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: 07-31-2004

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

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US DOL ESA Rec'd APR 1 2003 B OLMS DRDA

1. FILE NUMBER: 515-249

2. PERIOD COVERED

	MO	DAY	YEAR
From	01	01	2002
Through	12	31	2002

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: ☐

[redacted] (2) 515-249
HOTEL EMPL, RESTAURANT EMPL AFL-CIO 130
LU 100
321 W 44TH STREET
NEW YORK, NY 10036 12/2002

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

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

6. DESIGNATION NUMBER

7. UNIT NAME *(if any)*
HERE LOCAL UNION #100

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: BILL

Last Name: GRANFIELD

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

Number and Street: 321 W. 44TH STREET, 5TH FL

City: NEW YORK

State: NY ZIP Code + 4: 10036 –

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.)*
3/25/03 (212) 541-4226
Date Telephone Number

77. SIGNED: X [signature] TREASURER *(If other title, see instructions.)*
3/26/03 212 541-4226
Date Telephone Number

03-099-032/515249

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 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? **3930**

19. What is the date of your organization's next regular election of officers? MO **05** YEAR **2003**

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? **$ 200000**

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	$ 39.5/35.5/15	per Month *(Month, Year, etc.)*
(b) Initiation Fees	$ 50	
(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 or 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.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 515-249

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		509886	492727
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	29559	20707
	28. U.S. Treasury Securities		0	0
	29. Investments	2	0	0
	30. Fixed Assets	5	5792	22859
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		545237	536293

LIABILITIES	Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	0	40
	37. TOTAL LIABILITIES		0	40
	38. NET ASSETS *(Item 32 less Item 37)*		545237	536253

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 515-249

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		2253970	56. To Officers	9	38310
40. Per Capita Tax		0	57. To Employees	10	811671
41. Fees		0	58. Per Capita Tax		682574
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	369560
44. Work Permits		0	61. Educational & Publicity Expense		9321
45. Sale of Supplies		0	62. Professional Fees		391927
46. Interest		6843	63. Benefits	11	237059
47. Dividends		0	64. Contributions, Gifts & Grants	12	2057
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		106272
50. Loans Obtained	8	0	67. Withholding Taxes		265247
51. Repayments of Loans Made	1	9681	68. Purchase of Investments & Fixed Assets	7	23784
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	829
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	732401	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	81443
55. TOTAL RECEIPTS		3002895	74. TOTAL DISBURSEMENTS		3020054

FILE NUMBER: 515-249

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: 100 Realty Corp. Purpose: Working capital Security: N/A Terms: N/A	29559	0	8852		20707
2. Name: H. Rivera Purpose: Garnishment Security: Wages Terms: P/R deduction	0	660	660	0	0
3. Name: M. De La Rosa Purpose: Garnishment Security: Wages Terms: P/R deduction	0	169	169	0	0
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	29559	829	9681	0	20707

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: 515-249

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	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	0

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. Dues payable	40
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	40

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

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 515-249

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	175174	152315	22859	22859
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	175174	152315	22859	22859
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: 515-249

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Furniture & equipment	23784	23784	23784
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	23784	23784	23784
	7. Less Reinvestments		0
	8. Net Purchases		23784

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: 515-249

(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. GRANFIELD BILL PRESIDENT	C	0	0	286	0	286
2. MALDONADO JOSE SECTY - TREAS	C	52098	0	2228	0	54326
3.						
4.						
5.						
6.						
7.						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		52098	0	2514	0	54612

10. Less Deductions	16302
11. Net Disbursements	38310

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: 515-249

(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. AYALA THERESA RECEPTIONIST	23142	0	0	0	23142
2. CAMILO LISETTE IN-HOUSE COUNSEL	13196	0	27	0	13223
3. DEMAND ROBERT LEAD ORGANIZER	48981	0	236	0	49217
4. DE LA ROSA MIGUEL ORGANIZER	39387	0	845	0	40232
5. DIAZ DENNIS ORGANIZER	44221	0	744	0	44965
6. Totals from additional pages (if any)	763424	0	52599	0	816023
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	70974	0	2840	0	73814
8. Totals of Lines 1 through 7	1003325	0	57291	0	1060616
			9. Less Deductions		248945
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		811671

SCHEDULE 11 - BENEFITS

FILE NUMBER: 515-249

Description (A)	To Whom Paid (B)	Amount (C)
1. Retirement	Former union members	3120
2. Health & welfare	HEREIU Welfare Fund	134887
3. Pension contributions	HEREIU Pension Fund	80346
4. Cobra benefits	CobraServ Nat'l Services	1186
5. Total from additional pages (if any)		17520
6. Total of Lines 1 through 5		237059

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

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. NYC CLC Pac	657
2. Utah Jobs with Justice	200
3. United Youth	500
4. Working Families	500
5. United Hebrew Trades	200
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2057

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent & utilities	197132
2. Telephone	40648
3. Printing, postage & office	72741
4. Insurance	5787
5. Dues & subscriptions	162
6. Equipment leases & maintenance	24882
7. Total from additional pages (if any)	28208
8. Total of Lines 1 through 7	369560

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

FILE NUMBER: 515-249

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. Int'l union subsidy	166139
2. Int'l re-education fund	42550
3. Intern reimbursement - salaries	500
4. Contributions - HERE Relief Proj	503893
5. Settlements	8951
6. Burial benefits	1500
7. W.C. & T.C. reimbursement	4080
8. Reimbursed expenses	457
9. Convention reimbursement	1272
10. Trip reimbursement-IU-WTC award	215
11. IU reimbursement - WTC expense	629
12. Cellphone reimbursements	1925
13. Contr - Int'l ResponseFund	250
14. Dues exchange	40
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	732401

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

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Convention	180
2. Flowers & memorials	4838
3. Organizing & negotiating	1194
4. Buttons, pins & supplies	762
5. Xmas - WTC	13500
6. Travel	1600
7. Meeting expense	4942
8. Translation	2304
9. Miscellaneous expense	14
10. Staff retreat	1800
11. Tickets & ads	1250
12. Refunds, dues & fees	8651
13. Lost time	100
14. Party expense	3482
15. Sales tax expense	2126
16. Total from additional pages (if any)	34700
17. Total of Lines 1 through 16	81443

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

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 515-249

ENDING DATE OF PERIOD COVERED:
12/31/2002

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)
FREID	CLIFF	ORGANIZER		46064	0	8606	0	54670
GALAN	JUAN	ORGANIZER		36533	0	0	0	36533
GONZALES	ULISES	OFFICE CLERICAL		36065	0	85	0	36150
HAYNES	JOHN	ASST COORINATOR		21450	0	977	0	22427
JAMES	FRANKLIN	CLERICAL		10618	0	0	0	10618

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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)
JAYARAMAN SARUMATHI DIRECTOR	34346	0	2558	0	36904
LA CRUZ SHULAIKA ASST COORDINATOR	34967	0	586	0	35553
MAMDOUH FEKKAK SECTION COORD	45046	0	322	0	45368
MEDINA DELIA OFFICE CLERICAL	23486	0	0	0	23486
MONTERROSA ARMANDO ORGANIZER	34203	0	863	0	35066

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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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)
MYHRE MARY OFFICE CLERICAL	34013	0	0	0	34013
PALACIOS ARSENIA EXECUTIVE SECTY	32471	0	0	0	32471
PALACIOS GILBERT ORGANIZER	36657	0	9872	0	46529
REAM AMANDA RESEARCH	33327	0	1701	0	35028
RIMMELIN MARGARET OFFICE MANAGER	63576	0	3930	0	67506

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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)
RIVERA HERBERT MAINTENANCE	33593	0	186	0	33779
SEWELL JAMIN IN-HOUSE COUNSEL	14742	0	47	0	14789
TAPIA LAURA ORGANIZER	34900	0	3366	0	38266
TRAVIS MICHELLE RESEARCH	44629	0	4555	0	49184
VASQUEZ ALEXANDER OFFICE CLERICAL	21523	0	0	0	21523

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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12/31/2002

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)
WILLIAMSON SAMUEL ORGANIZER	33744	0	9450	0	43194
WARD DAHLIA ORGANIZER	23018	0	555	0	23573
WUCHINICH ROSSLYN ORGANIZER	34453	0	4940	0	39393

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HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 11 – BENEFITS *(continued)*

Description (A)	To Whom Paid (B)	Amount (C)
Burial benefits	Union members	13000
Child care	Union members	4520

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

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SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
Security & protection	2429
Temporary help	11054
Xmas & holiday	2046
Payroll service	10198
Repairs & maintenance	196
Bank charges	1529
License & permits	420
Relief proj - office exp	336

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
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SCHEDULE 15 – OTHER DISBURSEMENTS *(continued)*

Description (A)	Amount (B)
ROC NY Project	3 0 0 0
Rally expense	3 4 6 7
Settlements	1 6 1 3 1
Relief project:	
Cultural events	5 4 5 2
Outreach	1 5 0
Interns	6 5 0 0

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 515-249

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION

Item Number	
10	Beneficial owner of HEREIU Realty Corp. - Entity holds lease on union headquarters.

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 515-249

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	HERE Int'l Welfare & Pension Funds

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 515-249

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	Coltin, Baddish & Shapiro, CPAs, PC

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 515-249

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
24	Stephenson & Hodge v. Local 100 - The union lost an age discrimination lawsuit brought by 2 former employees. The judgement is in the amount of $1.2 million. The union is appealing the decision. Metropolitan Opera Association, Inc. v. Local 100 - In a civil defamation lawsuit against the union, the Federal Dstrict Court found in favor of the Metropolitan Opera and ordered the union to pay the Met's legal fees which could be in excess of $1 million. The union is appealing the decision.