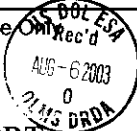
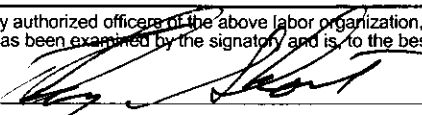



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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

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  THOMAS SHORT STAGE & PICTURE OPERATORS AFL-CIO NHQ 1430 BROADWAY NEW YORK, NY 10018-3348	1. FILE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">000 - 172</div> (2) 000172	2. PERIOD COVERED From <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td>MO</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>05</td> <td>01</td> <td>2002</td> </tr> <tr> <td>04</td> <td>30</td> <td>2003</td> </tr> </table>	MO	DAY	YEAR	05	01	2002	04	30	2003	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"/>
MO	DAY	YEAR										
05	01	2002										
04	30	2003										
4. AFFILIATION OR ORGANIZATION NAME IATSE		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">T H O M A S</div> Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">S H O R T</div> P.O. Box - Building and Room Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Number and Street <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 4 3 0 B R O A D W A Y</div> City <div style="border: 1px solid black; padding: 2px; display: inline-block;">N E W Y O R K</div> State ZIP Code + 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;">N Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 0 1 8</div> - <div style="border: 1px solid black; width: 40px; height: 15px;"></div>										
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)										
75. ADDITIONAL INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Item Number</td> <td style="height: 100px;"></td> </tr> </table>				Item Number								
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: <u></u> Date: <u>7-24-03</u> Telephone Number: <u>212-730-1770</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u></u> Date: <u>07/24/03</u> Telephone Number: <u>212-730-1770</u>	TREASURER (If other title, see instructions.)									

03-218-012/000172



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>40</u> per <u>Quarter</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>350</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>N/A</u> per <u>N/A</u> <i>(Month, Year, etc.)</i>

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

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.....			1 4 5 4 5 8 5 9	56. To Officers.....	9		4 5 6 1 4 4 1
40. Per Capita Tax.....			0	57. To Employees.....	10		1 0 2 1 0 1 6
41. Fees.....			6 3 1 7 2 7	58. Per Capita Tax.....			4 4 8 2 5 6
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments.....			0	60. Office & Administrative Expense....	13		2 3 5 2 8 6 5
44. Work Permits.....			0	61. Educational & Publicity Expense...			0
45. Sale of Supplies.....			5 3 6 1 2	62. Professional Fees.....			1 4 1 3 1 2 8
46. Interest.....			8 2 9 0 9 1	63. Benefits.....	11		1 8 4 6 6 5 1
47. Dividends.....			0	64. Contributions, Gifts & Grants.....	12		5 3 9 4 2
48. Rents.....			1 4 8 4 9 1	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		1 6 7 8 7 7 7 4	66. Direct Taxes.....			0
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			0
51. Repayments of Loans Made.....	1		8 7 1 2 5	68. Purchase of Investments & Fixed Assets.....	7		2 2 2 5 9 6 8 6
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		4 5 5 0 3 5	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		8 4 6 6 8 0
55. TOTAL RECEIPTS.....			3 3 5 3 8 7 1 4	74. TOTAL DISBURSEMENTS			3 4 8 0 3 6 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-20 Purpose: TO COVER LEGAL EXP. Security: 0 Terms: 50 MO/\$109.50	2 1 2 9	0	2 1 2 9	0	0
2. Name: LOCAL 757 Purpose: TO COVER OPER EXP. Security: 0 Terms: 25 MONTHLY/\$200	4 0 0	0	0	0	4 0 0
3. Name: LOCAL 523 Purpose: TO COVER LEGAL EXP Security: 0 Terms: PD. ON SETTLEME	8 0 0 0	0	0	0	8 0 0 0
4. Totals from additional pages (if any)	2 7 1 1 1 3	0	8 4 9 9 6	5 4 4 0	1 8 0 6 7 7
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	2 8 1 6 4 2	0	8 7 1 2 5	5 4 4 0	1 8 9 0 7 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)
Marketable Securities	
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) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	5 9 0 8 9 8 8
5. Total Book Value	5 9 0 8 9 8 8
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	5 9 1 8 5 0 6
The total from Line 7 is entered in Item 29, Column (B)	

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

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 000 - 172

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 3 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 0 9 5 3 9 0	1 8 4 2 3 5	1 9 1 1 1 5 5	1 9 1 1 1 5 5
4. Totals from additional pages (if any)	7 1 4 6 7 1	4 7 2 9 4 0	2 4 1 7 3 1	2 4 1 7 3 1
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	1 0 1 7 0 9 4 4	6 5 7 1 7 5	2 9 1 3 7 6 9	2 9 1 3 7 6 9
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 7 8 7 7 4
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	1 6 7 8 7 7 4
	7. Less Reinvestments			0
	8. Net Sales			1 6 7 8 7 7 4
The total from Line 8 is entered in				Item 49

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 000 - 172

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. PURCHASE OF FIXED ASSETS	0	0	1 300 26
2. PURCHASE OF INVESTMENTS	0	0	2 212 966 0
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	2 225 968 6
7. Less Reinvestments			0
8. Net Purchases			2 225 968 6
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 (F)
			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: 000 - 172

(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 4 5 5 3 3	1 0 6 0 0	1 0 1 0 2 3	0	3 5 7 1 5 6
2.	WOOD JAMES GEN. SEC. TREAS	C	1 4 5 9 3 7	8 0 0 0	1 9 6 9 6	0	1 7 3 6 3 3
3.	BOTTAS CONSTAN ASST. TO PRES.	C	9 7 6 7 2	0	1 1 9 8 5	0	1 0 9 6 5 7
4.	PROSCIA MICHAEL ASST. TO PRES.	C	1 5 0 6 0 5	8 0 0 0	0	0	1 5 8 6 0 5
5.	BARNES MICHAEL VICE PRESIDENT	C	1 8 6 3 7	0	2 6 9 6	0	2 1 3 3 3
6.	CRAIG GAVIN VICE PRESIDENT	C	8 4 0 8	0	3 5 4 2	0	1 1 9 5 0
7.	PETTI DAMIAN VICE PRESIDENT	C	7 6 3 6	0	1 3 1 0	0	8 9 4 6
8. Totals from additional pages (if any)			3 0 1 0 6 0 1	1 4 4 0 0 0	5 6 5 5 6 0	0	3 7 2 0 1 6 1
9. Totals of Lines 1 through 8			3 6 8 5 0 2 9	1 7 0 6 0 0	7 0 5 8 1 2	0	4 5 6 1 4 4 1
					10. Less Deductions	0	
The total from Line 11 is entered in Item 56					11. Net Disbursements	4 5 6 1 4 4 1	

*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. ANDERSON JONIE SECRETARY	3 1 9 6 3	0	0	0	3 1 9 6 3
2. ANDRES ELENA RESEARCH ANALYST	1 2 7 4 2	0	0	0	1 2 7 4 2
3. APONDACA TERESA CLERK	7 2 0 0	0	0	0	7 2 0 0
4. BENVENUTI ROBERT CLERK	2 3 7 4 8	0	0	0	2 3 7 4 8
5. BONFIGIO DANIEL SPEC REP	0	0	3 5 9	0	3 5 9
6. Totals from additional pages (if any)	9 3 2 9 4 1	0	1 2 0 6 3	0	9 4 5 0 0 4
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	1 0 0 8 5 9 4	0	1 2 4 2 2	0	1 0 2 1 0 1 6
			9. Less Deductions	0	
The total from Line 10 is entered in Item 57			10. Net Disbursements	1 0 2 1 0 1 6	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 000 - 172

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

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

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

SCHEDULE 14 - OTHER RECEIPTS

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

SCHEDULE 15 - OTHER DISBURSEMENTS

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

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2003

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)*					
DAVIS THOMAS VICE PRESIDENT	C	1 6 0 0 7	0	1 7 0 2	0	1 7 7 0 9
DEPAULO ANTHONY VICE PRESIDENT	C	1 6 4 3 8	0	3 1 4 1	0	1 9 5 7 9
FOX JEAN VICE PRESIDENT	C	1 6 9 4 3	0	1 6 3 2	0	1 8 5 7 5
JOHNSON JOHN VICE PRESIDENT	C	4 5 3 1	0	2 0 7 8	0	6 6 0 9
LOEB MATTHEW VICE PRESIDENT	C	1 6 8 3 7 6	1 0 6 0 0	2 7 1 8 8	0	2 0 6 1 6 4
LONG NICK VICE PRESIDENT	C	3 6 3 6	0	1 4 7 8	0	5 1 1 4
MAGEE TIMOTHY VICE PRESIDENT	C	1 7 9 8 5	0	3 4 0 6	0	2 1 3 9 1
NAPOLEONE RUDY VICE PRESIDENT	C	1 9 8 1 0	0	3 3 9 6	0	2 3 2 0 6

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2003

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>							
NOLAN JOHN	VICE PRESIDENT	C	0	0	9 8 5	0	9 8 5
PALAZZO CARMINE	VICE PRESIDENT	C	1 2 0 5 5	0	2 9 9	0	1 2 3 5 4
POWELL EDWARD	VICE PRESIDENT	C	3 0 9 8 3	0	7 2 2 2	0	3 8 2 0 5
SULLIVAN MICHAEL	VICE PRESIDENT	C	1 3 9 4 9 6	1 0 6 0 0	5 5 5 7	0	1 5 5 6 5 3
WOLCH MIMI	VICE PRESIDENT	C	1 3 9 4 3	0	1 6 3 2	0	1 5 5 7 5
WOOD JAMES	VICE PRESIDENT	C	3 4 4 6 5	0	8 5 4 4	0	4 3 0 0 9
LEWIS JOHN	INT' REP	C	8 0 5 5 3	0	1 2 4 0 0	0	9 2 9 5 3
BURNS ALBERT	INT'L TRUSTEE	C	4 8 9 2	0	7 3 8 9	0	1 2 2 8 1

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2003

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)*					
CUNNINGHAM RONALD		4 8 9 2	0	5 0 3 5	0	9 9 2 7
INT'L TRUSTEE	C					
HARPER CORINTHIA		4 7 3 1 7	0	5 5 5 1	0	5 2 8 6 8
INT'L TRUSTEE	C					
AREDAS JOSEPH		1 7 2 2 8 4	1 0 6 0 0	4 9 7 3	0	1 8 7 8 5 7
INT'L REP	C					
AREDAS STEVEN		5 5 5 0 1	1 0 6 0 0	8 7 4	0	6 6 9 7 5
INT'L REP	C					
BECKMAN JOHN		6 1 5 8	0	2 9 2 1	0	9 0 7 9
INT'L REP	C					
BISSAILLON SYLVAN		5 2 5 1 0	0	5 0 4 7	0	5 7 5 5 7
INT'L REP	C					
BOWDEN CAROLYN		6 8 7 1 0	0	1 0 0 5 5	0	7 8 7 6 5
INT'L REP	C					
CAHILL JOHN		6 0 8 2 7	0	1 0 3 1 4	0	7 1 1 4 1
VICE PRESIDENT	C					

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2003

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 5 9 1 3	1 0 6 0 0	3 1 3 1 8	0	1 4 7 8 3 1
ENGLAND SANDRA	INT'L REP	C	9 6 4 2 6	0	1 5 4 1 3	0	1 1 1 8 3 9
FALZARANO LOUIS	INT'L REP	C	6 6 3 8 9	0	1 9 5 5	0	6 8 3 4 4
FRY JAMIE	INT'L REP	C	7 2 9 1 8	0	1 4 4 7 4	0	8 7 3 9 2
GANDOLINI DONALD	INT'L REP	C	6 8 1 7 2	0	2 0 8 8 4	0	8 9 0 5 6
GEARNS WILLIAM	INT'L REP	C	9 2 5 9 4	0	5 0 6 0 6	0	1 4 3 2 0 0
GEFFNER DAVID	INT'L REP	C	1 9 8 3 4	0	3 6 5	0	2 0 1 9 9
GEFFNER LEO	INT'L REP	C	4 4 5 3 5	0	9 1 4	0	4 5 4 4 9

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ENDING DATE OF PERIOD COVERED:
04/30/2003

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>							
HARBINSON	SCOTT		7 7 9 0 0	0	1 1 0 1 7	0	8 8 9 1 7
INT'L REP		C					
KERINS	DANIEL		2 0 7 3 6	0	3 3 4 7	0	2 4 0 8 3
INT'L REP		C					
KIOUSIS	THOMAS		8 6 8 0 7	0	2 9 2 0 4	0	1 1 6 0 1 1
INT'L REP		C					
KIRAKOPE	MARK		6 1 8 0 2	0	2 5 4 6 4	0	8 7 2 6 6
INT'L REP		C					
KLEMMT	KENNETH		3 1 1 6 0	0	2 8 5 4	0	3 4 0 1 4
INT'L REP		C					
KUTAK	RONALD		4 6 6 5 9	0	1 5 7 2	0	4 8 2 3 1
SPEC REP		C					
LOFTUS	LINDAJO		2 3 2 0 7	3 4 0 0	6 5 2	0	2 7 2 5 9
INT'L REP		C					
MAHONEY	DANIEL		8 6 7 7 4	1 0 6 0 0	1 6 8 5 7	0	1 1 4 2 3 1
INT'L REP		C					

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FILE NUMBER: 000 - 172

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>							
MCGUIRE	SEAN		7 6 4 4 5	0	2 3 9 2 3	0	1 0 0 3 6 8
INT'L REP		C					
MILLER	MICHAEL		7 3 7 8 6	1 0 6 0 0	4 6 4 7	0	8 9 0 3 3
INT'L REP		C					
MYERS	ALAN		6 8 2 1 2	1 0 6 0 0	3 1 6 3	0	8 1 9 7 5
INT'L REP		C					
PAULE	DALE		1 5 8 7 3	1 8 0 0	6 3 7	0	1 8 3 1 0
INT'L REP		C					
PETRUCCIO	JOSEPH		6 8 4 0 3	9 0 0 0	9 4 1	0	7 8 3 4 4
INT'L REP		C					
REID	DEBORAH		9 0 0 2 0	1 0 6 0 0	9 2 2 9	0	1 0 9 8 4 9
INT'L REP		C					
TAYLOR	JAMES		2 6 7 5 5	0	2 9 9	0	2 7 0 5 4
INT'L REP		C					
TRACHTENBERG	LYLE		8 1 9 5 5	1 0 6 0 0	3 5 3 4	0	9 6 0 8 9
INT'L REP		C					

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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>		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>							
TROMBETTA	ROBERT	C	8 6 7 2 4	1 0 6 0 0	3 2 6 4 8	0	1 2 9 9 7 2
INT'L REP							
ALPER	IRA	C	1 8 1 4	0	3 0 6 4	0	4 8 7 8
SPEC REP							
BUES	NANCY	C	1 7 4 7	0	1 2 1 1	0	2 9 5 8
SPEC REP							
CALVIN	GREG	C	1 1 3 5 0	0	0	0	1 1 3 5 0
SPEC REP							
DAVID	MICHAEL	C	1 0 5 0	0	2 3 5 5	0	3 4 0 5
SPEC REP							
FLINT	STEPHEN	C	1 7 4 7	0	4 7 8	0	2 2 2 5
SPEC REP							
HASKELL	SCOTT	C	6 2 3 2 0	0	2 8 0 2 8	0	9 0 3 4 8
INT'L REP							
HAINES	BRUCE	C	6 6 8 9 8	0	1 1 9 4 6	0	7 8 8 4 4
INT'L REP							

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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>		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	FRANK	C	6 5 5 4	0	1 7 0 0	0	8 2 5 4
SPEC REP							
LAWLOR	BRIAN	C	8 6 3 2 7	1 0 6 0 0	1 4 1 7 0	0	1 1 1 0 9 7
INT'L REP							
MARSHALL	KEITH	C	7 4 6 5	0	0	0	7 4 6 5
SPEC REP							
SANDERS	JOANNE	C	7 7 9 0 0	0	2 6 2 0 6	0	1 0 4 1 0 6
INT'L REP							
PROSCIA	MICHAEL	C	4 7 1 1 8	2 6 0 0	3 7 6 6 6	0	8 7 3 8 4
GEN. SEC. TREAS							

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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)		Disbursements for Official Business	Other Disbursements	Total
(B) Position <small>(Enter employee's job title.)</small>	(D)	Allowances (E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>					
BRACCO ARTHUR DATA ENTRY	5 3 0 0 0	0	0	0	5 3 0 0 0
BROOK DENNIS REP	0	0	1 7 9	0	1 7 9
DELOSRIOS ALICIA TYPIST	3 0 8 2 5	0	0	0	3 0 8 2 5
DEMODY JOHN SPEC REP	0	0	3 5 9	0	3 5 9
FELT JOY SECRETARY	3 4 4 4 7	0	0	0	3 4 4 4 7

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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)
FISCHETTI JANICE PAYROLL AP CLERK	2 2 1 8 0	0	0	0	2 2 1 8 0
GLOVER CHRISTINE OFFICE MANAGER	1 8 1 4 4	0	0	0	1 8 1 4 4
GLYNN LAURA ASST BOOKEEPER	3 3 2 5	0	0	0	3 3 2 5
GUZMAN LEONIDAS SECRETARY	3 9 5 3 4	0	0	0	3 9 5 3 4
HAMILTON WYNETTE SECRETARY	4 2 3 3 8	0	5 9 1	0	4 2 9 2 9

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)		Disbursements for Official Business	Other Disbursements	Total
(B) Position <small>(Enter employee's job title.)</small>	(D)	(E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>					
HARRIS CLER DEBORAH	7 0 2 8 8	0	4 7 1 8	0	7 5 0 0 6
JACKSON EXEC ASST BARBARA	6 0 9 2 8	0	1 7 1 9	0	6 2 6 4 7
JACKSON TYPIST SHAWN	2 2 5 4 7	0	0	0	2 2 5 4 7
KELLY ASST TO EDITOR MARYANN	6 3 2 8 9	0	1 9 8 0	0	6 5 2 6 9
LEWIS CLERK MARCIA	4 9 2 3 3	0	0	0	4 9 2 3 3

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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>					
LYNCH RONALD INT'L REP	1 5 9 2 4	0	0	0	1 5 9 2 4
LYNCH JACK INT'L REP	8 0 1	0	5 7	0	8 5 8
PAUL COLLEEN OFFICE MANAGER	7 4 6 8 0	0	2 4 6 0	0	7 7 1 4 0
RAKOVIC BARBARA CLERK	4 5 3 6 2	0	0	0	4 5 3 6 2
RECCO JOAN CONTROLLER	6 6 4 8 8	0	0	0	6 6 4 8 8

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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>					
RIETH STACEY CLERK	1 5 7 0	0	0	0	1 5 7 0
ROSENBLUM ELLIN TYPIST	3 9 0 1 7	0	0	0	3 9 0 1 7
ROTH SCOTT REP	1 2 5 8	0	0	0	1 2 5 8
SALINGER MARJORIE CLERK	3 9 2 2 1	0	0	0	3 9 2 2 1
SMYTH PATRICK MAILROOM CLERK	4 2 3 1 1	0	0	0	4 2 3 1 1

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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)
SPORDONE PATRICIA TELEPHONE OPT	3 0 9 9 7	0	0	0	3 0 9 9 7
VEGA WESLEY CLERK	7 3 5 0	0	0	0	7 3 5 0
CAMPBELL ISLA ASST TO VP	2 0 6 3 7	0	0	0	2 0 6 3 7
HURDON KRISTA ASST TO DIRECTOR	3 2 0 0 3	0	0	0	3 2 0 0 3
BEAULION ALAN REP	2 1 8 4	0	0	0	2 1 8 4

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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)
COTE REP GILES	1 5 0 0	0	0	0	1 5 0 0
LAFRANCE REP ERIC	1 5 6 0	0	0	0	1 5 6 0

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SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
PAYROLL TAXES	3 3 8 3 3 2
GENERAL INSURANCE	9 1 4 8 9
COMPUTER EXPENSE	6 2 5 4 3
REAL ESTATE TAXES	2 9 7 6 0
ELECTRICITY	1 1 4 0 0
RETIREES CARDS	9 8 0 0
DET. OF PROF EMPLOYEE	2 5 0 0
TEXAS OFFICE EXP	1 8 7 1
UNION LABELS	2 0 9 9 1
SPECIAL ORGANIZING	1 8 8 4 3
WEB SITE	8 9 5
ADVERTISING AND SUBSCRIPTIONS	3 8 0 0 1
DINNERS AND LUNCHEONS	3 6 8 5
EMBLEMS AND SEALS	4 1 3 6 0
INVESTMENT FEES	9 0 9 6 1
SCROLLS AND CERTIFICATE	1 2 4 9
EXCHANGE CHARGES	5 5 7 9 4 9
MISCELLANEOUS	1 2 2 0 9 2

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

Description (A)	Amount (B)
SO. CALIFORNIA EXPENSES	1 6 9 4 5
SEATTLE OFFICE EXPENSES	2 9 9 7

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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 829 Purpose: TO COVER EXP. Security: 0 Terms: \$7.083 PER MO	2 6 5 6 7 3	0	8 4 9 9 6	0	1 8 0 6 7 7
5. Name: LOCAL B-183 Purpose: TO COVER OPER. EXP. Security: 0 Terms: 15 MO./\$1,000	5 4 4 0	0	0	5 4 4 0	0

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SCHEDULE 3 – OTHER ASSETS (continued)

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

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

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IATSE

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75. ADDITIONAL INFORMATION

Item Number	
11	<p>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.</p>

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75. ADDITIONAL INFORMATION(*continued*)

Item Number	
10	10045 RIVERSIDE DRIVE TOLUCA LAKE, CA 91602

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IATSE

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75. ADDITIONAL INFORMATION *(continued)*

Item Number	
12	IATSE Political Action Fund

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IATSE

FILE NUMBER: 000 - 172

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75. ADDITIONAL INFORMATION (continued)

Item Number	
14	AUDITED FINANCIAL STATEMENTS PREPARED BY OUTSIDE ACCOUNTANTS PKF, CPA'S, PC.

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IATSE

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75. ADDITIONAL INFORMATION *(continued)*

Item Number	
1D(2)	WRITE OFF OF LOAN DUE TO MERGER OF LOCALS.