U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

MUST BE USED BY LABOR ORGANIZATIONS WITH $200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

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 FM Rec'd 1-4-2001 OLMS ORDA

1. FILE NUMBER: 541-895

2. PERIOD COVERED

	MO	DAY	YEAR
From	11	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: HOTEL Employees & Restaurant Employees Union

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

6. DESIGNATION NUMBER: LU 00362

7. UNIT NAME (if any):

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: MORTY

Last Name: MILLER

P.O. Box • Building and Room Number (if any): SUITE 212

Number and Street: 1255 LA QUINTA DR

City: ORLANDO

State: FL ZIP Code + 4: 32809-7740

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

Item Number	
#13	EFFECTIVE November 1, 2000 THIS LOCAL SPLIT FROM SEIU LOCAL 362. 61% OF THE NET ASSETS OF LOCAL "SEIU 362" WERE TRANSFERRED TO THIS NEW LOCAL H.E.R.E 362.
#14	THE FIRM OF TATTERSALL & TATTERSALL, PA REVIEWS THE BOOKKEEPING RECORDS OF H.E.R.E LU 362, COMPILES THE DATA INTO A FINANCIAL STATEMENT FORMAT AND PREPARES ALL ANNUAL TAX RETURNS.

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: Morty Miller — PRESIDENT (If other title, see instructions.)
3/27/01 — Date
(407) 851-0626 — Telephone Number

77. SIGNED: [signature] — TREASURER (If other title, see instructions.)
3/29/01 — Date
(407) 851-0626 — Telephone Number

FILE NUMBER: 541-895

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? 2020

19. What is the date of your organization's next regular election of officers? MO 08 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? $ 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	$ 25.78 per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$
(c) Transfer Fees	$
(d) Work Permits	$ 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: 541-895

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			71672
	26. Accounts Receivable			73795
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5		22299
	31. Other Assets	3		
	32. TOTAL ASSETS			167771

LIABILITIES	Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4		
	37. TOTAL LIABILITIES			
	38. NET ASSETS *(Item 32 less Item 37)*			167771

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 541-895

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		58372	56. To Officers	9	
40. Per Capita Tax			57. To Employees	10	14965
41. Fees			58. Per Capita Tax		21295
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	6014
44. Work Permits			61. Educational & Publicity Expense		1950
45. Sale of Supplies			62. Professional Fees		144
46. Interest		32	63. Benefits	11	5248
47. Dividends			64. Contributions, Gifts & Grants	12	
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		1206
50. Loans Obtained	8		67. Withholding Taxes		3013
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	73843	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members		
			73. Other Disbursements	15	6735
55. TOTAL RECEIPTS		132247	74. TOTAL DISBURSEMENTS		60570

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: 541-895

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)*					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in	Item 27 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
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	
5. Total Book Value	
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)*	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

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

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 541-895

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)*				
3. Buildings *(give location)*:				
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	46060	23761	22299	22299
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	46060	23761	22299	22299

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)*				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		

Enter the Total from Line 8 in ..... Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 541-895

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)*			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		

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.					
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5					

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: 541-895

(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.) Last Name / First Name	(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. MILLER MORTY	PRESIDENT	N					0
2. YASSEN JEREMY	VICE PRESIDENT	N					0
3. NOLAN THOMAS	SECETARY & TREAS	N					0
4. CLINTON ERIC		N					0
5. HOLMAN EQUIANO		N					0
6. MYERS GREG		N					0
7. MYKINS JIM		N					0
8. Totals from additional pages *(if any)*							
9. Totals of Lines 1 through 8							0
					10. Less Deductions		0
Enter the Total from Line 11 in ..... Item 56 ⇨					11. Net Disbursements		0

*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: 541-895

(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 / First Name Position Name of Affiliated Organization					
2. Last Name / First Name Position Name of Affiliated Organization					
3. Last Name / First Name Position Name of Affiliated Organization					
4. Last Name / First Name Position Name of Affiliated Organization					
5. Last Name / First Name Position Name of Affiliated Organization					
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	15,757		2221		17978
8. Totals of Lines 1 through 7					
			9. Less Deductions		3013
Enter the Total from Line 10 in ..... Item 57 ⇒			10. Net Disbursements		14965

SCHEDULE 11 — BENEFITS

FILE NUMBER: 541-895

Description (A)	To Whom Paid (B)	Amount (C)
1. DISABILITY INSURANCE	UNUM	59
2. MEDICAL INSURANCE	DISNEY GROUP	4322
3. WORKERS' COMPENSATION	TRAVELERS	867
4.		
5. Total from additional pages *(if any)*		
6. Total of Lines 1 through 5		5248

Enter the Total from Line 6 ..... Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

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

Enter the Total from Line 8 in ..... Item 64

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OFFICE & COMPUTER SUPPLIES	595
2. DUES & SUBSCRIPTION	50
3. INSURANCE	1186
4. TELEPHONE & FAXES	1158
5. POSTAGE	1329
6. PRINTING	1696
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	6014

Enter the Total from Line 8 in ..... Item 60

FILE NUMBER: 541-895

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Refonds & REIMBURSEMENTS	1920
2. CASH Equity TRANSfer	71923
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	73843
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. BANK CHARGES	5
2. EQUIPMENT RENTAL/MAINT	194
3. FACILITIES	361
4. MEAL & MEETING	263
5. TAXES & LICENSES	447
6. REFUNDS	137
7. SECURITY	32
8. OTHER Reimbursements/ SEIU Payroll	2042
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	6735
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

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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: PEARCE First Name: TOM Title:	Status: N					0
Last Name: ROWLAND First Name: RICK Title:	Status: N					0
Last Name: KUBICKI First Name: FRANK Title:	Status: N					
Last Name: CROSS First Name: HEIDI Title:	Status: N					
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						

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					