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

230

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 Rec'd JUL 25 2002 OLMS DRA

E

1. FILE NUMBER: 071-089

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	2001
Through	12	31	2001

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: ☐

4. AFFILIATION OR ORGANIZATION NAME
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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

6. DESIGNATION NUMBER: 57

7. UNIT NAME *(if any)*:

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

8. MAILING ADDRESS

First Name: AMANDA

Last Name: VEONI

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

Number and Street: 433 FORT PITT BLVD

City: PITTSBURGH

State: PA

ZIP Code + 4: 15219 –

75. ADDITIONAL INFORMATION

Item Number

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: X [signature] PRESIDENT *(If other title, see instructions.)*
7/15/02 — Date
4122880 30 — Telephone Number

77. SIGNED: X [signature] TREASURER *(If other title, see instructions.)*
7-12-02 — Date
(412) 288-9500 — Telephone Number

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 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? **2634**

19. What is the date of your organization's next regular election of officers? MO **08** YEAR **2004**

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	$ 24.30 to 30.30	per Month *(Month, Year, etc.)*	
(b) Initiation Fees	$ 55.00 to 75.00		
(c) Transfer Fees	$ 0		
(d) Work Permits	$ 3.00 to 5.00	per Day *(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 or 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.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 071-089

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		60136	23984
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	120611	91012
	30. Fixed Assets	5	39740	39740
	31. Other Assets	3	0	681
	32. TOTAL ASSETS		220487	155417

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		25970	29723
	34. Loans Payable	8	57456	45456
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	645	546
	37. TOTAL LIABILITIES		84071	75725
	38. NET ASSETS *(Item 32 less Item 37)*		136416	79692

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 071-089

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		822840	56. To Officers	9	153005
40. Per Capita Tax		0	57. To Employees	10	82647
41. Fees		79303	58. Per Capita Tax		315777
42. Fines		0	59. Fees, Fines, Assessments, etc.		19433
43. Assessments		0	60. Office & Administrative Expense	13	85894
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		0	62. Professional Fees		12733
46. Interest		4966	63. Benefits	11	93617
47. Dividends		3595	64. Contributions, Gifts & Grants	12	4707
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	24119	66. Direct Taxes		27947
50. Loans Obtained	8	0	67. Withholding Taxes		85048
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	9495	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	87662
55. TOTAL RECEIPTS		944318	74. TOTAL DISBURSEMENTS		980470

FILE NUMBER: 071-089

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.					
2.					
3.					
4. Totals from additional pages *(if any)*					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0

The totals from Line 6 are entered in..... Item 27 Column (A) ..... Item 69 ..... Item 51 ..... Item 75 with Explanation ..... Item 27 Column (B)

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

FILE NUMBER: 071-089

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	97695
2. Total Book Value	91012
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a) Mass Investors Trust CLB	20542
(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) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	91012

The total from Line 7 is entered in ..... Item 29, Column (B)

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. State Income Tax Refund	681
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	681

The total from Line 7 is entered in..... Item 31, Column (B)

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll Taxes	278
2. Dues	18
3. Tips Program	250
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	546

The total from Line 7 is entered in ..... Item 36, Column (D)

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 071-089

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land *(give location)*: None	0		0	0
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*: None	0	0	0	0
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	39740	0	39740	39740
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	39740	0	39740	39740
The total from Line 8, Column (D) is entered 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. Mass Investors Trust	1804	1600	1500	1500
2. MFS High Income CL B	2439	1911	1900	1900
3. Federal Home Loan	14319	14432	14629	14629
4. Eaton Vance Govt. Obligation	20551	21420	21200	21200
5. Totals from additional pages *(if any)*				
6. Totals of Lines 1 through 5	39113	39363	39229	39229
	7. Less Reinvestments			15110
	8. Net Sales			24119
The total from Line 8 is entered in ..... Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 071-089

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Reinvested Dividends	3110	3110	3110
2. American Funds - Growth Fd B	12000	12000	12000
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	15110	15110	15110
	7. Less Reinvestments		15110
	8. Net Purchases		0

The total from Line 8 is entered 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. International Union	57456	0	12000	0	45456
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	57456	0	12000	0	45456

The total from Line 6 is entered 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: 071-089

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements.)* / (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. NASSAN EDWARD PRESIDENT	C	49400	0	1911	0	51311
2. BROWN DARREL VICE PRESIDENT	C	41600	0	1532	0	43132
3. VEONI AMANDA SECRETARY/TREAS	C	41600	0	1808	0	43408
4. BALSAMO JOSEPH ORGANIZER	C	23400	0	1482	0	24882
5. LECKMAN TERRY LEGAL ADVISOR	C	41600	0	948	0	42548
6. COLBERG CATHY EXECUTIVE BOARD	C	0	0	500	0	500
7. CARTER MARY EXECTIVE BOARD	C	0	0	250	0	250
8. Totals from additional pages (if any)		0	0	700	0	700
9. Totals of Lines 1 through 8		197600	0	9131	0	206731

10. Less Deductions: 53726

The total from Line 11 is entered in ..... Item 56

11. Net Disbursements: 153005

*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.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 071-089

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates.)* / (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. PRIORE ANN SECRETARY	26684	0	0	0	26684
2. MCNEIL TERESA SECRETARY	22117	0	0	0	22117
3. KLINE KEVIN ORGANIZER	23400	0	1904	0	25304
4. JAMISON BRUCE SECRETARY	13748	0	0	0	13748
5. CALDWELL ALICE ORGANIZER	21150	0	367	0	21517
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	107099	0	2271	0	109370
			9. Less Deductions		26723
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		82647

SCHEDULE 11 - BENEFITS

FILE NUMBER: 071-089

Description (A)	To Whom Paid (B)	Amount (C)
1. GROUP MEDICAL BENEFITS	INSURANCE FUND	39478
2. PENSION PLAN PAYMENTS	PENSION FUND	52208
3. LOST WAGES	UNION MEMBERS	1931
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		93617

The total from Line 6 is entered in ..... Item 63

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DONATIONS	4707
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4707

The total from Line 8 is entered in ..... Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OFFICE SUPPLIES AND POSTAGE	23996
2. TELEPHONE AND UTILITIES	19257
3. REPAIRS AND MAINTENANCE	11931
4. DUES AND SUBSCRIPTIONS	330
5. BANK FEES	350
6. MEETINGS AND SEMINARS	30030
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	85894

The total from Line 8 is entered in ..... Item 60

FILE NUMBER: 071-089

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. INT'L UNION DEATH BENEFITS	450
2. REIMBURSEMENT STRIKE BENEFITS	9045
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	9495

The total from Line 17 is entered in ..... Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. DUES REFUNDS	12271
2. INSURANCE	2367
3. ARBITRATION	7127
4. ADVERTISING	1919
5. AUTO	1847
6. RENT AND PARKING	34130
7. MISCELLANEOUS	2803
8. ORGANIZATION AND STRIKE	22734
9. LABOR DAY PARADE	2464
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	87662

The total from Line 17 is entered in ..... Item 73

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 071-089

ENDING DATE OF PERIOD COVERED:
12/31/2001

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.)* / (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)
TODD CLIFF EXECUTIVE BOARD	C	0	0	200	0	200
SCATTAREGIA SUE EXECUTIVE BOARD	C	0	0	150	0	150
PETRILLI CRESCEN EXECUTIVE BOARD	C	0	0	200	0	200
CYPHER MARY A. EXECUTIVE BOARD	C	0	0	150	0	150

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 071-089

ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION

Item Number	
12	Hotel Employees & Restaurant Employees Local 57 COPE Fund