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

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: US DOL ESA Rec'd APR 4 2001 G OLMS DRDA

1. FILE NUMBER: 029-299

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	2000
Through	12	31	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: ☐

GEORGE DETITTA (2) 029-299
STAGE & PICTURE OPERATORS AFL-CIO 130
LU 52
326 WEST 48TH STREET
NEW YORK, NY 10036 12/2000

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

First Name

Last Name

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

Number and Street

City

State ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME: I.A.T.S.E.

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

6. DESIGNATION NUMBER: 52

7. UNIT NAME *(if any)*: NONE

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 75.)* Yes ✓ No ☐

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

Item Number	
	SEE STATEMENT ATTACHED.

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: George DeTitta — PRESIDENT *(If other title, see instructions.)*
Date: 3/29/01 Telephone Number: (212) 399-0980

77. SIGNED: John R Ford — TREASURER *(If other title, see instructions.)*
Date: 3/29/01 Telephone Number: (212) 399-0980

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	✓	
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?	✓	
12. Have a political action committee (PAC) fund?		✓
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		✓
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	✓	
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*		✓
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?		✓
17. Liquidate or reduce any liabilities without disbursement of cash?		✓

(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? 3270

19. What is the date of your organization's next regular election of officers? MO 12 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? $ 500000

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	$ 205 + 2.5% of WAGE	per YEAR (Month, Year, etc.)
(b) Initiation Fees	$ 750/2500	
(c) Transfer Fees	$ 0	
(d) Work Permits	$ 0	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.)*		✓
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		✓
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 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 029-299

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		759792	511083
	26. Accounts Receivable		333514	263361
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		708496	1584628
	29. Investments	2	2071746	1712174
	30. Fixed Assets	5	686991	668435
	31. Other Assets	3	112072	123575
	32. TOTAL ASSETS		4672611	4863256

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		0	72985
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	301762	219273
	37. TOTAL LIABILITIES		301762	292258
	38. NET ASSETS *(Item 32 less Item 37)*		4370849	4570998

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 029-299

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		522572	56. To Officers	9	419966
40. Per Capita Tax		0	57. To Employees	10	244450
41. Fees		226875	58. Per Capita Tax		525493
42. Fines		0	59. Fees, Fines, Assessments, etc.		21653
43. Assessments		1863131	60. Office & Administrative Expense	13	248134
44. Work Permits		0	61. Educational & Publicity Expense		70721
45. Sale of Supplies		0	62. Professional Fees		113292
46. Interest		152823	63. Benefits	11	281014
47. Dividends		669	64. Contributions, Gifts & Grants	12	32135
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	1365337	66. Direct Taxes		99796
50. Loans Obtained	8	0	67. Withholding Taxes		243658
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	1861149
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		63904	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	65123	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		56595
			73. Other Disbursements	15	291087
55. TOTAL RECEIPTS		4260434	74. TOTAL DISBURSEMENTS		4509143

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: 029-299

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: Security: Terms of Repayment:					
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	0	0	0	0	0
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: 029-299

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1,714,879
2. Total Book Value	1,712,174
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) PAINE WEBBER MONEY MARKET	436,969
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	
5. Total Book Value	
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)	
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	1712174
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID EXPENSES	10,321
2. PREPAID PER CAPITA	105,000
3. UTILITIES SECURITY	660
4. EXCHANGE	7,594
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	123575
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. DEFERRED DUES INCOME	11,989
2. ACCRUED EXPENSES	121,668
3. RESERVE FOR SEVERENCE PAY	29,388
4. BENEFIT FUND EXCHANGE	54,538
5. PAYROLL WITHHOLDING	1,690
6. Total from additional pages *(if any)*	0
7. Total of Lines 1 through 6	219273
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 029 - 299

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*): 326 WEST 48th STREET NEW YORK, NY 10036	95,000		95,000	95,000
2. Totals from additional pages (*if any*)	0		0	0
3. Buildings (*give location*): 326 WEST 48th STREET NEW YORK, NY 10036	818,053	340,396	477,657	900,000
4. Totals from additional pages (*if any*)	0	0	0	0
5. Automobiles and Other Vehicles	22,447	1,496	20,951	15,000
6. Office Furniture and Equipment	319,592	244,765	74,827	50,000
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1,255,092	586,657	668435	1,060,000

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. CERTIFICATES OF DEPOSIT	47,258	47,258	49,000	49,000
2. U.S. GOVERNMENT BONDS	163,052	163,052	170,000	170,000
3. SALOMON SMITH BARNEY MONEY FUNDS	819,677	819,677	819,677	819,677
4. PAINE WEBBER INC. MONEY FUNDS	326,660	326,660	326,660	326,660
5. Totals from additional pages (*if any*)	0	0	0	0
6. Totals of Lines 1 through 5	1,356,647	1,356,647	1,365,337	1,365,337
		7. Less Reinvestments		0
		8. Net Sales		1365337

Enter the Total from Line 8 in ..... Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 029-299

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. CERTIFICATES OF DEPOSIT	147,130	147,130	147,130
2. U.S. GOVERNMENT BONDS	819,676	819,676	819,676
3. MUNICIPAL BONDS	179,405	179,405	179,405
4. SALOMON SMITH BARNEY MONEY FUNDS	552,395	552,395	552,395
5. Totals from additional pages *(if any)*	162,543	162,543	162,543
6. Totals of Lines 1 through 5	1,861,149	1,861,149	1,861,149
	7. Less Reinvestments		0
	8. Net Purchases		1861149

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.					
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: 029-299

(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: DeTITTA First Name: GEORGE Title: PRESIDENT	C	110781	975	17192	2844	131792
2. Last Name: FUNDUS First Name: JOHN Title: VICE PRESIDENT	C	101269	1125	12595	2099	117088
3. Last Name: FORD First Name: JOHN Title: SECTY TREASURER	C	90782	1350	2407	0	94539
4. Last Name: REILLY First Name: ROBERT Title: MEMBER BB	C	0	75	0	0	75
5. Last Name: MAHONEY First Name: DANIEL Title: BUSINESS REP	C	98921	1050	8508	2246	110725
6. Last Name: STOCKLIN First Name: ROBERT Title: CHAIRMAN BT	C	86405	1125	4854	0	92384
7. Last Name: FORD First Name: HARRY Title: RECORD SECTY	C	754	975	2100	0	3829
8. Totals from additional pages *(if any)*		41,724	7,975	4,610	0	54,309
9. Totals of Lines 1 through 8		530,636	14,650	52,266	7,189	604,741

10. Less Deductions 184775

Enter the Total from Line 11 in ..... Item 56 ⇨

11. Net Disbursements 419966

*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: 029-299

(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: MCDONOUGH First Name: PATRICI Position: ADMIN ASSISTANT Name of Affiliated Organization:	55216	0	780	0	55996
2. Last Name: HILL First Name: THOMAS Position: MAINTENANCE Name of Affiliated Organization:	67841	0	780	0	68621
3. Last Name: JENNINGS First Name: GEORGIN Position: CLERK Name of Affiliated Organization:	36099	0	750	0	36849
4. Last Name: MCMAHON First Name: EILEEN Position: CLERK Name of Affiliated Organization:	35331	0	780	0	36111
5. Last Name: MALDONAD First Name: CARMEN Position: SECTY PRES Name of Affiliated Organization:	41036	0	780	0	41816
6. Totals from additional pages (if any)	100,039	0	2,145	0	102,184
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	23,480	0	682	0	24,162
8. Totals of Lines 1 through 7	359,042	0	6,697	0	365,739
			9. Less Deductions		121289
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		244450

SCHEDULE 11 — BENEFITS

FILE NUMBER: 029-299

Description (A)	To Whom Paid (B)	Amount (C)
1. WELFARE	LOCAL 52 WELFARE FUND, I.A.T.S.E.	133,843
2. PENSION	LOCAL 52 PENSION FUND, I.A.T.S.E.	45,634
3. 401 K	TRUST FUND	46,480
4. ANNUITY	LOCAL 52 RESERVE FUND, I.A.T.S.E	55,057
5. Total from additional pages *(if any)*		0
6. Total of Lines 1 through 5		281014

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

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHARITABLE CONTRIBUTIONS	20,154
2. POLITICAL CONTRIBUTIONS	3,070
3. GIFTS & GRATUITIES	8,911
4.	
5.	
6.	
7. Total from additional pages *(if any)*	0
8. Total of Lines 1 through 7	32135

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

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. STAT., SUPPLIES & PRINTING	18,764
2. POSTAGE	34,497
3. OFFICE EXPENSES	54,072
4. TELEPHONE	24,716
5. REPAIR & MAINTENANCE	56,033
6. RENT & UTILITIES	16,756
7. Total from additional pages *(if any)*	43,296
8. Total of Lines 1 through 7	248134

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

FILE NUMBER: 029-299

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. GUEST FEE ADMISSIONS	46,947
2. ADMIN. EXPENSE REIM.	568
3. OTHER REIMBURSEMENT	4,732
4. EXCHANGE	11,289
5. MISCELLANEOUS	1,587
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	0
17. Total of Lines 1 through 16	65123
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. DUES & FEES REFUND	14,002
2. CONVENTIONS & MEETINGS	25,293
3. GOLF & PICNIC OUTINGS	74,120
4. LABOR DAY EXPENSE	5,905
5. LOCAL 52 ANNIVERSARY BALL	159,229
6. EXCHANGE	12,538
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	0
17. Total of Lines 1 through 16	291087
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: STAGE & PICTURE OPERATORS LOCAL UNION 52

ENDING DATE OF PERIOD COVERED: 12/31/2000

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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 FINNERTY First Name JR JOHN Title SGT AT ARMS	C	0	525	0	0	525
Last Name GARTLAND First Name JAMES Title GRIP	C	0	675	0	0	675
Last Name McKENNA First Name KEVIN Title VIDEO REP	C	251	300	0	0	551
Last Name HIRST First Name JOHN Title SOUND REP	C	503	375	0	0	878
Last Name BOLES First Name THOMAS Title SHOP CRAFT REP	C	503	450	0	0	953
Last Name KELLY First Name KATHLEE Title ALLIED CRAFT RE	C	300	625	304	0	1229
Last Name MURPHY First Name RAYMOND Title MEMBER BT	C	0	825	0	0	825
Last Name DOLAN First Name GLYNIS Title MEMBER BT	C	299	75	0	0	374
Totals		1,856	3,850	304	0	6,010

Form LM-2 (Revised 2000)

ORGANIZATION NAME: STAGE & PICTURE OPERATORS LOCAL UNION 52

ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 029-299

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 HICKS First Name ALAN Title CHAIRMAN BB	C	0	825	0	0	825
Last Name FINLAY First Name KENNETH Title MEMBER BT	N	0	0	0	0	0
Last Name WRIGHT First Name THOMAS Title MEMBER BT	C	0	75	0	0	75
Last Name BURKE First Name JOHN Title MEMBER BB	C	0	150	0	0	150
Last Name KLATT First Name WILLIAM Title MEMBER BB	C	0	150	0	0	150
Last Name MILLER First Name WILLIAM Title MEMBER BB	C	0	0	0	0	0
Last Name SCARDINO JR First Name JOHN Title REGIONAL REP #3	C	4275	525	3742	0	8542
Last Name REGNIER First Name RICHARD Title REGIONAL REP #4	C	3269	525	0	0	3794
	Totals	7,544	2,250	3,742	0	13,536

ORGANIZATION NAME: STAGE & PICTURE OPERATORS LOCAL UNION 52

ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 029-299

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.) Last Name	First Name	(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)
BARNES	MICHAEL	REGIONAL REP #2	C	27553	225	130	0	27908
KENNY	PHILIP	REGIONAL REP #5	C	3262	750	254	0	4266
McDERMOT	THOMAS	PROPERTY	C	503	525	65	0	1093
OATES	JOHN	ELECTRIC REP	C	1006	375	115	0	1496
		Totals		32,324	1,875	564	0	34,763

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 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					

ORGANIZATION NAME: STAGE & PICTURE OPERATORS LOCAL UNION 52

ENDING DATE OF PERIOD COVERED: 12/31/2000

FILE NUMBER: 029-299

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name: O CONNOR; First Name: ANNAMAR; Position: RECEPTIONIST; Name of Affiliated Organization:	43749	0	780	0	44529
Last Name: BRINK; First Name: GARY; Position: ADMIN CO; Name of Affiliated Organization:	56290	0	1365	0	57655
Last Name: ; First Name: ; Position: ; Name of Affiliated Organization:					
Last Name: ; First Name: ; Position: ; Name of Affiliated Organization:					
Last Name: ; First Name: ; Position: ; Name of Affiliated Organization:					
Totals	100,039	0	2,145	0	102,184

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: —

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(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)
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Last Name First Name Position Name of Affiliated Organization					
Totals					

FORM LM-2
ORGANIZATION NAME: MOTION PICTURE STUDIO MECHANICS L52, I.A.T.S.E.
PERIOD COVERED: 1/1/00-12/31/00

FILE NUMBER
029-299

75 - ADDITIONAL INFORMATION

Item Number	
10	THE UNION IS USING METHOD (1) T REPORT THE CONSOLIDATED TOTALS OF THE FOLLOWING SUBSIDIARY: LOCAL 52, I.A.T.S.E. REALTY CORP. EIN: 13-3981134 326 WEST 48TH ST., NY,NY 10036
11	I.A.T.S.E. LOCAL 52 BENEFIT FUND EIN: 13-3237986 326 WEST 48TH ST., NY,NY 10036 I.A.T.S.E. LOCAL 52 SAFETY & EDUCATION FUND EIN: 13-3983288 326 WEST 48TH ST., NY,NY 10036 PENSION FUND OF LOCAL 52, I.A.T.S.E. EIN: 51-6036518 PLAN# 001 355 WEST 52ND ST., NY,NY 10019 WELFARE FUND OF LOCAL 52, I.A.T.S.E. EIN: 13-1858572 PLAN# 501 355 WEST 52ND ST., NY,NY 10019 VACATION FUND OF LOCAL 52, I.A.T.S.E. EIN: 23-7037536 PLAN# 502 355 WEST 52ND ST., NY,NY 10019 RESERVE FUND OF LOCAL 52, I.A.T.S.E. EIN: 13-2854858 PLAN# 002 355 WEST 52ND ST , NY,NY 10019
14	THE UNION AND SUBSIDIARY ARE AUDITED BY THE INDEPENDENT ACCOUNTING FIRM OF GOULD, KOBRICK & SCHLAPP, P.C.
25 & 29	THE START OF REPORTING PERIOD ASSETS HAVE BEEN RECLASSIFIED TO REFLECT A CHANGE IN ACCOUNTING WHEREBY THE UNION CONSIDERS CASH TO BE ALL BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT THAT ARE NOT A PART OF A MANAGED PORTFOLIO.
SCH. 9 COL. G	AMOUNTS ARE 100% OF COSTS OF LEASED AUTOMOBILES. PERSONAL USE IS PERMITTED BUT IS A UNION PORTION OF TOTAL.
SCH. 15 LINE 2	CONFERENCE AND MEETING EXPENSES LISTED ON LINE 2 DO NOT INCLUDE ANY AMOUNTS REPORTABLE ON SCHEDULES 9 OR 10.

FORM LM-2
ORGANIZATION NAME: MOTION PICTURE STUDIO MECHANICS L52, I.A.T.S.E.
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FILE NUMBER
029-299

SCHEDULE 7- PURCHASE OF INVESTMENTS AND FIXED ASSETS

Description (A)	Cost (B)	Book Value (C)	Cash Paid (D)
PAINEWEBBER INC. MONEY FUNDS	134,246	134,246	134,246
COMPUTER EQUIPMENT	4,786	4,786	4,786
TELEPHONE SYSTEM	1,064	1,064	1,064
AUTOMOBILES	22,447	22,447	22,447
TOTAL	162,543	162,543	162,543

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
INSURANCE	42,768
MISCELLANEOUS	528
	43,296