRETARY	C	2574	0	2574
4. Last Name: SCHOEPKE First Name: RICHARD	TREASURER	C	2112	0	2112
5. Last Name: HOEFLER JR First Name: EDWIN	RECORDING SECRETARY	C	2966	0	2966
6. Last Name: GUNZ First Name: BOB	TRUSTEE	C	449	0	449
7. Last Name: BISHOP First Name: DAVE	STEWARD	N	582	0	582
8. Totals from additional pages *(if any)*			5,276	0	5,276
9. Totals of Lines 1 through 8			15,789	0	15,789
				10. Less Deductions	1,633
Enter the Total from Line 11 in ..... Item 45 ⇨				11. Net Disbursements	14156

*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 56 on page 1.)

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STATEMENT A ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	57543	61636	32. Accounts Payable	0	0
26. Loans Receivable	0	0	33. Loans Payable	0	0
27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
28. Investments	0	0	35. Other Liabilities	1540	874
29. Fixed Assets	3786	2748	36. TOTAL LIABILITIES	1540	874
30. Other Assets	0	0			
31. TOTAL ASSETS	61329	64384	37. NET ASSETS *(Item 31 less Item 36)*	59789	63510

STATEMENT B RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38. Dues	66786	45. To Officers *(from Item 24)*	14156
39. Per Capita Tax	0	46. To Employees *(less deductions)*	2625
40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	39124
41. Interest & Dividends	2828	48. Office & Administrative Expense	3085
42. Sale of Investments & Fixed Assets	0	49. Professional Fees	1555
43. Other Receipts	2341	50. Benefits	0
44. TOTAL RECEIPTS	71955	51. Contributions, Gifts & Grants	594
		52. Purchase of Investments & Fixed Assets	0
		53. Loans Made	0
		54. Other Disbursements	6723
		55. TOTAL DISBURSEMENTS	67862

If total receipts reported in Item 44 are $200,000 or more, your organization must file Form LM-2 instead of this form.

ORGANIZATION NAME: Carpenters AFL-CIO Lu 2832

ENDING DATE OF PERIOD COVERED: 6/30/00

FILE NUMBER: 018-185

PAGE 1 OF 1 ADDITIONAL PAGES

24. 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 and Other Disbursements (E)	Total (F)
Last Name: RIEDEL / First Name: DAVE / Title: PRESIDENT	Status: P	1787	0	1787
Last Name: SLOWATYNIEC / First Name: FRANK / Title: WARDEN	Status: C	393	0	393
Last Name: MICHENER / First Name: JAMES / Title: TRUSTEE	Status: C	1438	0	1438
Last Name: ROMPORTL / First Name: JOE / Title: STEWARD	Status: N	474	0	474
Last Name: HOEPER / First Name: MARK / Title: TRUSTEE	Status: C	706	0	706
Last Name: KNOBENBAUER / First Name: TODD / Title: STEWARD	Status: N	478	0	478
Last Name: / First Name: / Title:	Status:			
Last Name: / First Name: / Title:	Status:			
	Totals	5,276	0	5,276

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER:

PAGE ____ OF ____ ADDITIONAL PAGES

24. 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 and Other Disbursements (E)	Total (F)
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			