


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

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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.

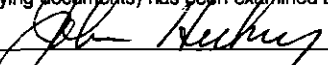

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 541-073	2. PERIOD COVERED MO DAY YEAR From 06 01 2001 Through 05 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<p>IMPORTANT</p> <p>Peel off the address label from the back of the package and place it here.</p> <p>If the label information is correct, leave Items 4 through 8 blank.</p> <p>If any of the label information is incorrect, complete Items 4 through 8.</p>		8. MAILING ADDRESS (Type or print in capital letters.) First Name: JOHN Last Name: HICKEY P.O. Box • Building and Room Number (if any): Number and Street: 330 WEST 47 STREET City: NEW YORK State ZIP Code + 4: NY 10036-
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)			Yes No

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

Item Number	LOCAL 758 PENSION FUND - 330 WEST 47 STREET NYC PLAN 001 FID# 13-2569697
11	LOCAL 758 BENEFIT FUND - 330 WEST 47 STREET NYC PLAN 201 FID# 13-612512
14	M. R. WASSER + CO LLP
16	JOHN HICKEY - N.Y. HOTEL AND MOTEL TRADES COUNCIL

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:  7/24/02 (212) 564-1196 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  7/24/02 () - Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | |
| 15. Discover any loss or shortage of funds or other property? | | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 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? | | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2700
19. What is the date of your organization's next regular election of officers? MO YEAR
12 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 30000
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>11.50</u> per <u>WEEK</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>200.00</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per _____ <small>(Month, Year, etc.)</small>

- | | | |
|---|-----|-------------------------------------|
| | Yes | No |
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? | | <input checked="" type="checkbox"/> |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 41-073

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.....		569971	617930
	26. Accounts Receivable.....		90715	132018
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	6943	8438
	31. Other Assets.....	3	22471	7729
	32. TOTAL ASSETS.....		690100	766115
LIABILITIES	33. Accounts Payable.....		40188	60179
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	189
	37. TOTAL LIABILITIES.....		40188	60368
	38. NET ASSETS (Item 32 less Item 37).....		649912	705747

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 541-073

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			1477417	56. To Officers	9		742294
40. Per Capita Tax			0	57. To Employees	10		133581
41. Fees			23406	58. Per Capita Tax			520449
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense ...	13		140400
44. Work Permits			0	61. Educational & Publicity Expense ...			13476
45. Sale of Supplies			0	62. Professional Fees			79639
46. Interest			12577	63. Benefits	11		194418
47. Dividends			0	64. Contributions, Gifts & Grants	12		64422
48. Rents			0	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			38127
50. Loans Obtained	8		0	67. Withholding Taxes			123913
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		5625
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		239562	71. To Affiliates of Funds Collected on Their Behalf			5722
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		22279
55. TOTAL RECEIPTS			1752962	74. TOTAL DISBURSEMENTS			1705009

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 41-023

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 541-073

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	22426	14048	8438	8438
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			8438	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 541 - 023

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Office EQUIPMENT	5625	5625	5625
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
			8. Net Purchases 5625
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)		
			Cash (D)(1)	Other Than Cash (D)(2)			
1.							
2.							
3.							
4.							
5. Totals from additional pages (if any)							
6. Totals of Lines 1 through 5	0	0	0	0	0		
Enter the Totals from Line 6 in			↑ Item 34 Column (C)	↑ Item 50	↑ Item 70	↑ Item 75 with Explanation	↑ Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 541-073

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</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)*					
<small>Last Name</small> 1. HICKEY	<small>First Name</small> JOHN	95328	1050	6740	0	103118
<small>Title</small> PRESIDENT	<small>Status</small>					
<small>Last Name</small> 2. PASQUALE	<small>First Name</small> JOHN	63372	8650	1262	0	73284
<small>Title</small> VICE-PRESIDENT	<small>Status</small>					
<small>Last Name</small> 3. RYGO R	<small>First Name</small> HARRY	61271	8650	400	0	70321
<small>Title</small> BUSINESS AGENT	<small>Status</small>					
<small>Last Name</small> 4. LANCI	<small>First Name</small> LEO	61271	6600	1333	0	69204
<small>Title</small> BUSINESS AGENT	<small>Status</small>					
<small>Last Name</small> 5.	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small> 6.	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small> 7.	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		281242	24950	10335	0	316527
10. Less Deductions						74233
Enter the Total from Line 11 in Item 56 →						24294
11. Net Disbursements						

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 41-023

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</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>					
Last Name 1. COLON First Name MYRTA Position BOOKKEEPER Name of Affiliated Organization	49424	0	0	0	49424
Last Name 2. GONZALEZ First Name DHELLIZA Position CLERICAL Name of Affiliated Organization	28097	0	0	0	28097
Last Name 3. CHACON First Name CLAYDIA Position CLERICAL Name of Affiliated Organization	30359	0	0	0	30359
Last Name 4. GARCIA First Name EUGENIA Position CLERICAL Name of Affiliated Organization	28260	0	0	0	28260
Last Name 5. BIANCHI First Name NANCY Position CLERICAL Name of Affiliated Organization	30656	0	0	0	30656
6. Totals from additional pages (if any)	15010		1602		16612
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	131706	0	1602	0	133308
					9. Less Deductions 49727
Enter the Total from Line 10 in..... Item 57 =>					10. Net Disbursements 133581

SCHEDULE 11 — BENEFITS

FILE NUMBER: 541-013

Description (A)	To Whom Paid (B)	Amount (C)
1. SEIU PENSION FUND	SEIU	65575
2. 401K PLAN	LOCAL 758-401K PLAN	39873
3. HEALTH BENEFIT	LOCAL 758 BENEFIT FUND	88970
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		194418
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. COPE	4605
2. LOCAL CHARITIES	59817
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	64422
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	50882
2. TELEPHONE	17734
3. OFFICE SUPPLIES + EXPENSE	23953
4. POSTAGE	13802
5. INSURANCE	8795
6. COMPUTER EXPENSE	16610
7. Total from additional pages (if any)	8624
8. Total of Lines 1 through 7	140400
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. REIMBURSED EXPENSES	239,562
2.	
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	239,562
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. REFUND DUES	521
2. AUTO EXPENSE	31,003
3. EXECUTIVE BOARD	9,380
4. ORGANIZING	24,915
5. CONFERENCES + CONVENTIONS	5,011
6. UNION EVENTS	11,415
7. CONDOLENCES	2,401
8. OUTSIDE SERVICES	15,000
9. DUES + SUBSCRIPTIONS	640
10. SUNDAY	19,483
11. Less: CARRYOVER FROM SCHEDULE 9 + 10	(36,887)
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	222,799
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
 Home Alliance Services Union Local 788

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 41-023

PAGE 1 OF 1 ADDITIONAL PAGES

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. Use all capital letters.)</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>					
Last Name: DIAZ First Name: NEIL Position: ORGANIZER Name of Affiliated Organization:	15010	0	160 ✓		1661 ✓
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
Totals	15010	0	160 ✓	0	1661 ✓

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

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. Use all capital letters.)</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>					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
Totals					