

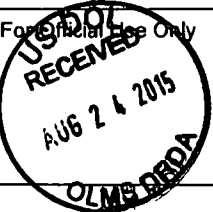
FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

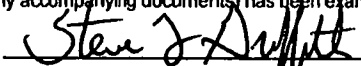
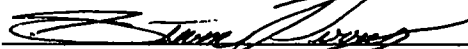
Form Approved
Office of Management and Budget
No. 1245-0003
Expires 08-31-2016

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.

	1. FILE NUMBER 042-076	2. PERIOD COVERED MO DAY YEAR From 07 01 2014 Through 06 30 2015	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name STEVEN Last Name PERRY P.O. Box • Building and Room Number (if any) Number and Street 1545 ALUM CREEK DR City COLUMBUS State OH ZIP Code + 4 43209-2712		
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS INDUSTRIAL COUNCIL			
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER 2077	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="checkbox"/> No <input type="checkbox"/>			

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

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other 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: 	PRESIDENT (If other title, see instructions.)	58. SIGNED: 	TREASURER (If other title, see instructions.)
08/05/2015 Date	(614) 537-8560 Telephone Number	08/05/2015 Date	(614) 323-2736 Telephone Number

During the Reporting Period Did Your Organization:

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 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?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(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? [][][][][][] 95
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
[] [X]
(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 YEAR
07 2016
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					
Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	\$ 22.00	per	Month	7.50	22.00
(b) Initiation Fees	\$ 50.00	per	1 time		
(c) Transfer Fees	\$	per			
(d) Work Permits	\$	per			

**24. ALL OFFICERS AND DISBURSEMENTS
TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 042-076

(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.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. Last Name: ORIFFITH First Name: STEVE MI: Title: PRESIDENT Status: C				
2. Last Name: BEARY First Name: MICHAEL MI: Title: VICE PRESIDENT Status: N				
3. Last Name: TERRY First Name: KEVIN MI: Title: VICE PRESIDENT Status: P				
4. Last Name: BROWN First Name: WESLEY MI: Title: FIN. SEC. - TREASURER Status: P				
5. Last Name: PERRY First Name: STEVEN MI: Title: FIN. SEC. - TREASURER Status: N				
6. Last Name: MITCHELL First Name: DONALD MI: Title: RECORDING SECRETARY Status: C				
7. Last Name: DELLENBACH First Name: ALBERT MI: Title: CONDUCTOR Status: C				
8. Totals from additional pages (if any)				
9. Totals of Lines 1 through 8		\$2,852	\$0	\$2,852
Enter the total from Line 11 in Item 45 ⇨		10. Less Deductions		
		11. Net Disbursements		

*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.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 042 - 076

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	27654	20864	32. Accounts Payable.....		
	26. Loans Receivable.....			33. Loans Payable.....		
	27. U.S. Treasury Securities			34. Mortgages Payable.....		
	28. Investments.....			35. Other Liabilities.....		
	29. Fixed Assets.....			36. TOTAL LIABILITIES..		
	30. Other Assets.....			37. NET ASSETS (Item 31 less Item 36)...	27654	20864
	31. TOTAL ASSETS.....	27654	20864			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	11334	45. To Officers (from Item 24)	2852
	39. Per Capita Tax		46. To Employees (less deductions)	
	40. Fees, Fines, Assessments & Work Permits...		47. Per Capita Tax	
	41. Interest & Dividends		48. Office & Administrative Expense.....	6320
	42. Sale of Investments & Fixed Assets.....		49. Professional Fees.....	
	43. Other Receipts		50. Benefits.....	
	44. TOTAL RECEIPTS.....	11334	51. Contributions, Gifts & Grants.....	500
			52. Purchase of Investments & Fixed Assets....	
			53. Loans Made.....	
			54. Other Disbursements.....	8452
			55. TOTAL DISBURSEMENTS.....	18124

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.

ORGANIZATION NAME: **CARPENTERS INDUSTRIAL COUNCIL - LOCAL 2077**
 ENDING DATE OF PERIOD COVERED: **06/30/2015**

FILE NUMBER: **042-076**

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.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)			
Last Name: FRILEY First Name: HAROLD MI: Title: TRUSTEE Status: C		0	0	0
Last Name: CROSKEY First Name: PATRICK MI: Title: TRUSTEE Status: N		0	0	0
Last Name: QUARLES First Name: BRIAN MI: Title: TRUSTEE Status: N		0	0	0
Last Name: PRYOR First Name: JAMES MI: Title: TRUSTEE Status: P		0	0	0
Last Name: ERPENBACH First Name: DAVID MI: Title: WARDEN Status: N		0	0	0
Last Name: First Name: MI: Title: Status: 				
Last Name: First Name: MI: Title: Status: 				
Last Name: First Name: MI: Title: Status: 				
Totals		\$0	\$0	\$0