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

054

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 FEB 2 2001 A OLMS DRDA

1. FILE NUMBER: 071-083

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: ☐

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: H.E.R.E. INTERNATIONAL UNION

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

6. DESIGNATION NUMBER: 355

7. UNIT NAME (if any): N / A

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

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

First Name: ANDRE

Last Name: BALASH

P.O. Box • Building and Room Number (if any): SUITE 203

Number and Street: 7910 NW 25TH STREET

City: MIAMI

State: FL ZIP Code + 4: 33122 -

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

Item Number	
72	THIS ITEM 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 PURPOSES.
VARIOUS	SEE ATTACHED SCHEDULE

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: _____ PRESIDENT (If other title, see instructions.)
02 / 11 / 01 Date ( ) - Telephone Number

77. SIGNED: Andre J Balash SECY-TREASURER (If other title, see instructions.)
02 / 11 / 01 Date (305)463 0065 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. Liquidate or reduce any liabilities without disbursement of cash?		X

(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? 2788

19. What is the date of your organization's next regular election of officers? MO 7 YEAR 2002

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	$ 25.60 TO 26.60 per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$ 25 TO 35
(c) Transfer Fees	$ N/A
(d) Work Permits	$ N/A 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.)*		X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?		X

(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: 071-083

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)
	25. Cash		4426	36804
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	0	0
	31. Other Assets	3	2825	3217
	32. TOTAL ASSETS		7251	40021

LIABILITIES	Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
	34. Loans Payable	8	582252	570252
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	506	0
	37. TOTAL LIABILITIES		582758	570252
	38. NET ASSETS *(Item 32 less Item 37)*		-575507	-530231

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 071-083

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		849417	56. To Officers	9	134293
40. Per Capita Tax		0	57. To Employees	10	91254
41. Fees		9752	58. Per Capita Tax		362355
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	88398
44. Work Permits		0	61. Educational & Publicity Expense		2010
45. Sale of Supplies		0	62. Professional Fees		30380
46. Interest		47	63. Benefits	11	41678
47. Dividends		0	64. Contributions, Gifts & Grants	12	2927
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		22699
50. Loans Obtained	8	0	67. Withholding Taxes		43116
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	12000
54. Other Receipts	14	21909	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	17637
55. TOTAL RECEIPTS		881125	74. TOTAL DISBURSEMENTS		848747

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: 0 7 1 - 0 8 3

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)*	0	0	0	0	0
5. Totals of loans not listed above	0	0	0	0	0
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: 071-083

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

Description (A)	Amount (B)
Marketable Securities	
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)	
(b)	
(c)	
(d)	
Other Investments	
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)	
(b)	
(c)	
(d)	
(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. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	3217
7. Total of Lines 1 through 6	3217
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

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

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 071-083

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*):				
2. Totals from additional pages *(if any)*	0		0	N/A
3. Buildings *(give location)*:				
4. Totals from additional pages *(if any)*	0	0	0	N/A
5. Automobiles and Other Vehicles	0	0	0	N/A
6. Office Furniture and Equipment	21392	21392	0	N/A
7. Other Fixed Assets	0	0	0	N/A
8. Totals of Lines 1 through 7	21392	21392	0	N/A

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.				
2.				
3.				
4.				
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

FILE NUMBER: 0 7 1 – 0 8 3

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages *(if any)*	0	0	0
6. Totals of Lines 1 through 5	0	0	0
	7. Less Reinvestments		0
	8. Net Purchases		0

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. SEE ATTACHED SCHEDULE					
2.					
3.					
4.					
5. Totals from additional pages *(if any)*	582252	0	12000	0	570252
6. Totals of Lines 1 through 5	582252	0	12000	0	570252

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: 071-083

(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: BALASH First Name: ANDRE Title: SEC-TREASURER	C	32500	0	29660	0	62160
2. Last Name: SANTIESTEBAN First Name: JORGE Title: PRESIDENT	C	42900	0	6237	0	49137
3. Last Name: BADIO First Name: MARIE Title: VICE PRESIDENT	C	33800	0	1239	0	35039
4. Last Name: GAYON First Name: RUBEN Title: TRUSTEE	C	1250	0	0	0	1250
5. Last Name: SOTO First Name: JAMES Title: E-BOARD	C	970	0	0	0	970
6. Last Name: EMILE First Name: JEAN Title: E-BOARD	C	1350	0	0	0	1350
7. Last Name: PRACHAYASATI First Name: BOBBY Title: E-BOARD	C	1150	0	0	0	1150
8. Totals from additional pages *(if any)*		5330	0	0	0	5330
9. Totals of Lines 1 through 8		119250	0	37136	0	156386

10. Less Deductions: 22093

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

11. Net Disbursements: 134293

*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: 071-083

(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: ARMERO First Name: MARCOS Position: ORGANIZER Name of Affiliated Organization: NONE	32000	0	3997	0	35997
2. Last Name: FERNANDEZ First Name: MARIANA Position: CLERICAL Name of Affiliated Organization: NONE	28600	0	1077	0	29677
3. Last Name: MCCAN First Name: DENNIS Position: ORGANIZER Name of Affiliated Organization: NONE	12650	0	1120	0	13770
4. Last Name: HERNANDO First Name: ILEANA Position: CLERICAL Name of Affiliated Organization: NONE	27875	0	0	0	27875
5. Last Name: First Name: Position: Name of Affiliated Organization:	0	0	0	0	0
6. Totals from additional pages *(if any)*	0	0	0	0	0
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	9900	0	263	0	10163
8. Totals of Lines 1 through 7	111025	0	6457	0	117482
			9. Less Deductions		2,622.8
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		9,125.4

SCHEDULE 11 — BENEFITS

FILE NUMBER: 071-083

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages *(if any)*		41678
6. Total of Lines 1 through 5		41678
Enter the Total from Line 6 ..... Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	2927
8. Total of Lines 1 through 7	2927
Enter the Total from Line 8 in ..... Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	88398
8. Total of Lines 1 through 7	88398
Enter the Total from Line 8 in ..... Item 60	

FILE NUMBER: 071-083

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	21909
17. Total of Lines 1 through 16	21909
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	17637
17. Total of Lines 1 through 16	17637
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: H.E.R.E. INTL UNION

ENDING DATE OF PERIOD COVERED: 12-31-2000

FILE NUMBER: 071-083

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 PRADO First Name DESIDER Title E-BOARD	Status C	1350	0	0	0	1350
Last Name ACEVEDO First Name LUIS Title E-BOARD	Status C	1350	0	0	0	1350
Last Name FORTE First Name LEVI Title E-BOARD	Status C	1400	0	0	0	1400
Last Name SEYMOUR First Name DANIEL Title E-BOARD	Status C	600	0	0	0	600
Last Name MCCORK First Name BILLY Title TRUSTEE	Status N	150	0	0	0	150
Last Name MCCORK First Name BILLY Title TRUSTEE	Status P	0	0	0	0	0
Last Name JOYNER First Name ANNIE Title E-BOARD	Status N	130	0	0	0	130
Last Name GONZALEZ First Name CARLOS Title E-BOARD	Status N	350	0	0	0	350
	Totals	5330	0	0	0	5330

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					

FORM LM-2 SCHEDULE "A"

LM #071-083
YEAR END: 12/31/00

H.E.R.E. INTERNATIONAL UNION
LOCAL 355
7910 NW 25TH STREET
MAIMI, FL 33122

LINE 75

ITEM 11 SOUTH FLORIDA CULINARY WORKERS WELFARE FUND
HOTEL INDUSTRY PENSION FUND

THE ABOVE PROVIDE WELFARE AND PENSION BENEFITS TO MEMBERS OF LOCAL 355 AND ARE LOCATED IN MIAMI, FL.

ITEM 12 LOCAL 355 MAINTAINED A POLITICAL ACTION COMMITTEE ACCOUNT WHICH DOES NOT FILE RETURNS WITH ANY STATE, LOCAL OR FEDERAL AGENCY. THE ACTIVITIES OF THE P.A.C. ACCOUNT ARE INCLUDED IN THIS LM REPORT.

ITEM 14 THOMAS HAVEY LLP.

ITEM 16 ANDRE BALASH ALSO SERVES AS A REPRESENTATIVE FOR THE H.E.R.E. INTERNATIONAL UNION.

LINE 56 & 57
SCHEDULE 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 COLUMNS (F) AND (G). HOWEVER, AN ALLOCATION OF SUCH EXPENSES HAS BEEN MADE IN ACCORDANCE WITH IRS REPORTING RULES. IF UNION OWNED/LEASED AUTOMOBILES WERE USED 50% OR LESS FOR BUSINESS PURPOSES BY IRS REPORTING STANDARDS, THE REMAINDER IS TREATED AS IF IT WERE PERSONAL USE AND IS REPORTED IN COLUMN (G). IRS STANDARDS SHOULD NOT NECESSARILY BE CONSIDERED AS THE ACTUAL BUSINESS USE OF AN AUTOMOBILE.

ITEM 77 THE LOCAL'S CHIEF FINANCIAL OFFICER IS THE SECRETARY TREASURER

Organization Name: H.E.R.E. INTL UNION
Period End Date: 12-31-2000

File Number: 071-083
Page 3 of 9

SCHEDULE 3 -- OTHER ASSETS

Description (A)	Amount (B)
SECURITY DEPOSITS	3,217
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
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	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Assets - Other	3,217

Organization Name: H.E.R.E. INTL UNION
Period End Date: 12-31-2000

File Number: 071-083

SCHEDULE 8 -- LOANS PAYABLE

Sources 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)	
H.E.R.E. INTERNATIONAL UNION	582,252	0	12,000	0	570,252
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
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	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
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	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total Other Loans Payable	582,252	0	12,000	0	570,252

Organization Name: H.E.R.E. INTL UNION
Period End Date: 12-31-2000

File Number: 071-083
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SCHEDULE 11 - BENEFITS

Description (A)	To Whom Paid (B)	Amount (C)
PENSION	TRUST FUND	21,909
HEALTH AND WELFARE	TRUST FUND	18,219
DEATH	MEMBER BENEFICIARY	1,300
SICK DUES	MEMBERS	250
		0
		0
		0
		0
		0
		0
		0
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		0
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		0
		0
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		0
		0
		0
		0
		0
Total Benefits - Other		41,678

Organization Name: H.E.R.E. INTL UNION
Period End Date: 12-31-2000

File Number: 071-083
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SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other

Description (A)	Amount (B)
LABOR	2,820
FLOWERS	107
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
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Total Contributions, gifts, & grants - other	2,927

Organization Name: H.E.R.E. INTL UNION
Period End Date: 12-31-2000

File Number: 071-083

SCHEDULE 13 -- OFFICE AND ADMINISTRATIVE EXPENSE - Other

Description (A)	Amount (B)
RENT	22,549
TELEPHONE - UNALLOCATED	15,045
POSTAGE	6,412
PRINTING	6,188
EQUIPMENT RENTAL	7,095
REPAIRS AND MAINTENANCE	4,218
OFFICE SUPPLIES AND EXPENSE	14,738
GENERAL INSURANCE	3,707
MEETING - UNALLOCATED	8,054
SECURITY DEPOSIT	392
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	0
Total Office & Administrative Expense - other	88,398

Organization Name: H.E.R.E. INTL UNION
Period End Date: 12-31-2000

File Number: 071-083

SCHEDULE 14 -- OTHER RECEIPTS - Other

Description (A)	Amount (B)
SUBSIDY - H.E.R.E. INTERNATIONAL	19,000
REIMBURSED - TRAVEL	1,407
REIMBURSED - TELEPHONE	526
REIMBURSED - DEATH BENEFITS	700
REIMBURSED - OFFICE EXPENSES	276
	0
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Total Other receipts - other	21,909

Organization Name: H.E.R.E. INTL UNION
Period End Date: 12-31-2000

File Number: 071-083
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SCHEDULE 15 -- OTHER DISBURSEMENTS - Other

Description (A)	Amount (B)
PAYROLL PROCESSING FEES	1,815
DUES AND SUBSCRIPTIONS	820
STORAGE FEES	1,436
LICENSES	1,314
ORGANIZING - UNALLOCATED	2,814
TRAVEL EXPENSE PAID DIRECTLY TO VENDOR	1,716
OTHER PAYROLL WITHHOLDINGS REMITTED	5,710
STEWARD EXPENSE	19
BANK FEES	994
DUES REFUNDED	999
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Total Other Disbursements - other	17,637