U S Department of Labor
Office of Labor Management Standards
Washington DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management and Budget
No. 1215-0188
Expires 11-30-2006

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

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10000

2. Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name JOHN E GREANEY

P O Box Bldg Room No if any

Street 505 8TH AVE

City NEW YORK

State N.Y. ZIP Code + 4 10018

4 Name file number and address of labor organization

Name UNITED BROTHERHOOD of CARENTERS

Labor Organization File Number 032922

P O Box, Building and Room Number if any

Street 395 HUDSON ST

City NEW YORK

State N Y ZIP Code + 4 10018

5 Position in labor organization PRESIDENT/BUSINESS MANAGER.

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6 Name and address of Employer (including trade name if any)

Name INDUSTRY PROMOTIONAL FUND FOR THE WALL-CeLNG + CARPENTRY IND

Trade Name if any

P O Box Bldg Room No if any

Street 128 JERICHO TPKE Suite 301

City JERICHO

State New York ZIP Code + 4 11753

7 a Nature of Interest, Transaction or Income

LUNCH DURING ANNUAL BLDG TDES AND LABOR MGMT CONFERENCE TO DISCUSS INDUSTRY ADVANCEMENT ON 2/24/04

7 b Amount

$125.00

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the 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 the section on penalties in the instructions)

Signed [signature] On 8/15/05 Date 212-643-1070 Telephone Number

Name of Person Filing	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- [ ] a. Labor Organization
- [ ] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. ***Received from any employer*** *(other than an employer covered under parts A and B above)* or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.