


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.

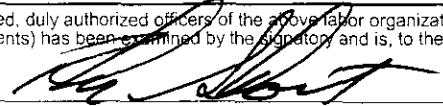
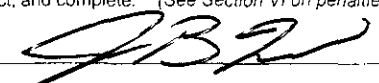
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER 000 - 172	2. PERIOD COVERED MO DAY YEAR From 05 01 2003 Through 04 30 2004	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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4. AFFILIATION OR ORGANIZATION NAME IATSE	8. MAILING ADDRESS First Name THOMAS Last Name SHORT P.O. Box - Building and Room Number (if any) Number and Street 1430 BROADWAY, 20th Floor City NEW YORK State ZIP Code + 4 NY 10018 -
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	
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:  7/22/04 Date	PRESIDENT 212-730-1770 Telephone Number (If other title, see instructions.)	77. SIGNED:  7/22/04 Date	TREASURER 212-730-1770 Telephone Number (If other title, see instructions.)
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04-216-022/000172



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? 1 0 5 1 8 0

19. What is the date of your organization's next regular election of officers? MO 0 7 YEAR 2 0 0 5

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? \$ 5 0 0 0 0 0

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>4/30/2004</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>350</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per <u>0</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.....		7 4 5 4 5 0	1 3 9 3 4 6 2
	26. Accounts Receivable.....		1 9 9 4 9 6	3 0 8 5 8 1
	27. Loans Receivable.....	1	1 8 8 6 7 7	9 8 6 8 2
	28. U.S. Treasury Securities.....		2 0 1 2 3 9 6 5	1 9 7 7 7 8 2 7
	29. Investments.....	2	5 9 1 8 9 0 6	9 7 3 9 9 4 3
	30. Fixed Assets.....	5	2 9 1 3 7 6 9	2 9 0 7 3 9 1
	31. Other Assets.....	3	1 8 5 4 8 9 4	1 6 7 5 1 9 0
	32. TOTAL ASSETS.....		3 1 9 4 5 1 5 7	3 5 9 0 1 0 7 6
LIABILITIES	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
	Item	From SCH #		
	33. Accounts Payable.....		2 7 6 4 6 5	3 4 2 5 4 2
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	4 6 3 9 6 4 5	4 8 3 4 9 3 1
	37. TOTAL LIABILITIES.....		4 9 1 6 1 1 0	5 1 7 7 4 7 3
38. NET ASSETS (Item 32 less Item 37).....		2 7 0 2 9 0 4 7	3 0 7 2 3 6 0 3	

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

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 829 Purpose: To Cover Oper Exp Security: 0 Terms: 7083 per month	1 8 0 6 7 7	0	8 4 9 9 5	0	9 5 6 8 2
2. Name: Local 523 Purpose: Legal Expense Security: 0 Terms: Upon Settlement	8 0 0 0	0	5 0 0 0	0	3 0 0 0
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	1 8 8 6 7 7	0	8 9 9 9 5	0	9 8 6 8 2
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	3 2 5 1 8
2. Total Book Value	3 2 5 1 8
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	9 7 0 7 4 2 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) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	9 7 3 9 9 4 3
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. Prepaid Expenses	2 1 8 2 5 0
2. Protested Checks	3 4 3 4 4
3. Local b82 Death Ben	2 5 7 1 3
4. Due from other funds	3 1 4 3 8 9
5.	
6. Total from additional pages (if any)	1 0 8 2 4 9 4
7. Total of Lines 1 through 6	1 6 7 5 1 9 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 Payable	5 0 0 0
2. Security Deposit Payable	9 0 1 8 6 3
3. Due to other funds	3 4 0 1 0 2
4. Deferred Income	3 5 2 5 5 2 1
5. Due to Locals	6 2 4 4 5
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 8 3 4 9 3 1
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 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	2 7 6 1 8 9	1 8 1 9 2 0 1	1 8 1 9 2 0 1
4. Totals from additional pages (if any)	8 3 4 0 5 8	5 0 6 7 5 1	3 2 7 3 0 7	3 2 7 3 0 7
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 6 9 0 3 3 1	7 8 2 9 4 0	2 9 0 7 3 9 1	2 9 0 7 3 9 1
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 9 6 1 3 4 0 1
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	1 9 6 1 3 4 0 1
	7. Less Reinvestments			0
	8. Net Sales			1 9 6 1 3 4 0 1
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	199387
2. Purchase of Investments	0	0	24141367
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	0	0	24340754
7. Less Reinvestments			0
8. Net Purchases			24340754
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 <div style="display: flex; justify-content: space-between; width: 100%;"> Column (C) with Explanation Column (D) </div>					

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>		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)*					
1.	SHORT THOMAS INT. PRESIDENT	2 5 2 8 9 9	1 0 4 0 0	1 0 8 2 1 7	0	3 7 1 5 1 6
2.	WOOD JAMES GEN SEC TREAS	1 9 8 0 3 4	1 0 4 0 0	5 0 4 2 8	0	2 5 8 8 6 2
3.	BOTTAS CONSIANTIN ASST. TO PRESID	3 2 5 9 0	0	6 4 1 0	0	3 9 0 0 0
4.	PROSCIA MICHAEL ASST. TO PRES.	1 5 0 4 8	8 0 0	1 3 2 3 9	0	2 9 0 8 7
5.	REID DEBROAH ASST TO PRES	3 0 4 6 3	8 0 0	0	0	3 1 2 6 3
6.	BARNES MICHAEL VICE PRESIDENT	2 2 9 7 0	0	3 0 5 1	0	2 6 0 2 1
7.	CAHILL JW VICE PRESIDENT	1 0 1 9 2 3	0	1 7 0 5 5	0	1 1 8 9 7 8
8. Totals from additional pages (if any)		3 0 5 7 9 8 5	1 3 1 8 0 0	6 6 0 0 3 2	0	3 8 4 9 8 1 7
9. Totals of Lines 1 through 8		3 7 1 1 9 1 2	1 5 4 2 0 0	8 5 8 4 3 2	0	4 7 2 4 5 4 4
				10. Less Deductions	0	
The total from Line 11 is entered in Item 56				11. Net Disbursements	4 7 2 4 5 4 4	

*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>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. BENVENUTI	ROBERT		4 6 6 4 0	0	0	0	4 6 6 4 0
2. BRACCO	ARTHUR		5 4 7 8 7	0	0	0	5 4 7 8 7
3. CASTILO	KRISTEN		1 8 0 0 6	0	0	0	1 8 0 0 6
4. DASKALAS	JAMI		9 5 1 9	0	0	0	9 5 1 9
5. DELOSRIOS	ALICIA		2 9 8 5 4	0	0	0	2 9 8 5 4
6. Totals from additional pages (if any)			9 0 5 7 7 0	0	5 7 2 3	0	9 1 1 4 9 3
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 6 4 5 7 6	0	5 7 2 3	0	1 0 7 0 2 9 9
					9. Less Deductions		0
The total from Line 10 is entered in					10. Net Disbursements		1 0 7 0 2 9 9

SCHEDULE 11 - BENEFITS

FILE NUMBER: 000 - 172

Description (A)	To Whom Paid (B)	Amount (C)
1. Hospitalization	Insurance Co.	1 1 7 8 9 1 5
2. Retirement Fund	Retirement Plan Fund	1 1 0 2 6 4 2
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 2 8 1 5 5 7
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. contribution to charity	1 9 7 8 0 4
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 9 7 8 0 4
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 4 5
2. office expense	8 8 6 2 8
3. Telephone	6 4 1 9 8
4. Postage	7 2 0 0 1
5. Printing and publishing	8 1 0 2 8
6. Exhibit	5 7 0 9 9
7. Total from additional pages (if any)	1 5 2 6 0 8 6
8. Total of Lines 1 through 7	2 3 4 0 9 8 5
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. defunct locals	9 9 3 1
2. constitution and by-laws	4 9 9 5
3. royalties from sub licence	9 7 3 8 4
4. Bonds Received	0
5. Miscellaneous	1 3 0 0 7 7
6. Dues	1 2 8 1 1 7
7. Initiation Fees	7 1 2 5
8. Salary Reimbursed	3 5 7 9 5 8
9.	
10. Processing Fees	7 9 3 2 2 5
11. Miscellaneous	9 3 9 1
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 5 3 8 2 0 3
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Miscellaneous	1 5 2 7 5 8
2. Official Bulliten	2 9 3 0 1 4
3. Exec Board Meeting	2 4 6 6 9 9
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	6 9 2 4 7 1
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2004

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)*					
LAWLOR BRIAN VICE PRESIDENT	C	3 0 8 9 5	8 0 0	0	0	3 1 6 9 5
DAVIS THOMAS VICE PRESIDENT	C	1 6 7 1 7	0	2 7 7 6	0	1 9 4 9 3
DEPAULO ANTHONY VICE PRESIDENT	C	2 5 1 5 6	0	1 3 1 7 8	0	3 8 3 3 4
FOX JEAN VICE PRESIDENT	C	1 7 2 7 4	0	2 5 2 7	0	1 9 8 0 1
KERINS DANIEL VICE PRESIDENT	C	2 1 0 4 3	0	6 4 2 1	0	2 7 4 6 4
JOHN JOHNSON VICE PRESIDENT	C	4 4 6 5	0	2 1 5 8	0	6 6 2 3
MATTHEW LOEB VICE PRESIDENT	C	1 6 8 9 4 9	1 0 4 0 0	3 5 1 3 8	0	2 1 4 4 8 7
NICK LONG VICE PRESIDENT	C	3 8 3 5	0	1 9 0 2	0	5 7 3 7

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2004

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)*					
MAGEE VICE PRESIDENT	TIMOTHY C	1 7 2 4 6	0	2 6 3 8	0	1 9 8 8 4
NAPOLEONE VICE PRESIDENT	RUDY C	1 8 8 2 0	0	3 8 9 8	0	2 2 7 1 8
PALAZZO VICE PRESIDENT	CARMINE C	1 1 2 1 8	0	0	0	1 1 2 1 8
PETTI VICE PRESIDENT	DAMIAN C	1 8 2 1 9	0	5 9 6 9	0	2 4 1 8 8
POWELL VICE PRESIDENT	EDWARD C	2 6 9 5 9	0	1 0 6 6 9	0	3 7 6 2 8
SULLIVAN VICE PRESIDENT	MICHAEL C	1 3 1 7 7 4	9 6 0 0	5 2 5 1	0	1 4 6 6 2 5
WOLCH VICE PRESIDENT	MIMI C	1 9 4 7 8	0	4 8 7 1	0	2 4 3 4 9
BURNS INTL. TRUSTEE	ALBERT C	5 0 3 8	0	7 7 6 0	0	1 2 7 9 8

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2004

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 INTL. TRUSTEE	C	3 1 7 8	0	5 1 4 2	0	8 3 2 0
HARPER CORINTEA INTL. TRUSTEE	C	5 0 3 8	0	5 0 8 4	0	1 0 1 2 2
AREDDAS JOSEPH INTL REP	C	1 7 4 3 5 0	1 0 4 0 0	7 0 9 9	0	1 9 1 8 4 9
AREDAS STEVEN INTL. REP	C	7 0 5 9 8	1 0 4 0 0	9 1 3	0	8 1 9 1 1
BOTAS CONSTANTIN INTL. REP	C	1 3 7 8 6	0	0	0	1 3 7 8 6
BISSAILLON SYLVAN INTL. REP	C	5 7 2 8 3	0	9 0 9 4	0	6 6 3 7 7
BOWDEN CAROLYN INTL. REP	C	6 9 5 1 8	7 4 0 0	1 8 3 9 8	0	9 5 3 1 6
DITOLLA DANIEL INTL. REP	C	1 0 8 7 0 2	1 0 4 0 0	2 7 3 9 6	0	1 4 6 4 9 8

ORGANIZATION NAME:
IATSE

FILE NUMBER: 000 - 172

ENDING DATE OF PERIOD COVERED:
04/30/2004

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>							
ENGLAND	SANDRA		9 7 4 6 2	0	3 5 4 8 9	0	1 3 2 9 5 1
INTL. REP		C					
FALZARANO	LOUIS		6 7 1 0 3	0	1 2 5 1 9	0	7 9 6 2 2
INTL. REP		C					
FRY	JAMIE		7 3 7 0 2	0	1 3 2 9 4	0	8 6 9 9 6
INTL. REP		C					
GANDOLINI	DONALD		7 0 0 0 5	0	8 5 8 8	0	7 8 5 9 3
INTL. REP		C					
GEARNS	WILLIAM		9 4 6 8 9	0	4 5 6 3 3	0	1 4 0 3 2 2
INTL. REP		C					
GEFFNER	DAVID		2 2 5 0 7	0	0	0	2 2 5 0 7
INTL. REP		C					
GEFNER	LEO		1 3 6 9 7 8	0	3 9 4 2	0	1 4 0 9 2 0
INTL. REP		C					
HAINES	BRUCE		7 0 0 0 5	0	2 0 4 0 3	0	9 0 4 0 8
INTL. REP		C					

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ENDING DATE OF PERIOD COVERED:
04/30/2004

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 8 7 3 7	0	1 9 2 4 0	0	9 7 9 7 7
INTL. REP		C					
HARPER	CORINTHA		4 3 1 4 2	0	1 6 0 6	0	4 4 7 4 8
INTL. REP		C					
HASKELL	SCOTT		6 2 9 9 0	0	3 2 4 2 3	0	9 5 4 1 3
INTL. REP		C					
KIOUSIS	THOMAS		8 7 7 4 0	0	2 4 1 3 5	0	1 1 1 8 7 5
INTL. REP		C					
KIRAKOFE	MARK		7 0 0 0 5	0	2 5 3 3 7	0	9 5 3 4 2
INTL. REP		C					
KLEMMT	KENNETH		2 6 6 6 9	0	4 3 1 8	0	3 0 9 8 7
INTL. REP		C					
PROSCIA	MICHAEL		1 5 5 2 9	0	1 3 3 9	0	1 6 8 6 8
INTL. REP		C					
LAWLOR	BRIAN		7 8 1 5 7	9 6 0 0	1 6 6 7 0	0	1 0 4 4 2 7
INTL. REP		C					

ORGANIZATION NAME:
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ENDING DATE OF PERIOD COVERED:
04/30/2004

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>							
LEWIS JOHN	INTL. REP	C	1 3 3 3 1 3	0	3 5 6 1 2	0	1 6 8 9 2 5
LOFTUS LINDAJO	INTL. REP	C	6 9 4 9 8	1 0 4 0 0	3 5 2 3	0	8 3 4 2 1
MAHONEY DANIEL	INTL. REP	C	8 8 6 1 6	1 0 4 0 0	5 2 4 7	0	1 0 4 2 6 3
MCGUIRE SEAN	INTL. REP	C	7 8 7 3 8	0	4 0 0 5 8	0	1 1 8 7 9 6
MILLER JR. MICHAEL	INTL. REP	C	8 0 7 9 9	1 0 4 0 0	2 3 5 1 5	0	1 1 4 7 1 4
MYERS ALAN	INTL. REP	C	5 2 4 9	8 0 0	0	0	6 0 4 9
PETRUCCIO JOSEPH S	INTL. REP	C	3 1 2 2	4 0 0	0	0	3 5 2 2
KUTAK RONALD	INTL. REP	C	4 7 2 0 5	0	2 0 8 2	0	4 9 2 8 7

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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>							
REID	DEBORAH		7 3 5 5 0	9 6 0 0	1 9 0 2 6	0	1 0 2 1 7 6
INTL. REP		C					
SANDERS	JOANNE		7 8 1 3 1	0	2 4 1 4 3	0	1 0 2 8 5 0
INTL. REP		C					
TAYLOR	JAMES		2 7 0 4 3	0	0	0	2 7 0 4 3
INTL. REP		C					
TRACHTENBERG	LYLE		8 2 9 6 3	1 0 4 0 0	1 9 1 1	0	9 5 2 7 4
INTL. REP		C					
TROMBETTA	ROBERT		8 8 8 9 8	1 0 4 0 0	4 1 5 1 0	0	1 4 0 8 0 8
INTL. REP		C					
ALPER	IRA		5 4 1	0	4 6 9	0	1 0 1 0
SPEC REP		C					
BECKMAN	JOHN		9 4 5	0	8 6 8	0	1 8 1 3
SPEC REP		C					
BUES	NANCY		1 8 8 9	0	8 9 8	0	2 7 8 7
SPEC 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>		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>							
CLAFFEY	JAMES		1 6 6 2	0	0	0	1 6 6 2
SPEC REP		C					
BRANNINGTON	P DOHERTY		1 3 1 2	0	3 0 8	0	1 6 2 0
SPEC REP		C					
EFERT	MARTIN		8 8 0 0	0	0	0	8 8 0 0
SPEC REP		C					
FLINT	STEPHEN		1 8 8 9	0	4 9 3	0	2 3 8 2
SPEC REP		C					
FORD	JOHN		1 0 5 0	0	2 5 7 7	0	3 6 2 7
SPEC REP		C					
GARRETSON	DAVID		1 3 1 2	0	0	0	1 3 1 2
SPEC REP		C					
HOVEY	JAMES		1 0 8 1	0	0	0	1 0 8 1
SPEC REP		C					
LAFRANCE	ERIC		5 4 0	0	0	0	5 4 0
SPEC 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>		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>							
MARSHALL SPEC REP	KEITH C		6 5 7 2	0	1 2 4 1 0	0	1 8 9 8 2
MCDONALD SPEC REP	KEITH C		1 5 7 5	0	4 9 3	0	2 0 6 8
MORPHY SPEC REP	ROBERT C		3 2 0 0	0	0	0	3 2 0 0
MONTGOMERY SPEC REP	RICHARD C		2 3 4 0 0	0	0	0	2 3 4 0 0
ROBERTSON SPEC REP	ERIC C		1 2 0 0	0	0	0	1 2 0 0
ROTH SPEC REP	SCOTT C		3 1 2 6	0	0	0	3 1 2 6
SCARDINO SPEC REP	JOHN C		1 3 1 2	0	6 0 0	0	1 9 1 2
YOUNGERMAN SPEC REP	JOEL C		2 0 0 0	0	0	0	2 0 0 0

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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)*					
GENE ALLEN SPEC REP	C	1 8 8 9	0	1 0 7 1	0	2 9 6 0

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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)
FELT JOY	1 6 1 5 5	0	0	0	1 6 1 5 5
FISCHETTI JANICE	4 2 9 3 8	0	0	0	4 2 9 3 8
FISHER JENNIFER	6 2 5 9	0	0	0	6 2 5 9
GLOVER CHRISTINE	5 7 6 7 7	0	0	0	5 7 6 7 7
GREENBURG AMY	2 3 5 1 5	0	0	0	2 3 5 1 5

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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)
GUZMAN LEONIDAS	3 9 9 7 3	0	0	0	3 9 9 7 3
HAMILTON WYNETTE	2 1 4 3 0	0	0	0	2 1 4 3 0
HARRIS DEBROAH	7 1 0 7 2	0	1 2 7 2	0	7 2 3 4 4
HURDON KRISTA	5 0 4 2 5	0	0	0	5 0 4 2 5
JACKSON BARBARA	6 1 6 0 7	0	1 3 3 1	0	6 2 9 3 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>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
JACKSON	SHAWN		2 6 7 5 7	0	0	0	2 6 7 5 7
KELLY	MARYANN		6 5 1 8 8	0	1 7 5 8	0	6 6 9 4 6
LEWIS	MARCIA		4 9 4 0 8	0	0	0	4 9 4 0 8
PAUT.	COLLEEN		7 5 5 2 1	0	1 3 6 2	0	7 6 8 8 3
RAKOVIC	BARBARA		3 3 9 7 1	0	0	0	3 3 9 7 1

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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>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
RECCO	JOAN		6 9 4 2 9	0	0	0	6 9 4 2 9
RIELN	STACEY		3 6 0 9 4	0	0	0	3 6 0 9 4
ROSENBLUM	ELLIN		3 9 4 5 6	0	0	0	3 9 4 5 6
SALINGER	MARJORIE		3 9 3 6 0	0	0	0	3 9 3 6 0
SMYTH	PATICK		4 2 1 4 3	0	0	0	4 2 1 4 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)
SPORDONE PATRICIA	3 1 3 4 2	0	0	0	3 1 3 4 2
VEGA WESELY	6 0 5 0	0	0	0	6 0 5 0

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SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
Payroll Taxes	3 2 7 2 1 8
General Insurance	1 1 5 6 9 5
Computer Expense	1 4 4 2 3 5
Real Estate Taxes	3 1 5 3 3
Electricity	1 8 1 6 5
Retirees Cards	0
Det of Prof Employees	1 6 2 1 5
Texas Office Exepnse	1 1 8 9
Union Labels	2 6 5 6 2
Special Organizing	1 6 1 2 2
Web Site	3 8
Advertising and Subscriptions	6 8 5 1 8
Dinners and Luncheons	2 1 0 4 2
Emblems and Seals	2 4 9 0 7
Investment Fees	1 0 3 6 4 2
Scrolls and Certificates	2 4 5 7
Exchange Charges	4 4 1 6 8 3
Misc.	1 6 6 8 6 5

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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)
West Coast Fund	8 3 4 0 5 8	5 0 6 7 5 1	3 2 7 3 0 7	3 2 7 3 0 7

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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 IATSE 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 IATSE 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	
12	IATSE Political Action Fund

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75. ADDITIONAL INFORMATION *(continued)*

Item Number	
14	Audited Financial Statements prepared by outside accountants PKF CPA's P.C.