

U.S. Department of Labor

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 UNDER TRUSTEESHIP**

Form approved

Office of Management

and Budget

No. 1215-0188

Expires 11-30-99

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. SUBMIT THIS REPORT IN DUPLICATE.**

<b>IMPORTANT</b> If a label is here, → peel off the top copy and place it in the same box on the second copy of the form. If label information is correct, leave items 4 through 8 blank. If label information is incorrect, complete items 4 through 8.	BRIAN L. MEDDEL TEAMSTERS AFL-CIO 11000 201 E. ARLAND AVE CHICAGO, IL 60607		012-169 12/98
	1. FILE NUMBER 012-169		

4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (In care of) NAME AND TITLE OF PERSON	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER	NUMBER AND STREET	
7. UNIT NAME (if any)		BUILDING AND ROOM NUMBER (if any)	
9. Are your organization's records kept at its mailing address? (If "No," provide address in item 75.)		CITY STATE ZIP CODE	

DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:		18. How many members did your organization have at the end of the reporting period? 2,062											
10. Have a "subsidiary organization" as defined in Section X of the instructions?	Yes No	19. What is the date of your organization's next regular election of officers?	12/1999 Month Year										
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	Yes No	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?	\$ 125,000										
12. Have a political action committee (PAC) fund?	Yes No	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.)											
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	Yes No	<table border="1"> <thead> <tr> <th colspan="2">Rates of Dues and Fees</th> </tr> </thead> <tbody> <tr> <td>(a) Regular Dues/Fees</td> <td>\$ 15-39 per month (month, year, etc.)</td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ 100-250</td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ N/A</td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ N/A per (month, year, etc.)</td> </tr> </tbody> </table>		Rates of Dues and Fees		(a) Regular Dues/Fees	\$ 15-39 per month (month, year, etc.)	(b) Initiation Fees	\$ 100-250	(c) Transfer Fees	\$ N/A	(d) Work Permits	\$ N/A per (month, year, etc.)
Rates of Dues and Fees													
(a) Regular Dues/Fees	\$ 15-39 per month (month, year, etc.)												
(b) Initiation Fees	\$ 100-250												
(c) Transfer Fees	\$ N/A												
(d) Work Permits	\$ N/A per (month, year, etc.)												
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	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.)											
15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.)	Yes No	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?											
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	Yes No	24. Did your organization have any contingent liabilities at the end of the reporting period? (If the answer to item 23 or 24 is "Yes," provide details in item 75.)											
17. Liquidate or reduce any liabilities without disbursement of cash?	Yes No												

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>Brian L. Meddel</u>	PRESIDENT	77. SIGNED: <u>Chad A. [Signature]</u>	SECY/TREASURER
<u>3/29/99</u>	(If other title, see instructions)	<u>3/29/99</u>	(If other title, see instructions)
<u>(312) 733-2724</u>	Telephone Number	<u>(312) 733-2724</u>	Telephone Number

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**ENTER AMOUNTS IN DOLLARS ONLY**

COMPLETE SCHEDULES 1 THROUGH 15 BEFORE COMPLETING STATEMENTS A AND B

**STATEMENT A -- ASSETS AND LIABILITIES**

ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
Item				Item			
25. Cash .....		217,764	244,124	33. Accounts Payable .....		0	0
26. Accounts Receivable .....		0	0	34. Loans Payable .....	8	0	0
27. Loans Receivable .....	1	0	0	35. Mortgages Payable .....		0	0
28. U.S. Treasury Securities .....		133,210	133,210	36. Other Liabilities .....	4	0	0
29. Investments .....	2	0	0	37. TOTAL LIABILITIES .....		0	0
30. Fixed Assets .....	5	1,016	5,428				
31. Other Assets .....	3	300	300	38. NET ASSETS .....			
32. TOTAL ASSETS .....		352,290	383,062	(Item 32 less Item 37) .....		352,290	383,062

**STATEMENT B -- RECEIPTS AND DISBURSEMENTS**

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		812,392	56. To Officers .....	9	282,727
40. Per Capita Tax .....		0	57. To Employees .....	10	68,774
41. Fees .....		56,993	58. Per Capita Tax .....		142,629
42. Fines .....		0	59. Fees, Fines, Assessments etc. ....		0
43. Assessments .....		0	60. Office & Administrative Expense .....	13	63,518
44. Work Permits .....		0	61. Educational & Publicity Expense .....		0
45. Sale of Supplies .....		50	62. Professional Fees .....		22,099
46. Interest .....		17,494	63. Benefits .....	11	113,604
47. Dividends .....		0	64. Contributions, Gifts & Grants .....	12	8,513
48. Rents .....		0	65. Supplies for Resale .....		0
49. Sale of Investments & Fixed Assets .....	6	0	66. Direct Taxes .....		30,538
50. Loans Obtained .....	8	0	67. Withholding Taxes .....		121,087
51. Repayments of Loans Made .....	1	0	68. Purchase of Investment & Fixed Assets .....	7	5,061
52. On Behalf of Affiliates for Transmittal to Them .....		0	69. Loans Made .....	1	0
53. For Members for Disbursement on Their Behalf .....		0	70. Repayment of Loans Obtained .....	8	0
54. Other Receipts .....	14	37,865	71. To Affiliates of Funds Collected on Their Behalf .....		0
55. TOTAL RECEIPTS .....		924,794	72. On Behalf of Individual Members .....		0
			73. Other Disbursements .....	15	39,884
			74. TOTAL DISBURSEMENTS .....		898,434

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

Item Number	
Various	See schedule "A" attached.

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If more space is needed to complete any of the schedules, 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.

**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: _____	0	0	0	0	0
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____	0	0	0	0	0
3. Totals from additional pages (if any)	0	0	0	0	0
4. Totals of loans not listed above	0	0	0	0	0
5. Totals of Lines 1 through 4	0	0	0	0	0
Enter the Totals from Line 5 in ..... Item 27, ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27, Column (A) ..... with Explanation ..... Column (B)					

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

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) _____ 0 (b) _____ 0 (c) _____ 0 (d) _____ 0	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. (a) _____ 0 (b) _____ 0 (c) _____ 0 (d) _____ 0 (e) Total from additional pages (if any) 0	
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. Security deposit	300
2. _____	0
3. _____	0
4. _____	0
5. Total from additional pages (if any)	0
6. Total of Lines 1 through 5	300
Enter the Total from Line 6 in ..... Item 31, Column (B)	

**SCHEDULE 4 -- OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. _____	0
2. _____	0
3. _____	0
4. _____	0
5. _____	0
6. _____	0
7. _____	0
8. Total from additional pages (if any)	0
9. Total of Lines 1 through 8	0
Enter the Total from Line 9 in ..... Item 36, Column (D)	

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## SCHEDULE 5 – FIXED ASSETS

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	0		0	
			0	
2. Totals from additional pages (if any)	0		0	
3. Buildings (give location):	0	0	0	
4. Totals from additional pages (if any)	0	0	0	
5. Automobiles and Other Vehicles	0	0	0	
6. Office Furniture and Equipment	29,423	23,995	5,428	
7. Other Fixed Assets	0	0	0	
8. Totals of Lines 1 through 7	29,423	23,995	5,428	

↑↑

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.	0	0	0	0
2.	0	0	0	0
3.	0	0	0	0
4.	0	0	0	0
5. Totals from additional pages (if any)	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0
			7. Less Reinvestments	0
			8. Net Sales	0
Enter the Total from Line 8 in _____				Item 49

**SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS**

Description (if land or buildings, give location) (A)		Cost (B)	Book Value (C)	Cash Paid (D)
1.	Office furniture	5,061	5,061	5,061
2.		0	0	0
3.		0	0	0
4.		0	0	0
5.	Totals from additional pages (if any)	0	0	0
6.	Totals of Lines 1 through 5	5,061	5,061	5,061
		7. Less Reinvestments		0
		8. Net Purchases		5,061
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)	Repayments Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1	0	0	0	0	0
2	0	0	0	0	0
3	0	0	0	0	0
4. Totals from additional pages (if any)	0	0	0	0	0
5. Totals of Lines 1 through 4	0	0	0	0	0
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding: 5px;"> <div>Enter the Totals from Line 5 in</div> <div> <div>Item 34</div> <div>Column (C)</div> </div> <div> <div>Item 50</div> <div></div> </div> <div> <div>Item 70</div> <div></div> </div> <div> <div>Item 75</div> <div>with Explanation</div> </div> <div> <div>Item 34</div> <div>Column (D)</div> </div> </div>					

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**SCHEDULE 9 -- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.) (A)	Title (B)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Brian Meidel	President	C	79,800	240	16,341	0	96,381
2. Vito Tribuzio	VP/BA/SEC-T	P/N	68,175	240	15,428	0	83,843
3. Joseph Sanchez	Record Sec'y	C	3,700	0	0	0	3,700
4. Walter Beglin	Trustee/BA	C	50,875	240	11,986	0	63,101
5. Robert Brooks	Trustee/BA/VP	P/N	50,875	240	16,401	0	67,516
6. Gordon Nisbet	Trustee/BA	C/N	50,320	240	12,539	0	63,099
7. Rob Czarnik	Warden	C	350	0	0	0	350
8. Mark Mzera	Trustee	N	3,700	0	0	0	3,700
9. Louis Olszewski	Sec'y Treas	P	0	0	0	0	0
10. Totals from additional pages (if any)			0	0	0	0	0
11. Totals of Lines 1 through 10			307,795	1,200	72,695	0	381,690
					12. Less Deductions		98,963
					13. Net Disbursements		282,727

Enter the Total from Line 13 in ..... Item 56

\* Code for Column (C): past officer -- P; continuing officer -- C; new officer during the reporting period -- N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

**SCHEDULE 10 -- DISBURSEMENTS TO EMPLOYEES**

Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (A)	Position (B)	Name of Affiliated Organization (if applicable) (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Carol Huntkowski	Clerical	N/A	34,563	0	1,368	0	35,931
2. Cynthia Hoff	Clerical	N/A	42,601	0	1,368	0	43,969
3.			0	0	0	0	0
4.			0	0	0	0	0
5.			0	0	0	0	0
6.			0	0	0	0	0
7.			0	0	0	0	0
8.			0	0	0	0	0
9. Totals from additional pages (if any)			0	0	0	0	0
10. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates			10,998	0	0	0	10,998
11. Totals of Lines 1 through 10			88,162	0	2,736	0	90,898
					12. Less Deductions		22,124
					13. Net Disbursements		68,774

Enter the Total from Line 13 in ..... Item 57

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**SCHEDULE 11 – BENEFITS**

Description (A)	To Whom Paid (B)	Amount (C)
1. Health & Welfare	Trust	36,322
2. Pension	Trust	77,282
3.		0
4.		0
5.		0
6.		0
7.		0
8.		0
9.		0
10. Total from additional pages (if any)		0
11. Total of Lines 1 through 10		113,604

↑

Enter the Total from Line 11 in ..... Item 63

**SCHEDULE 12 – CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)
1. Civic and charitable	2,450
2. Labor	5,230
3. Political	500
4. Flowers and funerals	333
5.	0
6.	0
7.	0
8.	0
9.	0
10. Total from additional pages (if any)	0
11. Total of Lines 1 through 10	8,513

↑

Enter the Total from Line 11 in ..... Item 64

**SCHEDULE 14 – OTHER RECEIPTS**

Description (A)	Amount (B)
1. NSF checks redeposited	35
2. Auto FICA reimbursement	421
3. Steward dues	165
4. Telephone reimbursement	19
5. Pension audit fee refund	2,500
6. Postage refund	20
7. Insurance proceeds	1,449
8. Reimbursed pension contributions	29,790
9. Funds for transmittal	3,466
10. Total from additional pages (if any)	0
11. Total of Lines 1 through 10	37,865

↑

Enter the Total from Line 11 in ..... Item 54

**SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)
1. Office supplies and printing	9,136
2. Rent	38,829
3. Postage	1,096
4. Telephone	4,009
5. General insurance	4,360
6. Bank fees	1,226
7. Equipment rental and maintenance	4,862
8.	0
9.	0
10. Total from additional pages (if any)	0
11. Total of Lines 1 through 10	63,518

↑

Enter the Total from Line 11 in ..... Item 60

**SCHEDULE 15 – OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Funds for transmittal	3,368
2. Dues and initiations refunded	6,923
3. Non allocable meeting and travel	6,805
4. Christmas expense	3,923
5. Union imprinted hats, etc...	18,715
6. Credit card fees	150
7.	0
8.	0
9.	0
10. Total from additional pages (if any)	0
11. Total of Lines 1 through 10	39,884

↑

Enter the Total from Line 11 in ..... Item 73

SCHEDULE A  
LM-2 CONTINUATION SCHEDULE FOR ITEM 75

Teamsters Local Union No. 734  
300 S. Ashland Avenue  
Chicago, IL 60602

File No.: 012-169

Year Ended December 31, 1998

Item 75. Additional Information

- Item 11. Local 734 Health and Welfare Fund  
-provides welfare benefits to members  
Local 734 Pension Fund  
-provides pension benefits to members  
Both Funds are located at 1645 W. Jackson Blvd.;  
Chicago, IL 60612
- Item 13. Depreciation expense for the year ended December 31,  
1998 was \$649.
- Item 14. Thomas Havey LLP.
- Item 24. The local's vacation policy sets forth provisions for the payment of unused  
vacation benefits to all full-time officers and employees in the event of a  
termination of employment. The total of accrued vacation benefits at  
December 31, 1998 was approximately \$32,073.
- Item 56 and 57, Schedules 9 and 10.  
It is not practicable to make a precise distribution of  
automobile operating expenses not paid directly to  
officers and employees and included in column (f).  
However, a reasonable allocation of such expenses  
has been made. Union leased automobiles were used  
50 percent or more on official union business. The  
remainder, if any, was for personal use.
- Item 72. This reflects only disbursements on behalf of individual  
members for other than normal operating purposes. All  
of our expenses benefit the entire union membership and  
individuals are not normally singled out for special benefits.
- Item 77. The Secretary-Treasurer is the chief financial officer of the  
Local.