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
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1. FILE NUMBER: 515-974

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
FOOD & COMMERCIAL WKRS AFL-CIO

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

6. DESIGNATION NUMBER
23

7. UNIT NAME *(if any)*

8. MAILING ADDRESS

First Name: RONALD

Last Name: KEAN

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

Number and Street: 345 SOUTHPOINTE BOULEVARD

City: CANONSBURG

State: PA

ZIP Code + 4: 15317 –

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 — (724) 514 3228 Telephone Number

77. SIGNED: [signature] TREASURER *(If other title, see instructions.)*
3/13/02 Date — (724) 514-3228 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? **17360**

19. What is the date of your organization's next regular election of officers? MO **12** 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? **$ 696000**

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	$ 19.08-33.25	per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$ 50.00	
(c) Transfer Fees	$ NA	
(d) Work Permits	$ NA	per NA *(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: 515-974

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		497923	462084
	26. Accounts Receivable		0	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		0	0
	29. Investments	2	1945	1945
	30. Fixed Assets	5	4183343	3916674
	31. Other Assets	3	2535	319
	32. TOTAL ASSETS		4685746	4381022

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		2741203	2685011
	36. Other Liabilities	4	564692	409751
	37. TOTAL LIABILITIES		3305895	3094762
	38. NET ASSETS *(Item 32 less Item 37)*		1379851	1286260

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 515-974

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		4800047	56. To Officers	9	587557
40. Per Capita Tax		0	57. To Employees	10	863472
41. Fees		383832	58. Per Capita Tax		1925676
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		7160	60. Office & Administrative Expense	13	372163
44. Work Permits		0	61. Educational & Publicity Expense		41888
45. Sale of Supplies		0	62. Professional Fees		193899
46. Interest		16716	63. Benefits	11	338907
47. Dividends		0	64. Contributions, Gifts & Grants	12	24849
48. Rents		224464	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		174070
50. Loans Obtained	8	0	67. Withholding Taxes		475555
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	56192
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	338914	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	832744
55. TOTAL RECEIPTS		5851133	74. TOTAL DISBURSEMENTS		5886972

FILE NUMBER: 515-974

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)

FILE NUMBER: 515-974

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1945
2. Total Book Value	1945
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	1945

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

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. OTHER RECEIVABLES	319
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	319

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. CAPITAL LEASE - COMPUTERS	58492
2. CAPITAL LEASE AUTOMOBILES	333369
3. OTHER PAYABLES	9208
4. PAYROLL DEDUCTIONS PAYABLE	8682
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	409751

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

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 515-974

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land *(give location)*:	0		0	0
2. Totals from additional pages *(if any)*	150000		150000	150000
3. Buildings *(give location)*:	0	0	0	0
4. Totals from additional pages *(if any)*	3131173	73462	3057711	3057711
5. Automobiles and Other Vehicles	480469	163329	317140	317140
6. Office Furniture and Equipment	443519	147880	295639	295639
7. Other Fixed Assets	105469	9285	96184	96184
8. Totals of Lines 1 through 7	4310630	393956	3916674	3916674
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: 515-974

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. MORTAGE PAYMENTS - PRINCIPAL	56192	56192	56192
2.			
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5	56192	56192	56192
	7. Less Reinvestments		0
	8. Net Purchases		56192

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: 515-974

(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. KEAN RONALD PRESIDENT	C	111370	0	1635	0	113005
2. YURASKO GEORGE SEC'Y/TREASURER	C	89857	0	701	0	90558
3. EDWARDS JOYCE RECORDER	C	0	1140	0	0	1140
4. KASENIC SHARON VICE PRESIDENT	C	0	935	0	0	935
5. RICHARDSON BRIAN VICE PRESIDENT	C	0	935	0	0	935
6. BROPHY PAUL VICE PRESIDENT	C	51480	0	2020	0	53500
7. SALERNO MARK VICE PRESIDENT	C	0	1020	0	0	1020
8. Totals from additional pages (if any)		518950	8355	7230	0	534535
9. Totals of Lines 1 through 8		771657	12385	11586	0	795628

10. Less Deductions: 208071

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

11. Net Disbursements: 587557

*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: 515-974

(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)
GRAFF JAMIE 1. ORGANIZER NA	51480	0	166	0	51646
BUTTERBAUGH JOANN 2. PR CHECKER NA	40560	0	864	0	41424
TIMKO JULIA 3. CLERK NA	23020	0	0	0	23020
GIGLIOTTI JULIA 4. CLERK NA	34295	0	0	0	34295
FRANCE JENNIFE 5. CLERK NA	20777	0	0	0	20777
6. Totals from additional pages (if any)	843313	0	8116	0	851429
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	96919	0	11750	0	108669
8. Totals of Lines 1 through 7	1110364	0	20896	0	1131260
			9. Less Deductions		267788
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements		863472

SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 1 5 - 9 7 4

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND WELFARE	TRUST	2 8 4 7 8 5
2. PENSION	TRUST	3 8 0 7 8
3. SICK	TRUST	9 0 0 7
4. DEATH	TRUST	1 4 0 0
5. Total from additional pages (if any)		5 6 3 7
6. Total of Lines 1 through 5		3 3 8 9 0 7

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

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. LABOR RELATED	1 2 0 0
2. CHARITABLE OTHER	4 6 7 5
3. LEUKEMIA SOCIETY	1 8 9 7 4
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 4 8 4 9

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. POSTAGE AND OFFICE SUPPLIES	1 4 3 2 4 7
2. TELEPHONE	7 1 3 9 2
3. INSURANCE	1 8 6 3 1
4. PR PROCESSING FEES & 401K FEE	9 6 8 8
5. RENT	3 8 5 8
6. COMPUTER EXPENSES	1 5 1 0 8
7. Total from additional pages (if any)	1 1 0 2 3 9
8. Total of Lines 1 through 7	3 7 2 1 6 3

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

FILE NUMBER: 515-974

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. LEUKEMIA SOCIETY FUNDRAISER REC.	62489
2. SPURS REIMBURSE.	65074
3. STRIKE DONATIONS	11027
4. REIMBURSEMENTS AND REFUNDS:	
5. - INTERNATIONAL UNION:	
6. - SALARIES & EXP-INF PIC	35304
7. - ORGANIZING SAL & EXP	75000
8. POSTAGE AND ELECTRIC	7540
9. INTERNATIONAL STRIKE	82480
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	338914

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

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. CONVENTIONS/OUT OF TOWN TRAVEL	62146
2. HARDSHIPS	10600
3. STRIKE BENEFITS	81980
4. INTEREST	276055
5. TRIBUTES-FLORAL,BIBLES, & MASKS	10850
6. TRAVEL EXPENSES - LOCAL	7505
7. MEETINGS AND NEGOTIATIONS	19650
8. LEUKEMIA SOCIETY FUNDRAISER EXP.	45718
9. RETIREE HEALTH	17457
10. MEMBERSHIP ACTIVITIES EXPENSES	26841
11. STEWARD TRAINING PROGRAM	2364
12. ADVERTISING	3920
13. MEMBERSHIP PUBLICATIONS	2215
14. AUTO EXPENSE & LEASE PAYMENTS	255625
15. BANQUETS & TESTIMONIALS	9818
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	832744

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

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 515-974

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)
LEWIS JACK VICE PRESIDENT	C	70450	0	500	0	70950
FARRELL FRED VICE PRESIDENT	C	0	1045	0	0	1045
HILL MARY VICE PRESIDENT	C	0	850	276	0	1126
SIPLE PAUL VICE PRESIDENT	C	0	935	328	0	1263
KURTZ KENNETH VICE PRESIDENT	N	0	765	0	0	765
HELFER ANTHONY VICE PRESIDENT	C	76180	0	484	0	76664
BROGDON ALESHIA VICE PRESIDENT	C	0	765	489	0	1254
PARADY GLORIA VICE PRESIDENT	C	0	935	126	0	1061

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

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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.)* / (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)
WRUBLESKI KEN VICE PRESIDENT	C	0	1020	0	0	1020
SLIVOSKY JAMES VICE PRESIDENT	C	67080	0	515	0	67595
LENHART RONALD VICE PRESIDENT	C	67080	0	683	0	67763
QUEER RICHARD VICE PRESIDENT	C	67080	0	675	0	67755
TONER JUSTIN VICE PRESIDENT	C	60320	0	531	0	60851
LARENCE VINCENT VICE PRESIDENT	C	59280	0	1148	0	60428
ESPY JUDITH VICE PRESIDENT	C	0	1020	433	0	1453
LINDEN ALFRED VICE PRESIDENT	C	0	1020	358	0	1378

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 515-974

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)
WATSON WAYNE VICE PRESIDENT	C	51480	0	684	0	52164

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ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 515-974

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)
GWYNN JOHN PAID PICKET NA	10347	0	0	0	10347
HORWATT TAMMIE CLERK NA	28507	0	0	0	28507
HUBER LANCE ORGANIZER NA	51480	0	848	0	52328
KILROY KEVIN BUS. REP. NA	51480	0	1586	0	53066
KRAMPERT DOUGLAS BUS. REP. NA	51480	0	586	0	52066

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS 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)
KRESS CLERK NA	DONNA	27215	0	0	0	27215
LEWIS ORGANIZER NA	MATT	34300	0	641	0	34941
MCLAREN PR CHECKER NA	GEOGINE	41600	0	195	0	41795
MCCONNELL CLERK NA	CONNIE	21784	0	0	0	21784
ALEY PAID PICKET NA	LINDA	11381	0	0	0	11381

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

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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)
PETTIFORD DAWN SECRETARY NA	37271	0	0	0	37271
SYDORICK MARK SPURS NA	15730	0	0	0	15730
THOMPSON SANDRA ORGANIZER NA	51678	0	360	0	52038
WOZNICHAK JUDITH SECRETARY NA	41575	0	0	0	41575
METTENBERGER JERRY BUS. REP. NA	51480	0	1301	0	52781

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 515-974

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)
STANKO VICKI BUS. REP. NA	51480	0	630	0	52110
RIBEAU EDWARD SPURS NA	15990	0	0	0	15990
ROBINSON DAWN BUS. REP. NA	47650	0	6	0	47656
RILEY IRENE BUS. REP. NA	47650	0	866	0	48516
BOND JAMES BUS. REP. NA	47650	0	806	0	48456

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 515-974

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)
DLACICH DORIS BOOKKEEPER NA	28025	0	0	0	28025
MORGAN GREG BUS. REP. NA	32400	0	291	0	32691
JOBCAR JENNIFE CLERK NA	22140	0	0	0	22140
SWIECH ELIZABE CLERK NA	23020	0	0	0	23020

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

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SCHEDULE 5 – FIXED ASSETS: LAND *(continued)*

Description of Land *(give location)* (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
345 SOUTHPOINTE BLVD				
CANONSBURG, PA 15317	150000		150000	150000

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 515-974

SCHEDULE 5 – FIXED ASSETS: BUILDINGS *(continued)*

Description of Buildings *(give location)* (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
345 SOUTHPOINTE BLVD				
CANONSBURG, PA 15317	3131173	73462	3057711	3057711

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

FILE NUMBER: 515-974

ENDING DATE OF PERIOD COVERED:
12/31/2001

SCHEDULE 11 – BENEFITS *(continued)*

Description (A)	To Whom Paid (B)	Amount (C)
PREPAID LEGAL	TRUST	4 7 1 6
SCHOLARSHIP	TRUST	9 2 1

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2001

FILE NUMBER: 515-974

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

Description (A)	Amount (B)
BLDG EXP (UTIL. & MAINT.)	80393
COMPUTER LEASE PAYMENTS	18968
TRACKING/ POLLING	10878

ORGANIZATION NAME:
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75. ADDITIONAL INFORMATION

Item Number	
11	THE FOLLOWING ARE LOCATED AT 345 SOTHPOINTE BLVD; CANONSBURG, PA 15317: TRI-STATE BENEFIT FUND, EIN 25-1155626, PROVIDES MEDICAL BENEFITS FOR MEMBERS UFCW LOCAL 23 FEDERAL CREDIT UNION, EIN 23-7445412, PROVIDES SAVINGS AND BORROWING BENEFITS FOR MEMBERS UFCW LOCAL 23 AND EMPLOYERS LEGAL FUND, EIN 25-6169450 (PLAN 502) UFCW LOCAL 23 AND EMPLOYERS PENSION FUND, EIN 25-6123175 (PLAN 001) UFCW LOCAL 23 AND EMPLOYERS HEALTH FUND, EIN 23-7083247 (PLAN 501)

ORGANIZATION NAME:
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75. ADDITIONAL INFORMATION*(continued)*

Item Number	
14	THE AUDIT WAS PERFORMED BY OUTSIDE ACCOUNTANTS, MCELHANEY & DICLAUDIO, P.C., CERTIFIED PUBLIC ACOUNTANTS

ORGANIZATION NAME:
FOOD & COMMERCIAL WKRS AFL-CIO

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ENDING DATE OF PERIOD COVERED:
12/31/2001

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	THE ORGANIZATION'S MORTGAGE IS SECURED BY THE BUILDING.