

# 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**

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  <b>E</b>	1. FILE NUMBER  000 - 172	2. PERIOD COVERED MO DAY YEAR From 05 01 2001 Through 04 30 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
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THOMAS SHORT (2) 000-172  
STAGE & PICTURE OPERATORS AFL-CIO 02A  
NHQ  
1515 BROADWAY SUITE 601 04/02  
NEW YORK, NY 10036-5741

8. MAILING ADDRESS

First Name  
T H O M A S

Last Name  
S H O R T

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

Number and Street  
1 4 3 0 B R O A D W A Y

City  
N E W Y O R K

State ZIP Code + 4  
N Y 1 0 0 1 8 - 3 3 4 8

4. AFFILIATION OR ORGANIZATION NAME  
I A T S E

5. DESIGNATION (Local, Lodge, etc.)

6. DESIGNATION NUMBER

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.)

75. ADDITIONAL INFORMATION

Item Number	
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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: Thomas Short PRESIDENT  
(If other title, see instructions.)  
Date: 7/29/02 Telephone Number: 212-730-1770

77. SIGNED: [Signature] TREASURER  
(If other title, see instructions.)  
Date: July 29, 2002 Telephone Number: 212-730-1770

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?.....  Yes  No
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? .....  Yes  No
12. Have a political action committee (PAC) fund? .....  Yes  No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  Yes  No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  Yes  No
15. Discover any loss or shortage of funds or other property? .....  Yes  No  
(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? .....  Yes  No
17. Liquidate or reduce any liabilities without disbursement of cash? .....  Yes  No

(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?
19. What is the date of your organization's next regular election of officers?  MO  YEAR
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? \$

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	\$ <u>38</u> per <u>Quarter</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>350</u>
(c) Transfer Fees	\$ <u>NONE</u>
(d) Work Permits	\$ <u>NONE</u> per <u>N/A</u> (Month, Year, etc.)

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? .....  Yes  No  
(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? .....  Yes  No
24. Did your organization have any contingent liabilities at the end of the reporting period? .....  Yes  No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 000 - 172

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)	
<b>ASSETS</b>	25. Cash.....		1 8 0 5 4 7 5	2 0 1 0 4 0 1	
	26. Accounts Receivable.....		2 3 7 8 6 8	1 5 6 1 3 1	
	27. Loans Receivable.....	1	3 8 9 6 9 2	2 8 2 2 2 7	
	28. U.S. Treasury Securities.....		1 0 7 8 9 4 7 0	1 0 3 1 4 1 4 4	
	29. Investments.....	2	8 9 4 3 4 3 4	1 0 5 9 1 0 7 3	
	30. Fixed Assets.....	5	2 8 9 6 4 8 7	2 8 9 7 1 6 4	
	31. Other Assets.....	3	9 3 4 5 1 6	1 0 2 1 3 5 0	
	32. TOTAL ASSETS.....		2 5 9 9 6 9 4 2	2 7 2 7 2 4 9 0	
<b>LIABILITIES</b>	33. Accounts Payable.....		4 7 5 8 5 4	2 9 3 4 6 4	
	34. Loans Payable.....	8	0	0	
	35. Mortgages Payable.....		0	0	
	36. Other Liabilities.....	4	3 1 2 8 3 9 8	3 3 3 9 4 8 2	
	37. TOTAL LIABILITIES.....		3 6 0 4 2 5 2	3 6 3 2 9 4 6	
	38. NET ASSETS (Item 32 less Item 37).....		2 2 3 9 2 6 9 0	2 3 6 3 9 5 4 4	

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

FILE NUMBER: **000 - 172**

**Complete Schedules 1 Through 15 Before Completing Statement B**

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		8 5 0 7 9 8 8	56. To Officers.....	9	3 9 8 0 3 6 2
40. Per Capita Tax.....		5 8 8 9 8 7	57. To Employees.....	10	1 0 3 1 7 8 1
41. Fees.....		0	58. Per Capita Tax.....		4 1 5 6 8 9
42. Fines.....		0	59. Fees, Fines, Assessments, etc. ....		0
43. Assessments.....		0	60. Office & Administrative Expense....	13	2 7 5 6 6 8 6
44. Work Permits.....		0	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		2 0 5 0 0	62. Professional Fees.....		1 4 3 3 1 5 9
46. Interest.....		1 0 1 0 8 6 2	63. Benefits.....	11	1 3 4 2 9 1 8
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	9 1 9 2 5
48. Rents.....		1 5 8 9 3 3	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	1 6 1 2 1 3 8 5	66. Direct Taxes.....		0
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		0
51. Repayments of Loans Made.....	1	1 0 8 0 5 0	68. Purchase of Investments & Fixed Assets.....	7	1 3 1 1 9 0 3 4
52. On Behalf of Affiliates for Transmittal to Them.....		0	69. Loans Made.....	1	5 8 5
53. From Members for Disbursement on Their Behalf.....		0	70. Repayment of Loans Obtained.....	8	0
54. Other Receipts.....	14	4 8 1 4 8 6	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	2 6 2 1 1 2 6
55. TOTAL RECEIPTS.....		2 6 9 9 8 1 9 1	74. TOTAL DISBURSEMENTS .....		2 6 7 9 3 2 6 5

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: LOCAL B-183 Purpose: TO COVER OPER. EXP. Security: 0 Terms: 15 MO./\$1,000	5 4 4 0	0	0	0	5 4 4 0
2. Name: LOCAL B-20 Purpose: TO COVER LEGAL EXP. Security: 0 Terms: 50 MO/\$109.50	4 6 8 2	0	2 5 5 3	0	2 1 2 9
3. Name: LOCAL 757 Purpose: TO COVER OPER EXP Security: 0 Terms: 25MONTHLY/\$200	4 0 0	0	0	0	4 0 0
4. Totals from additional pages (if any)	3 7 9 1 7 0	5 8 5	1 0 5 4 9 7	0	2 7 4 2 5 8
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	3 8 9 6 9 2	5 8 5	1 0 8 0 5 0	0	2 8 2 2 2 7
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27					
Column (A) ..... with Explanation ..... Column (B)					

# SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 000 - 172

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	9 5 1 8
2. Total Book Value	9 5 1 8
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) UNION LABOR LIFE INSURANCE	1 9 0 4
(b)	0
(c)	0
(d)	0
<b>Other Investments</b>	
4. Total Cost	1 0 5 8 1 5 5 5
5. Total Book Value	1 0 5 8 1 5 5 5
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) C/T 100,000 @ 1.55% DUE 5/23/02	9 9 9 0 3
(b) C/T 775,000 @ 1.52% DUE 6/6/02	7 7 3 8 2 2
(c) C/T 234,000 @ 1.64% DUE 7/4/02	2 3 3 3 2 6
(d) C/T 353,000 @ 1.60% DUE 7/4/02	3 5 2 0 0 7
(e) Total from additional pages (if any)	2 7 8 3 6 3 6
7. Total of Lines 2 and 5	1 0 5 9 1 0 7 3
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. PREPAID EXPENSES	1 4 1 1 8 3
2. DEPOSITS	4 2 5
3. PROTESTED CHECKS	2 8 4 3 0
4. LOCAL B82 DEATH BENEFITS	2 5 2 7 4
5. DUE FROM OTHER FUNDS	2 1 5 5 5 1
6. Total from additional pages (if any)	6 1 0 4 8 7
7. Total of Lines 1 through 6	1 0 2 1 3 5 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. TENANTS SECURITY DEPOSIT	9 3 8 0
2. BONDS TO COVER ROADMEN'S SALARY	1 7 7 3 0 1
3. DUE TO OTHER FUNDS	2 2 0 5 5 1
4. DEFERRED INCOME	2 9 3 2 2 5 0
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 3 3 9 4 8 2
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 0 0 - 1 7 2

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 10045 RIVERSIDE DRIVE, TOLUCA, CA	7 6 0 8 8 3		7 6 0 8 8 3	7 6 0 8 8 3
2. Totals from additional pages (if any)				
3. Buildings (give location): 10045 RIVERSIDE DRIVE, TOLUCA,	2 1 0 6 7 3 9	1 3 0 7 8 4	1 9 7 5 9 5 5	1 9 7 5 9 5 5
4. Totals from additional pages (if any)	5 9 3 8 8 1	4 3 3 5 5 5	1 6 0 3 2 6	1 6 0 3 2 6
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	0	0	0	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	3 4 6 1 5 0 3	5 6 4 3 3 9	2 8 9 7 1 6 4	2 8 9 7 1 6 4
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. Sale of investments	0	0	0	1 6 1 2 1 3 8 5
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	1 6 1 2 1 3 8 5
7. Less Reinvestments				0
8. Net Sales			1 6 1 2 1 3 8 5	
The total from Line 8 is entered in .....				Item 49

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 0 - 1 7 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Purchased of fixed assets	0	0	8 4 9 7 6
2. Purchased of investments	0	0	1 3 0 3 4 0 5 8
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	1 3 1 1 9 0 3 4
	7. Less Reinvestments		0
	8. Net Purchases		1 3 1 1 9 0 3 4
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 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) ..... with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 0 0 - 1 7 2

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	SHORT THOMAS INT'L PRESIDENT	C	2 3 8 3 8 1	1 0 4 0 0	8 7 7 9 1	2 3 0 4 4	3 5 9 6 1 6
2.	PROSCIA MICHAEL GEN. SEC. TREAS	C	1 9 4 2 8 2	1 0 4 0 0	4 3 3 1 3	5 3 1 4	2 5 3 3 0 9
3.	BOTTAS CONSTAN ASST. TO PRES.	C	8 9 3 5 6	0	1 2 5 9 9	1 0 1 9	1 0 2 9 7 4
4.	WOOD JAMES VICE PRESIDENT	C	1 1 7 0 6 8	0	3 2 3 0 9	6 8 6 6	1 5 6 2 4 3
5.	NOLAN JOHN VICE PRESIDENT	C	1 4 8 5 9	0	8 7 1	0	1 5 7 3 0
6.	POWELL EDWARD VICE PRESIDENT	C	2 4 8 3 2	0	8 3 1 3	2 9 6 6	3 6 1 1 1
7.	SULLIVAN MICHAEL VICE PRESIDENT	C	1 3 3 1 9 1	1 0 4 0 0	1 9 5 5 1	3 5 0 9	1 6 6 6 5 1
8. Totals from additional pages (if any)			2 2 0 1 5 8 9	1 0 6 0 0 0	4 7 5 4 2 4	1 0 6 7 1 5	2 8 8 9 7 2 8
9. Totals of Lines 1 through 8			3 0 1 3 5 5 8	1 3 7 2 0 0	6 8 0 1 7 1	1 4 9 4 3 3	3 9 8 0 3 6 2
					10. Less Deductions	0	
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements	3 9 8 0 3 6 2	

\*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: 000 - 172

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. PAUL COLLEEN OFFICE MANAGER	7 3 7 8 1	0	2 1 3 8	0	7 5 9 1 9
2. JACKSON BARBARA EXEC ASST	6 7 4 7 9	0	3 0 9 6	0	7 0 5 7 5
3. HARRIS DEBORAH OFFICE MANAGER	6 6 8 2 5	0	1 9 9 9	0	6 8 8 2 4
4. RECCO JOAN BOOKKEEPER	5 9 3 9 6	0	6 6 2	0	6 0 0 5 8
5. KELLY MARYANN SECRETARY	5 7 7 5 5	0	2 6 2 2	0	6 0 3 7 7
6. Totals from additional pages (if any)	6 7 3 0 4 6	0	1 1 4 4 2	2 5 7 7	6 8 7 0 6 5
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	7 5 3 9	0	1 3 0 0	1 2 4	8 9 6 3
8. Totals of Lines 1 through 7	1 0 0 5 8 2 1	0	2 3 2 5 9	2 7 0 1	1 0 3 1 7 8 1
			9. Less Deductions	0	
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements	1 0 3 1 7 8 1	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 0 - 1 7 2

Description (A)	To Whom Paid (B)	Amount (C)
1. HOSPITALIZATION	INSURANCE COMPANY	8 7 1 9 5 1
2. RETIREMENT FUND	RETIREMENT PLAN FUND	4 7 0 9 6 7
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 3 4 2 9 1 8
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CONTRIBUTION TO CHARITY	9 1 9 2 5
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	9 1 9 2 5
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OCCUPANCY AND RENT	6 8 6 1 5 5
2. OFFICE EXPENSES	2 0 7 8 0 0
3. TELEPHONE	5 6 4 3 7
4. POSTAGE	7 5 4 6 0
5. PRINTING AND PUBLISHING	6 7 2 5 7 5
6. EXHIBIT	7 8 8 1 9
7. Total from additional pages (if any)	9 7 9 4 4 0
8. Total of Lines 1 through 7	2 7 5 6 6 8 6
The total from Line 8 is entered in ..... Item 60	

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. DEFUNCT LOCALS	1 7 8 5 9
2. CONSTITUTION AND BY-LAWS	8 5 5 7
3. ROYALTIES FROM SUBLICENSE	9 4 9 9 1
4. SO. CA. DUES AND EXPENSES	7 0 6 0 7
5. N. W. BRANCH DUES AND EXPENSES	2 8 3 2
6. BONDS REC'D TO COVER ROADMENS	1 7 7 3 0 1
7. MISCELLANEOUS	2 4 9 4 0
8. DUES	7 4 5 7 4
9. INITIATION FEES	9 8 2 5
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 8 1 4 8 6
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. STORAGE RENT	1 4 4 0 0
2. NY OFFICE MOVING EXPENSES	1 2 3 4 0 8
3. CONVENTION EXPENSE	1 6 5 1 0 8 2
4. EXEC. BOARD MEETINGS	7 9 5 5 4
5. OFFICIAL BULLETIN	3 2 7 2 7 2
6. SECURITY DEPOSITS REFUNDED	3 4 7 0 8 5
7. HOTEL EXPENSE	1 7 5 1
8. LOCAL REIMBURSEMENTS	9 0 2 7
9. WC OFFICE EXPENSES	6 3 0 7 1
10. PUERTO RICO EXP REIMBURSEMENT	4 4 7 6
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 6 2 1 1 2 6
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
IATSE

ENDING DATE OF PERIOD COVERED:  
04/30/2002

FILE NUMBER: 000 - 172

**SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</i>	(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
KERINS DANIEL VICE PRESIDENT		C	2 4 1 4 1	0	6 8 6 1	2 2 6 2	3 3 2 6 4
NAPOLEONE RUDY VICE PRESIDENT		C	1 8 7 4 3	0	2 8 4 1	3 4 6	2 1 9 3 0
PALAZZO CARMINE VICE PRESIDENT		C	3 2 5 0 4	0	1 6 5 0	4 9 9	3 4 6 5 3
BARNES MICHAEL VICE PRESIDENT		C	2 2 5 8 1	0	3 9 2 6	7 1 2	2 7 2 1 9
FOX JEAN VICE PRESIDENT		C	1 6 6 9 4	0	1 8 6 9	0	1 8 5 6 3
MAGEE TIMOTHY VICE PRESIDENT		C	1 6 6 9 4	0	2 3 5 4	0	1 9 0 4 8
LOEB MATTHEW VICE PRESIDENT		C	1 5 5 3 6 2	1 0 4 0 0	2 0 2 9 1	5 3 6 6	1 9 1 4 1 9
DAVIS THOMAS VICE PRESIDENT		C	7 7 9 6	0	4 7 8	0	8 2 7 4

ORGANIZATION NAME:  
**IATSE**

ENDING DATE OF PERIOD COVERED:  
**04/30/2002**

FILE NUMBER: **000 - 172**

**SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
DEPAULO	ANTHONY		4 9 6 8	0	0	0	4 9 6 8
VICE PRESIDENT		C					
BURNS	ALBERT		5 0 4 6	0	5 0 0 0	1 7 3 6	1 1 7 8 2
INT'L TRUSTEE		C					
CUNNINGHAM	RONALD		5 0 4 6	0	2 0 9 8	2 1 8 4	9 3 2 8
INT'L TRUSTEE		C					
AREDAS	JOASEP		1 6 3 7 5 0	1 0 4 0 0	6 3 9 4	1 1 8 5	1 8 1 7 2 9
INT'L REP		C					
BECKMAN, JR	JOHN T		4 0 1 7	0	2 3 7 6	1 5 1 1	7 9 0 4
INT'L REP		C					
BISAILLON	SYLVAN		4 1 5 0 0	0	2 6 9 3	1 6 0 4	4 5 7 9 7
INT'L REP		C					
BOWDEN	CAROLYN		1 1 6 8 3	0	6 7 5	4 4 3	1 2 8 0 1
INT'L REP		C					
CAHILL	JOHN		2 1 1 0 7	0	4 3 5 4	1 1 2 2	2 6 5 8 3
INT'L REP		C					

ORGANIZATION NAME:  
**IATSE**

ENDING DATE OF PERIOD COVERED:  
**04/30/2002**

FILE NUMBER: **000 - 172**

**SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
DITOLLA DANIEL	INT'L REP	C	1 0 0 9 6 4	1 0 4 0 0	4 0 6 7 4	3 3 5 6	1 5 5 3 9 4
ENGLAND SANDRA	INT'L REP	C	9 1 9 2 7	0	3 3 5 5 4	2 9 1 7	1 2 8 3 9 8
FALZARANO LOU	INT'L REP	C	6 3 2 8 7	0	1 8 6 6 5	3 4 0 0	8 5 3 5 2
FRY JAMIE	INT'L REP	C	6 9 5 1 0	0	1 1 3 8 0	4 0 2 7	8 4 9 1 7
CANDOLINI DONALD	INT'L REP	C	2 2 9 3 2	0	2 4 0 8	3 8 2	2 5 7 2 2
GARRETSON DAVID	INT'L REP	C	2 8 2 7	0	2 3 6 9	0	5 1 9 6
GEARNS WILLIAM	INT'L REP	C	8 8 2 6 7	0	6 8 5 3 4	1 5 2 3 7	1 7 2 0 3 8
HARBINSON SCOTT	INT'L REP	C	7 4 4 0 8	0	1 0 4 6 2	1 9 9 7	8 6 8 6 7

ORGANIZATION NAME: <b>IATSE</b>
ENDING DATE OF PERIOD COVERED: <b>04/30/2002</b>

FILE NUMBER: **000 - 172**

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
HARPER CORINTH INT'L REP	C	4 5 4 3 9	0	1 2 3 4 1	3 5 0 7	6 1 2 8 7
KIOUSIS THOMAS INT'L REP	C	8 2 7 5 1	0	3 5 7 8 2	5 2 5 8	1 2 3 7 9 1
KLEMMT KENNETH INT'L REP	C	3 1 4 0 0	0	8 7 1	0	3 2 2 7 1
KIRAKOFE MARK INT'L REP	C	2 2 9 3 2	0	3 2 9 4	1 2 4 6	2 7 4 7 2
KUTAK RONALD INT'L REP	C	4 4 1 0 2	0	9 9 7	6 1 3	4 5 7 1 2
LYNCH RONALD INT'L REP	C	8 0 0 5 3	1 0 4 0 0	9 7 6 6	1 3 3 1	1 0 1 5 5 0
MAHOHEY DANIEL INT'L REP	C	6 1 5 4	8 0 0	5 5 4 1	0	1 2 4 9 5
MCGUIRE SEAN INT'L REP	C	6 9 9 3 5	0	2 7 0 7 9	5 6 9 0	1 0 2 7 0 4



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## SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
MILLER	MICHAEL		4 0 6 9 9	6 2 0 0	2 5 7 8	2 5 7 8	5 2 0 5 5
INT'L REP		C					
MYERS	ALLAN		2 2 9 3 2	3 4 0 0	8 0 8	1 9 5	2 7 3 3 5
INT'L REP		C					
PAULE	DALE		6 6 9 4 8	1 0 4 0 0	5 9	0	7 7 4 0 7
INT'L REP		C					
PETRUCCIO	JOSEPH		7 7 3 0 2	1 0 4 0 0	8 7 1	0	8 8 5 7 3
INT'L REP		C					
REID	DEBORAH		8 1 7 8 7	1 0 4 0 0	5 4 1 9	2 1 4 2	9 9 7 4 8
INT'L REP		C					
SCARDINO	JOHN		3 1 0 9	0	9 8 2	1 7 7	4 2 6 8
INT'L REP		C					
TAYLOR	JAMES		5 5 0 0	0	0	5 9 9	6 0 9 9
INT'L REP		C					
TRACHTENBERG	LYLE		7 6 2 5 6	1 0 2 0 0	4 1 1 0	1 8 8 6	9 2 4 5 2
INT'L REP		C					

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## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
TROMBETTA	ROBERT INT'L REP	8 2 2 8 0	1 0 4 0 0	1 6 4 8 9	6 4 6	1 0 9 8 1 5
LEAWOOD	TODD INT'L REP	3 4 2 6	0	0	0	3 4 2 6
SANDERS	JOANNE SPECIAL REP	7 4 2 6 0	0	2 9 0 6 8	6 8 5 9	1 1 0 1 8 7
BUES	NANCY SPEC REP	4 5 2 3	0	1 7 7 9	7 7 8	7 0 8 0
CHERCHIAI	GEORGE SPEC REP	1 3 6 8 7	0	0	0	1 3 6 8 7
FLINT	STEPHEN SPEC REP	4 5 2 3	0	1 3 5 3	5 4 9	6 4 2 5
FORD	HARRY SPEC REP	3 1 0 9	0	1 1 2 8	0	4 2 3 7
HASKELL	SCOTT SPEC REP	5 9 7 0 0	0	3 5 2 3 1	1 2 2 0 7	1 0 7 1 3 8

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IATSE

ENDING DATE OF PERIOD COVERED:  
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**SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
HOBBS SPEC REP	FRANK C		7 7 9 4	0	2 5 1 0	2 7 1 0	1 3 0 1 4
JOHNSON SPEC REP	J E C		4 9 4 4	0	1 3 4 9	0	6 2 9 3
LAWLOR SPEC REP	BRIAN C		7 5 0 6 0	2 2 0 0	1 1 5 0 2	3 8 4 4	9 2 6 0 6
LONG SPEC REP	NICK C		4 9 4 4	0	1 6 1 8	0	6 5 6 2
MARSHALL SPEC REP	KEITH C		5 9 3 6	0	1 2 7 7	1 3 4 4	8 5 5 7
RACIES SPEC REP	LAWRENC C		2 8 2 7	0	0	0	2 8 2 7
WEISS SPEC REP	BERNARD C		3 6 7 5	0	0	0	3 6 7 5
HAINES SPEC REP	BRUCE C		2 0 3 8 4	0	7 1 1 6	2 0 6 4	2 9 5 6 4

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ENDING DATE OF PERIOD COVERED:  
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**SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
CRAIG GAVIN SPEC REP	C	7 4 6 4	0	2 6 0 0	2 0 6	1 0 2 7 0

ORGANIZATION NAME: IATSE
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## SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
LEWIS CLERK MARCIA	5 3 3 8 8	0	1 5 2 1	0	5 4 9 0 9
BRACCO DATA ENTRY ARTHUR	5 0 9 8 2	0	1 5 3 3	0	5 2 5 1 5
FELT SECRETARY JOY	4 1 3 4 1	0	0	0	4 1 3 4 1
GONDA ASST BOOKKEEPER MATEA	4 8 3 4 4	0	6 0 0	0	4 8 9 4 4
RACOVIC CLERK BARBARA	4 4 3 2 2	0	1 0 6 0	0	4 5 3 8 2

ORGANIZATION NAME:  
IATSE

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ENDING DATE OF PERIOD COVERED:  
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### SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
ANDRES ELENA RESEARCH ANALYST	2 8 4 2 7	0	0	0	2 8 4 2 7
ANDERSON JONIE SECRETARY	3 3 0 7 3	0	0	0	3 3 0 7 3
CRANGI GERARD SPEC REP	6 2 1 9	0	2 8 4 0	2 5 7 7	1 1 6 3 6
DE LOS RIOS ALICIA TYPIST	2 8 1 0 8	0	6 5 0	0	2 8 7 5 8
GUZMAN LEONIDA SECRETARY	3 8 3 4 5	0	6 6 3	0	3 9 0 0 8

ORGANIZATION NAME: <b>IATSE</b>
ENDING DATE OF PERIOD COVERED: <b>04/30/2002</b>

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## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
SALINGER CLERK MARJORI	3 7 0 6 4	0	6 5 0	0	3 7 7 1 4
SMYTH MAILROOM CLERK PARTRIC	3 9 0 2 4	0	6 2 5	0	3 9 6 4 9
CAMPBELL ASST TO VP ISLA	5 1 0 5 3	0	0	0	5 1 0 5 3
RODRIGUEZ OFFICE STAFF RICHARD	3 3 9 1 4	0	0	0	3 3 9 1 4
ROSEMBLUM OFFICE STAFF ELLIN	3 6 8 7 2	0	6 5 0	0	3 7 5 2 2

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### SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
GEFFNER DAVID OFFICE STAFF	1 3 8 2 7	0	0	0	1 3 8 2 7
HAMILTON WYNETTE OFFICE STAFF	3 9 8 4 4	0	0	0	3 9 8 4 4
KENNEDY PATRICI OFFICE STAFF	2 9 5 1 4	0	6 5 0	0	3 0 1 6 4
MEYERS MELANIE OFFICE STAFF	1 9 3 8 5	0	0	0	1 9 3 8 5



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**SCHEDULE 1 – LOANS RECEIVABLE (continued)**

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)	
4. Name: LOCAL 523 Purpose: TO COVER OPER EXP Security: 0 Terms: PD. ON SETTLEME	1 0 4 0 0	0	2 4 0 0	0	8 0 0 0
5. Name: LOCAL 768 Purpose: TO COVER LEGAL EXP Security: 0 Terms: 36MONTHLY/\$550	3 1 0 0	0	3 1 0 0	0	0
6. Name: LOCAL 829 Purpose: TO COVER EXP Security: 0 Terms: \$7,083 PER MO	3 5 0 6 7 0	0	8 4 9 9 7	0	2 6 5 6 7 3
7. Name: LOCAL 835 Purpose: TO COVER EXPENSES Security: 0 Terms: \$2,000/MONTH	1 5 0 0 0	0	1 5 0 0 0	0	0

ORGANIZATION NAME:  
**IATSE**

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**SCHEDULE 1 – LOANS RECEIVABLE (continued)**

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)	
8. Name: LOCAL 720 Purpose: TO COVER EXPENSE Security: 0 Terms: 0	0	5 8 5	0	0	5 8 5

ORGANIZATION NAME: <b>IATSE</b>
ENDING DATE OF PERIOD COVERED: <b>04/30/2002</b>

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**SCHEDULE 2 – INVESTMENTS (continued)**

Description (A)	Amount (B)
<b>Other Investments (continued)</b> 6. List any additional subsidiaries which are investments and for which separate reports are filed.	
C/T 225,000 @ 2.05% DUE 12/5/02	2 2 2 2 9 6
C/T 697,000 @ 1.65% DUE 5/9/02	6 9 6 7 1 7
C/T 208,000 @2.15% DUE 10/10/02	2 0 6 4 2 8
C/T 305,000 @ 1.95% DUE 1/3/03	3 0 1 0 2 9
C/T 608,000 @2.05% DUE 2/11/03	5 9 8 4 1 7
C/T 797,000 @ 3.50% DUE 3/27/03	7 7 5 6 2 5
LESS: TRANSLATION ALLOWANCE	- 5 6 1 0 7 1
CONVENTION FUND C/T	3 0 3 7 4 6
DEFENSE FUND C/T	2 4 0 4 4 9

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**SCHEDULE 3 – OTHER ASSETS (continued)**

Description (A)	Book Value (B)
INTANGIBLE PENSION ASSETS	4 1 4 0 5 0
PREPAID RETIREMENT FUND	1 9 6 4 3 7

ORGANIZATION NAME:  
**IATSE**

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FILE NUMBER: **000 - 172**

**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)
FURNITURE	8 2 9 0 8	2 8 3 6 3	5 4 5 4 5	5 4 5 4 5
OFFICE FURNITURE	7 8 3 2 8	7 3 1 0 1	5 2 2 7	5 2 2 7
OFFICE EQUIPMENT	1 2 0 8 7 2	9 5 0 7 8	2 5 7 9 4	2 5 7 9 4
COMPUTER EQUIPMENT	2 6 6 4 9 6	2 0 9 1 6 2	5 7 3 3 4	5 7 3 3 4
TELEPHONE EQUIPMENT	3 2 4 9 8	1 5 0 7 2	1 7 4 2 6	1 7 4 2 6
XEROX EQUIPMENT	1 2 7 7 9	1 2 7 7 9	0	0

ORGANIZATION NAME:  
IATSE

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

Description (A)	Amount (B)
SO. CALIFORNIA, RENT & UTIL.	3 8 8 9 8
SEATTLE BRANCH EXPENSE	3 8 2 7
PAYROLL TAXES	2 8 4 5 6 3
GENERAL INSURANCE	1 6 4 1 1 6
COMPUTER EXPENSE	6 5 7 3 9
REAL ESTATE TAXES	3 3 6 3 9
ELECTRICITY	2 1 0 0 0
MISCELLANEOUS	4 8 2 1 5
RETIREEES CARDS	5 9 4 4
DEPT. OF PROF EMPLOYEE	4 6 6 4
TEXAS OFFICE EXPENSE	2 2 5 0
UNION LABELS	2 1 0 2 8
SPECIAL ORGANIZING	3 1 7 7 5
WEB SITE	1 4 7 4 5
SERVICE CHARGE	6 0 0 0
ADVERTISING AND SUBSCRIPTIONS	5 1 1 6 4
DINNERS AND LUNCHEONS	2 9 0 0
EMBLEMS AND SEALS	2 0 0 9 8

ORGANIZATION NAME:  
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**SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)**

Description (A)	Amount (B)
INVEST. FEES	7 5 7 8 4
SCROLLS AND CERTIFICATE	4 4 8 9
EXCHANGE CHARGES	7 8 6 0 2

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### 75. ADDITIONAL INFORMATION(*continued*)

Item Number	
10	10045 RIVERSIDE DRIVE TOLUCA LAKE, CA 91602



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## 75. ADDITIONAL INFORMATION

Item Number

11

The International has a contributory retirement plan covering its qualifying employees. The Plan provides a normal pension to a participant whose covered employment with I.A.T.S.E. terminates and has attained age 65 and accrued at least 5 years of credited service. Disability pension benefits are payable at any age to a participant whose covered employment with I.A.T.S.E. terminates with at least 10 years of credited service. IATSE Retirement Plan, 55 West 39th Street, New York, NY 10018.

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**75. ADDITIONAL INFORMATION (continued)**

Item Number	
12	IATSE Political Action Fund

ORGANIZATION NAME:

IATSE

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### 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	AUDITED FINANCIAL STATEMENTS PREPARED BY OUTSIDE ACCOUNTANTS PKF.