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

140

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 1/25/02 D OLMS DRDA

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1. FILE NUMBER: 504-832

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: 274

7. UNIT NAME *(if any)*:

8. MAILING ADDRESS

First Name: THURSTON

Last Name: HYMAN

P.O. Box · Building and Room Number *(if any)*: 5TH FLOOR

Number and Street: 1225 VINE STREET

City: PHILADELPHIA

State: PA

ZIP Code + 4: 19107 –

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

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: [signature] PRESIDENT *(If other title, see instructions.)*

3/13/02 — Date

215-563-0274 — Telephone Number

77. SIGNED: C Sanginit TREASURER *(If other title, see instructions.)*

3-15-02 — Date

215-563-0274 — 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? **3320**

19. What is the date of your organization's next regular election of officers? MO **05** 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	$ 34.40	per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$ 50.90	
(c) Transfer Fees	$ 0	
(d) Work Permits	$ 2.55 / 5.00	per JOB *(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: 504-832

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		21573	119444
	26. Accounts Receivable		108918	90742
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	5000	5000
	30. Fixed Assets	5	76518	45725
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		212009	260911

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		212483	361960
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	13049	7513
	37. TOTAL LIABILITIES		225532	369473
	38. NET ASSETS *(Item 32 less Item 37)*		-13523	-108562

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 504-832

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		1364426	56. To Officers	9	165207
40. Per Capita Tax		0	57. To Employees	10	241864
41. Fees		10946	58. Per Capita Tax		361217
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	196825
44. Work Permits		46868	61. Educational & Publicity Expense		0
45. Sale of Supplies		212	62. Professional Fees		56284
46. Interest		1235	63. Benefits	11	133390
47. Dividends		0	64. Contributions, Gifts & Grants	12	5440
48. Rents		37606	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		51189
50. Loans Obtained	8	0	67. Withholding Taxes		144007
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	1380
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	0
54. Other Receipts	14	87312	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	93931
55. TOTAL RECEIPTS		1548605	74. TOTAL DISBURSEMENTS		1450734

FILE NUMBER: 504-832

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: 504 - 832

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) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	5000
5. Total Book Value	5000
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) STATE OF ISRAEL BOND	5000
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	5000

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

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0

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 WITHHOLDINGS	7263
2. DEATH BENEFIT PAYABLE	250
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	7513

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

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 504-832

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	176183	150143	26040	26040
7. Other Fixed Assets	120236	100551	19685	19685
8. Totals of Lines 1 through 7	296419	250694	45725	45725
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. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages *(if any)*				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 504-832

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. LOCKS FOR OFFICE DOORS	1380	1380	1380
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	1380	1380	1380
	7. Less Reinvestments		0
	8. Net Purchases		1380

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. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	0	0	0	0	0

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: 504-832

(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. HYMAN THURSTO PRES. & BUS. MG	C	62400	0	15440	0	77840
2. WILLIAMS BARBARA VICE PRESIDENT	C	33978	0	1337	0	35315
3. MURPHY CHARLES EXECUTIVE VP	C	48707	0	4499	0	53206
4. SANGINITI CECELIA SECRETARY TRES.	C	47840	0	15189	0	63029
5. SUIE CLINTON EXECUTIVE BOARD	C	0	913	0	0	913
6. RUSHTON JACK EXECUTIVE BOARD	C	0	1009	0	0	1009
7. CRAWFORD LORRAIN RECORDING SEC.	C	0	1538	0	0	1538
8. Totals from additional pages (if any)		0	6188	20	0	6208
9. Totals of Lines 1 through 8		192925	9648	36485	0	239058

10. Less Deductions: 73851

11. Net Disbursements: 165207

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

*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: 504-832

(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)
ZAREN ANN MAR 1. CLERICAL N/A	28073	0	124	0	28197
SMITH KEVIN 2. ORGANIZING DIR. N/A	39692	0	2725	0	42417
DAVIS CHARLES 3. ORGANIZER N/A	36579	0	4511	0	41090
ROMERO ELOISA 4. CLERICAL N/A	27100	0	0	0	27100
YOUNG ERIN 5. BUSINESS AGENT N/A	40699	0	4454	0	45153
6. Totals from additional pages (if any)	129496	0	9445	0	138941
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	22441	0	11	0	22452
8. Totals of Lines 1 through 7	324080	0	21270	0	345350
			9. Less Deductions		103486
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		241864

SCHEDULE 11 - BENEFITS

FILE NUMBER: 504-832

Description (A)	To Whom Paid (B)	Amount (C)
1. DEATH	MEMBERS	500
2. LEGAL FUND	LOCAL 274 LEGAL FUND	1647
3. PENSION	H.E.R.E.I.U. PENSION FUND	60831
4. HEALTH AND WELFARE	LOCAL 274 HEALTH FUND	69884
5. Total from additional pages (if any)		528
6. Total of Lines 1 through 5		133390

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

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. TESTIMONIAL DINNERS	1340
2. AD BOOKS	1210
3. LABOR ORGANIZATIONS	1275
4. LOCAL CHARITIES	1615
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	5440

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	79732
2. TELEPHONE	35283
3. INSURANCE	10066
4. TRAVEL	13276
5. PRINTING, POSTAGE, OFFICE EXP	37374
6. DUES & SUBSCRIPTIONS	2304
7. Total from additional pages (if any)	18790
8. Total of Lines 1 through 7	196825

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

FILE NUMBER: 504-832

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. HEALTH & WELFARE FUND DEPOSIT	295
2. SETTLEMENT RECEIPTS	2812
3. REIMBURSED OFFICE EXPENSES	5497
4. REIMBURSED TRAVEL EXPENSES	10704
5. REIMBURSED POSTAGE	521
6. REIMBURSED MEETING EXPENSE	1077
7. PAYROLL TAX REFUND	534
8. REIMBURSED DEATH BENEFITS	500
9. REIMBURSED ORGANIZING EXPENSE	64852
10. DONATION SETTLEMENT	520
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	87312

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

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. ORGANIZING MEETINGS, TRAVEL	65
2. OTHER PAYROLL WITHHOLDINGS	33939
3. DUES REFUNDED	3034
4. SHOP STEWARD EXPENSES	11146
5. HEALTH & WELFARE FUND DEPOSIT	295
6. LOST TIME	3736
7. DONATION SETTLEMENT	520
8. SUPPLIES FOR RESALE	1703
9. NEWSLETTER	5776
10. ELECTION EXPENSE	20075
11. SETTLEMENT PAYMENTS	2884
12. FLOWERS AND MEMORIALS	544
13. MEMBERSHIP EVENT	10214
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	93931

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

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 504-832

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)
HAYS LORRAIN EXECUTIVE BOARD	C	0	1104	20	0	1124
WILSON LOUIS EXECUTIVE BOARD	C	0	1247	0	0	1247
WADE BILL EXECUTIVE BOARD	N	0	954	0	0	954
LOWE EVA EXECUTIVE BOARD	N	0	1097	0	0	1097
LATTA WILLIAM EXECUTIVE BOARD	C	0	1036	0	0	1036
D'AVERSA ANTHONY EXECUTIVE BOARD	C	0	750	0	0	750
COUGHLAN PATRICK EXECUTIVE BOARD	P	0	0	0	0	0

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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ENDING DATE OF PERIOD COVERED:
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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.)* / (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)
MCCARTHY JOSEPH ORGANIZER N/A	23962	0	2388	0	26350
DRAPER MICHAEL BUSINESS AGENT N/A	26539	0	1407	0	27946
OWENS KAREN ORGANIZER N/A	11292	0	330	0	11622
SCHINGEN SHIRLEY ORGANIZER N/A	34820	0	3394	0	38214
HARRIS WILLIAM ORGANIZER N/A	19469	0	1918	0	21387

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 504-832

ENDING DATE OF PERIOD COVERED:
12/31/2001

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.)* (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)
RUSSELLA BARBARA ORGANIZER N/A	13414	0	8	0	13422

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 504-832

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 11 – BENEFITS *(continued)*

Description (A)	To Whom Paid (B)	Amount (C)
SCHOLARSHIP	LOCAL 274 SCHOLARSHIP FD	528

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
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75. ADDITIONAL INFORMATION

Item Number	
11	LOCAL 274 SCHOLARSHIP FUND - SCHOLARSHIP BENEFITS LOCAL 274 PAC FUND - POLITICAL ACTION COMMITTEE LOCAL 274 HEALTH AND WELFARE FUND - HEALTH BENEFITS LOCAL 274 LEGAL SERVICES FUND - LEGAL SERVICES BENEFITS ADDRESS FOR THE ABOVE FUNDS IS: 1225 VINE STREET, 5TH FLOOR, PHILADELPHIA, PA 19107 LOCAL 274 PENSION FUND (ADMINISTERED BY INTERNATIONAL) - PENSION BENEFITS LOCAL 274 INTERNATIONAL UNION PENSION AND WELFARE - PENSION BENEFITS, HEALTH BENEFITS ADDRESS FOR THE ABOVE FUNDS IS: P.O. BOX 588, NAPERVILLE, IL 60566

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 504-832

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
13	DEPRECIATION EXPENSE ON FIXED ASSETS CHARGED DURING THE YEAR ENDED DECEMBER 31, 2001 WAS AS FOLLOWS: OFFICE FURNITURE AND EQUIPMENT - $14,418, OTHER FIXED ASSETS - $17,755.

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 504-832

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	THE BOOKS AND RECORDS OF HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES UNION LOCAL 274 WERE REVIEWED BY THOMAS HAVEY LLP, CERTIFIED PUBLIC ACCOUNTANTS, FOR THE YEAR ENDED DECEMBER 31, 2001.

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 504-832

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
56	IT IS NOT PRACTICAL TO MAKE A PRECISE DISTRIBUTION OF AUTOMOBILE EXPENSES NOT PAID DIRECTLY TO OFFICERS AND INCLUDED IN SCHEDULE 9, COLUMN (f). HOWEVER, A REASONABLE ALLOCATION OF SUCH EXPENSES HAS BEEN MADE. UNION LEASED AUTOMOBILES WERE USED MORE THAN 50% ON OFFICAL UNION BUSINESS. THE REMAINDER, IF ANY, WAS FOR PERSONAL USE.