


# AMENDED 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.

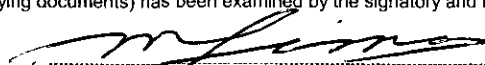
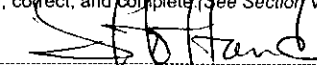
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  	1. FILE NUMBER  <div style="border: 1px solid black; padding: 2px; text-align: center;">0 2 8 - 5 0 1</div>	2. PERIOD COVERED MO DAY YEAR From <div style="display: inline-block; border: 1px solid black; padding: 2px;">0 1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0 1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2 0 0 2</div> Through <div style="display: inline-block; border: 1px solid black; padding: 2px;">1 2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">3 1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2 0 0 2</div>	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 HOTEL EMPL, RESTAURANT EMPL AFL-CIO  5. DESIGNATION (Local, Lodge, etc.) LU  6. DESIGNATION NUMBER 6  7. UNIT NAME (if any)	8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px;">C A R M E N</div> Last Name <div style="border: 1px solid black; padding: 2px;">V U O T T O</div> P.O. Box · Building and Room Number (if any) <div style="border: 1px solid black; height: 20px;"></div> Number and Street <div style="border: 1px solid black; padding: 2px;">7 0 9 8 T H A V E</div> City <div style="border: 1px solid black; padding: 2px;">N E W Y O R K</div> State ZIP Code + 4 <div style="display: inline-block; border: 1px solid black; padding: 2px;">N Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">1 0 0 3 6</div> - <div style="display: inline-block; border: 1px solid black; padding: 2px;">7 1 0 2</div>
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:  4/22/03      212 957-8000 Date      Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  4/23/03      (212) 957-8000 Date      Telephone Number	TREASURER (If other title, see instructions.)
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03-126-022/028501

*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? .....
- 12. Have a political action committee (PAC) fund? .....
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....
- 15. Discover any loss or shortage of funds or other property? .....    
*(Answer "Yes" even if there has been repayment or recovery.)*
- 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? .....
- 17. Liquidate or reduce any liabilities without disbursement of cash? .....

*(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)*

- 18. How many members did your organization have at the end of the reporting period? 1 8 0 2 0
- 19. What is the date of your organization's next regular election of officers? MO 0 9 YEAR 2 0 0 3
- 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? \$ 8 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	\$ 52.13 per 1/1/02 <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 40
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per 1/1/02 <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? .....
- 24. Did your organization have any contingent liabilities at the end of the reporting period? .....

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

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 2 8 - 5 0 1

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

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

FILE NUMBER: **0 2 8 - 5 0 1**

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

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: HACELS, INC. Purpose: BUILDING IMPROVEMENT Security: REAL PROPERTY Terms: 10 YEARS, 5.18%	2 4 3 1 8 1 1	0	6 0 2 5 1	0	2 3 7 1 5 6 0
2. Name: LOCAL 610 Purpose: LOCAL UNION Security: NONE Terms: NONE	1 6 7 0 0 9	5 7 1 3 1	0	0	2 2 4 1 4 0
3. Name: HOTEL TRADES COUNCIL Purpose: UNION AFFILIATION Security: NONE Terms: NONE	1 1 0 7 3	0	1 1 0 7 3	0	0
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	2 6 0 9 8 9 3	5 7 1 3 1	7 1 3 2 4	0	2 5 9 5 7 0 0
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: 0 2 8 - 5 0 1

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	6 3 5 0 4 5 0
2. Total Book Value	6 3 4 2 5 6 9
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) JP MORGAN INVESTMENT PORTFOLIO	1 5 0 0 0 0 0
(b) STATE OF ISRAEL BONDS	1 4 0 0 0 0 0
(c) U.S. GOVT. SECURITIES	1 0 4 5 8 5 0
(d)	
<b>Other Investments</b>	
4. Total Cost	9 9 4 8 9 5
5. Total Book Value	3 8 2 8 6 4
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) HACELS, INC.	3 8 2 8 6 4
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	6 7 2 5 4 3 3
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. PREPAID INSURANCE	2 8 3 0 2
2. OTHER RECEIVABLE	3 2 9 7 9
3. SECURITY DEPOSITS	1 2 0 2
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6 2 4 8 3
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. ACCRUED EXPENSES & OTHER	1 3 7 7 8 6
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 3 7 7 8 6
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 2 8 - 5 0 1

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): NONE	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	3 7 2 0 8 0	2 2 8 2 4 4	1 4 3 8 3 6	1 4 3 8 3 6
7. Other Fixed Assets	6 1 6 7 4 0	5 6 3 8 0 9	5 2 9 3 1	5 2 9 3 1
8. Totals of Lines 1 through 7	9 8 8 8 2 0	7 9 2 0 5 3	1 9 6 7 6 7	1 9 6 7 6 7
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. STATE OF ISRAEL BONDS (MATURED)	1 0 0 0 0 0	1 0 0 0 0 0	1 0 0 0 0 0	1 0 0 0 0 0
2. MUTUAL FUNDS & U.S. GOVT. BONDS	8 7 7 3 0 0 6	8 7 7 3 0 0 6	8 7 7 3 0 0 6	8 7 7 3 0 0 6
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	8 8 7 3 0 0 6	8 8 7 3 0 0 6	8 8 7 3 0 0 6	8 8 7 3 0 0 6
	7. Less Reinvestments			0
	8. Net Sales			8 8 7 3 0 0 6
The total from Line 8 is entered in.....				Item 49

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 8 - 5 0 1

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. PROPERTY AND EQUIPMENT	1 0 8 8 2 5	1 0 8 8 2 5	1 0 8 8 2 5
2. MUTUAL FUNDS AND U.S. GOV BONDS	8 8 7 3 9 5 1	8 8 7 3 9 5 1	8 8 7 3 9 5 1
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	8 9 8 2 7 7 6	8 9 8 2 7 7 6	8 9 8 2 7 7 6
7. Less Reinvestments			0
	8. Net Purchases		8 9 8 2 7 7 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 (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 2 8 - 5 0 1

(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.	WARD PETER CEO/BUSINESS MG	C	1 2 2 2 3 6	0	7 0 2 8	0	1 2 9 2 6 4
2.	HAZZARD HAZEL VICE PRESIDENT	C	8 0 7 4 9	0	0	0	8 0 7 4 9
3.	SIMO MICHAEL PRESIDENT	C	1 0 7 2 4 7	0	7 5	0	1 0 7 3 2 2
4.	LISANTI MANNY VICE PRESIDENT	N	1 7 8 5 0	0	0	0	1 7 8 5 0
5.	HOFFARD LYNN SECRETARY-TREAS	C	1 0 7 9 4 6	0	0	0	1 0 7 9 4 6
6.	MEADE VANESSA VICE PRESIDENT	C	7 7 7 9 4	0	0	0	7 7 7 9 4
7.	DONOVAN JIM EXEC. VICE PRES	C	1 0 0 9 0 6	0	8 4 0 5	0	1 0 9 3 1 1
8.	Totals from additional pages (if any)		2 2 7 2 5 8	0	0	0	2 2 7 2 5 8
9.	Totals of Lines 1 through 8		8 4 1 9 8 6	0	1 5 5 0 8	0	8 5 7 4 9 4
					10. Less Deductions	0	
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements	8 5 7 4 9 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: 0 2 8 - 5 0 1

(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.	CEDENO EDWARD BUSINESS AGENT	2 3 4 6 2	0	0	0	2 3 4 6 2
2.	CENATIEMPO LAWRENCE BUSINESS AGENT	6 1 6 1 1	0	0	0	6 1 6 1 1
3.	HWEI CHU WEN BUSINESS AGENT	1 6 5 1 1	0	0	0	1 6 5 1 1
4.	DARMANIN IRENE BOOKKEEPER	4 0 0 9 8	0	0	0	4 0 0 9 8
5.	DAVENPORT SALOMA ADM. ASST	1 1 8 0 7	0	0	0	1 1 8 0 7
6. Totals from additional pages (if any)		2 1 1 6 2 4 6	0	0	0	2 1 1 6 2 4 6
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		9 3 5 4 4	0	0	0	9 3 5 4 4
8. Totals of Lines 1 through 7		2 3 6 3 2 7 9	0	0	0	2 3 6 3 2 7 9
				9. Less Deductions		0
The total from Line 10 is entered in ..... Item 57				10. Net Disbursements		2 3 6 3 2 7 9

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 2 8 - 5 0 1

Description (A)	To Whom Paid (B)	Amount (C)
1. 401 K CONTRIBUTIONS	LOCAL NO. 6 401K PLAN	2 6 3 6 5 4
2. PENSION, HEALTH & WELFARE	NYHTC EMPLOYEE BENEFIT FU	2 8 4 7 5 9
3. LIFE INSURANCE	GUARDIAN	4 0 7 0 0
4. PENSION & RETIREMENT BENEFITS	LOCAL 153	1 4 8 8 1
5. Total from additional pages (if any)		1 5 0 9 6 0
6. Total of Lines 1 through 5		7 5 4 9 5 4
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. TRANSFERS TO LOCAL 6 COPE FUND	1 9 4 8 2 1
2. MEMBERS H.E.L.P. PROGRAM	2 7 5 0 0 0
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 6 9 8 2 1
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. CHRISTMAS EXPENSE	4 3 4 8
2. COMPUTER EXPENSE	8 3 0 2 7
3. DUES & SUBSCRIPTIONS	4 1 0 0
4. INSURANCE	8 6 0 4
5. PAYROLL SERVICE	1 2 6 8 1
6. POSTAGE & MAILING	9 2 9 8
7. Total from additional pages (if any)	3 9 5 0 6 5
8. Total of Lines 1 through 7	5 1 7 1 2 3
The total from Line 8 is entered in ..... Item 60	

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. SALARIES REIMBURSEMENTS	6 5 7 8 0 5
2. MISCELLANEOUS INCOME	4 7 5 1 3
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 0 5 3 1 8
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. AFFILIATIONS	1 4 4 8 3 3
2. AUTO EXPENSES (POOLED CARS)	1 0 4 0 3 5
3. MEMBER SERVICES	3 5 5 3 0 9
4. PUBLICATIONS	3 2 8 4 7 5
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	9 3 2 6 5 2
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 0 2 8 - 5 0 1

ENDING DATE OF PERIOD COVERED:  
12/31/2002

**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>							
VALLE	DYLAN		7 9 2 5 7	0	0	0	7 9 2 5 7
VICE PRESIDENT		C					
DUARTE	HENRY		0	0	0	0	0
TRUSTEE		C					
PINTO	LOY		0	0	0	0	0
TRUSTEE		C					
WILLIAMS	BRENDA		0	0	0	0	0
TRUSTEE		C					
LOPEZ	CARLOS		4 6 8 4 6	0	0	0	4 6 8 4 6
BUSINESS AGENT		P					
PITTA	VITO		1 0 1 1 5 5	0	0	0	1 0 1 1 5 5
CEO RETIRED		P					





ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 0 2 8 - 5 0 1

ENDING DATE OF PERIOD COVERED:  
12/31/2002

**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>					
CARR BUSINESS AGENT JAMES	3 1 5 5 8	0	0	0	3 1 5 5 8
GOODMAN BUSINESS AGENT BRIDGET	5 5 5 4 3	0	0	0	5 5 5 4 3
CUSACK BUSINESS AGENT CHRIS	8 0 7 2 6	0	0	0	8 0 7 2 6
GROSS INTERN KEITH	1 1 4 7 5	0	0	0	1 1 4 7 5
HENNESSY OFFICER OF DAY DONALD	2 6 7 3 4	0	0	0	2 6 7 3 4

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 0 2 8 - 5 0 1

ENDING DATE OF PERIOD COVERED:  
12/31/2002

**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>					
HYNES JOSEPH MAINTENANCE MGR	6 5 5 8 3	0	0	0	6 5 5 8 3
JIRAU OSCAR BUSINESS AGENT	6 8 2 9 4	0	0	0	6 8 2 9 4
BATI KALAI DEENA BUSINESS AGENT	1 5 6 7 9	0	0	0	1 5 6 7 9
KLUYTENAAR BRIE BUSINESS AGENT	1 7 0 5 6	0	0	0	1 7 0 5 6
LEE SMITH JAMES ADMIN. ASST	3 2 1 1 1	0	0	0	3 2 1 1 1

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2002

FILE NUMBER: 0 2 8 - 5 0 1

**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>					
LUBY JOSEPH BUSINESS AGENT	1 2 5 5 1	0	0	0	1 2 5 5 1
LYSELL BRYAN GRIEVANCE OFFICE	4 6 8 5 5	0	0	0	4 6 8 5 5
MAROKO RICHARD INHOUSE COUNSEL	3 7 8 3 3	0	0	0	3 7 8 3 3
MARTUCCIO NANCY ADM. ASST	5 5 9 3 3	0	0	0	5 5 9 3 3
MAYA ADELA BANQUET CLERK	4 5 7 6 8	0	0	0	4 5 7 6 8

ORGANIZATION NAME:  
**HOTEL EMPL, RESTAURANT EMPL AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
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**SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</i>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>					
(C) Name of Affiliated Organization <i>(if applicable)</i>					
MCCOY BARBARA  DUES CLERK	3 8 2 9 3	0	0	0	3 8 2 9 3
MCGARRELL AVRIL  ADMIN . ASST.	2 6 5 3 7	0	0	0	2 6 5 3 7
MILLON KEISHA  BUSINESS AGENT	5 5 5 7 9	0	0	0	5 5 5 7 9
MONACHINO PATRICK  DIRECTOR MHAP	6 6 9 3 2	0	0	0	6 6 9 3 2
NARVAEZ AQUITA  DUES CLERK	1 7 8 2 6	0	0	0	1 7 8 2 6

ORGANIZATION NAME:  
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12/31/2002

**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>					
FINK-ODIER ERIC  GRIEVANCE	1 9 2 5 9	0	0	0	1 9 2 5 9
OLIVARES ODOAREN  TELEPHONE OPER.	3 6 5 1 3	0	0	0	3 6 5 1 3
OTERO JUAN  HUMAN RESOURCES	2 0 1 0 3	0	0	0	2 0 1 0 3
PADILLA GEORGE  MAINTENANCE	5 7 0 8 2	0	0	0	5 7 0 8 2
PATRIS IDEUSE  DUES CLERK	3 6 0 4 9	0	0	0	3 6 0 4 9

ORGANIZATION NAME:  
**HOTEL EMPL, RESTAURANT EMPL AFL-CIO**

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FILE NUMBER: **0 2 8 - 5 0 1**

**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>					
PERERA SUJEEWA BOOKKEEPER	4 2 3 9 6	0	0	0	4 2 3 9 6
RICHMAN SHAUN ADMIN. ASST.	2 7 2 7 1	0	0	0	2 7 2 7 1
BETA RILEY AGNES TECH SUPPORT	2 1 4 6 0	0	0	0	2 1 4 6 0
RODRIGUEZ CARMEN TELEPHONE OPER.	3 9 0 0 0	0	0	0	3 9 0 0 0
RODRIGUEZ AIDA DUES CLERK	3 8 8 7 1	0	0	0	3 8 8 7 1

ORGANIZATION NAME:  
**HOTEL EMPL, RESTAURANT EMPL AFL-CIO**

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FILE NUMBER: **0 2 8 - 5 0 1**

**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>					
RODRIGUEZ EVA  HUMAN RESOURCES	9 8 8 5 7	0	0	0	9 8 8 5 7
ROY DESIREE  ADMIN. ASST	3 7 3 8 5	0	0	0	3 7 3 8 5
RUIZ ROLANDO  BUSINESS AGENT	6 8 2 8 0	0	0	0	6 8 2 8 0
SANCHEZ YVETTE  ADM. ASST.	4 1 0 3 4	0	0	0	4 1 0 3 4
SILVA DANIEL  MESSENGER	3 5 5 2 9	0	0	0	3 5 5 2 9

ORGANIZATION NAME:  
**HOTEL EMPL, RESTAURANT EMPL AFL-CIO**

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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>					
SNEED BUSINESS AGENT NORMAN	5 1 6 7 3	0	0	0	5 1 6 7 3
TURCHIANO EDITOR JOHN	1 1 0 1 5 4	0	0	0	1 1 0 1 5 4
VITACCO BUSINESS AGENT AMY	5 4 0 5 2	0	0	0	5 4 0 5 2
VUOTTO CONTROLLER CARMEN	1 2 4 3 7 2	0	0	0	1 2 4 3 7 2





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## 75. ADDITIONAL INFORMATION

Item Number	
10	<p>THE LOCAL UNION IS THE SOLE OWNER OF HACELS INCORPORATED, A STOCK CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF NEW YORK FOR THE PURPOSE OF HOLDING TITLE TO REAL ESTATE. HACELS INCORPORATED HOUSES THE LOCAL UNION HEADQUARTERS.</p> <p>ANY INCOME RECEIVED AND EXPENSES PAID BY THE CORPORATION ITSELF ARE NOT INCORPORATED HEREIN.</p>

ORGANIZATION NAME:  
**HOTEL EMPL, RESTAURANT EMPL AFL-CIO**

FILE NUMBER: **0 2 8 - 5 0 1**

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## 75. ADDITIONAL INFORMATION(continued)

Item Number	
11	<p>(A) THIS UNION IS AFFILIATED WITH THE NEW YORK HOTEL TRADES COUNCIL, 707 EIGHTH AVENUE, NEW YORK, NY 10036, AND THROUGH THEM THE UNION PARTICIPATES IN THE FOLLOWING BENEFIT PLANS:</p> <p>N.Y.H.T.C. &amp; HOTEL ASSOCIATION OF NYC, INC. HEALTH BENEFITS FUND 305 W. 44TH STREET, NEW YORK, NY 10036 Provides health benefits for hotel employees and their dependents. ID# 13-1531223 PLAN # 501</p> <p>N.Y.H.T.C. &amp; HOTEL ASSOCIATION PREPAID LEGAL SERVICES FUND 305 W. 44TH STREET, NEW YORK, NY 10036 Provides legal services for eligible hotel employees and their dependents. ID # 13-3418414 PLAN # 508</p> <p>N.Y.H.T.C. &amp; HOTEL ASSOCIATION INDUSTRY TRAINING PROGRAM &amp; SCHOLARSHIP FUND 305 W. 44TH STREET, NEW YORK, NY 10036 Provides training programs for hotel employees and scholarship benefits to eligible dependents. ID # 13-6300270 PLAN # 501</p> <p>N.Y.H.T.C &amp; HOTEL ASSOCIATION OF NYC, INC. PENSION FUND 305 W. 44TH STREET, NEW YORK, NY 10036 Provides retirement benefits for hotel employees. ID# 11-2245775 PLAN# 501</p> <p>N.Y.H.T.C. AND AFFILIATED LOCALS, STAFF INSURANCE FUND 305 W. 44TH STREET, NEW YORK, NY 10036 Provides insurance for staff members of the funds. ID# 13-1531223 PLAN# 501</p> <p>N.Y.H.T.C. AFL PENSION PLAN 305 W. 44TH STREET, NEW YORK, NY 10036 Provides retirement benefits for the the officers of the Hotel Trades Council ID # 13-1098484 PLAN# 002</p> <p>N.Y.H.T.C. &amp; H.A. OF NYC, INC. RETIREMENT PLAN &amp; TRUST. 305 W. 44TH STREET, NEW YORK, NY 10036 Provides retirement benefits for the the officers of H.E.R.E Local 6. ID# 13-1912520 PLAN # 001</p>

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

Item Number	
11	<p>(B) CLUB EMPLOYEES PENSION PLAN, 305 WEST 44TH ST, NEW YORK, NY 10036. Provides retirement benefits for the club employees. ID # 13-6188273 PLAN # 001</p> <p>(C) HOTEL &amp; RESTAURANT EMPLOYEES INTERNATIONAL PENSION FUND. Provides retirement benefits for the officers of H.E.R.E Local 6. P.O. BOX 166, FOREST PARK, IL 60130 ID# 36-0776855 PLAN# 001</p> <p>(D) HOTEL &amp; CLUB EMPLOYEES LOCAL NO. 6 AFL-CIO LOCAL 153 PENSION PLAN Provides retirement benefits to office employees and clerical staff of Local 6. ID # 13-0855926 PLAN # 004</p>

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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**75. ADDITIONAL INFORMATION (continued)**

Item Number	
12	HOTEL, RESTAURANT AND CLUB EMPLOYEES UNION LOCAL NO. 6 AFL-CIO COMMITTEE ON POLITICAL EDUCATION.

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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**75. ADDITIONAL INFORMATION (continued)**

Item Number	
14	ARMAO, COSTA & RICCIARDI CPA'S, P.C. IS THE OUTSIDE ACCOUNTING FIRM THAT PERFORMED AN AUDIT OF THE FINANCIAL STATEMENTS.

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 0 2 8 - 5 0 1

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12/31/2002

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
16	<p>THE FOLLOWING OFFICERS RECEIVED OVER \$10,000 IN COMPENSATION FROM THE FOLLOWING AFFILIATES:</p> <p>VITTO J. PITTA LYNN HOFFARD MARVIN JEFFERSON PETER WARD CHRISTOPHER CUSACK JAMES DONOVAN MICHAEL SIMO DYLAN VALLE</p> <p>AFFILIATES: H.E.R.E. INTERNATIONAL UNION THE NEW YORK HOTEL TRADES COUNCIL</p>

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

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### 75. ADDITIONAL INFORMATION (continued)

Item Number	
15	<p>HACELS, INC. is a wholly owned subsidiary of Local 6. HACELS, INC. owns two (2) commercial properties in New York City in where Local 6's offices are located.</p> <p>During the year an embezzlement of funds from Local 6 and HACELS, INC. was discovered. The embezzlement occurred during the years ended 12/31/98 through 12/31/01. Immediately after the embezzlement was uncovered, Local 6, through its counsel, retained Kroll Associates, a worldwide investigative and forensic auditing firm to investigate the embezzlement and to conduct a forensic audit. Local 6 also retained Roderick Lankler, Esq. of Lankler, Siffert and Wohl to conduct an independent investigation of the embezzlement activities.</p> <p>The embezzlement was perpetrated by the former comptroller of Local 6. The amount of the embezzlement is estimated to range between \$123,000 and \$160,000. A final forensic audit report of Kroll Associates is imminent.</p> <p>The perpetrator has admitted his misconduct and has agreed to make 100% restitution to Local 6 including payment of those investigative, forensic audit and attorney fees paid or incurred by Local 6 as a result of the embezzlement.</p> <p>To date the perpetrator has made a partial restitution payment in the amount of \$100,000. Full restitution will be made by the perpetrator upon the issuance of the final Kroll Associates report after the conclusion of its investigation and forensic audit.</p> <p>Local 6 has also filed a notice of claim with its employee fidelity bonding company and that of its parent, Hotel Employees and Restaurant Employees International Union, AFL-CIO.</p>