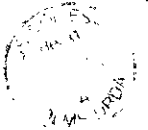


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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 	1. FILE NUMBER 0 0 9 - 9 4 5	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 3 Through 0 7 3 1 2 0 0 3	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: <input checked="" type="checkbox"/> X (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
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IMPORTANT

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name
B i l l I

Last Name
W r i g h t

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

Number and Street
5 5 1 6 W 1 1 t h S t r e e t

City
L i t t l e R o c k

State ZIP Code + 4
A R 7 2 2 0 4 -

4. AFFILIATION OR ORGANIZATION NAME
International Union of Operating Engineers

5. DESIGNATION (Local, Lodge, etc.)
Local 382

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

International Union of Operating Engineers Local 382 merged with International Union of Operating Engineers Local 624, located at 1328 Hwy 80 West, Jackson, MS 39204. File number 021-164, all records, cash, and other assets will be transferred to International Union of Operating Engineers Local 624.

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: Bill Wright PRESIDENT (If other title, see instructions.)
 Date: 8 1 2 6 / 0 3 Telephone Number: (501) 663-6388

77. SIGNED: Dyron Johnson TREASURER (If other title, see instructions.)
 Date: 08 12 03 Telephone Number: 501 663-6388



During the Reporting Period Did Your Organization:

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

(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? 8 7 7
19. What is the date of your organization's next regular election of officers? MO YEAR
0 8 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? \$ 1 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>24</u> per <u>month</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>150</u>
(c) Transfer Fees	\$ <u>102</u>
(d) Work Permits	\$ <u>5</u> per <u>week</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?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | Yes | No |
| | | X |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | X |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | X |

(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: 0 0 9 - 9 4 5

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

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

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 9 - 9 4 5

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

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: 0 0 9 - 9 4 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: <u>N/A</u> 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					
Enter the Totals from Line 6 in	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 0 9 - 9 4 5

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
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. Total Book Value	
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) <u>Portrait</u>	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 2 9 7
↑ Enter the Total from Line 7 in Item 29, Column (B)	

Description (A)	Book Value (B)
1. Utility Deposits	44
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 4
↑ Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Union Dues Withheld	303
2. EFEC Withheld	45
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 4 8
↑ Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 9 - 9 4 5

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): See Attached Schedule	170,841		64,366	
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				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			6 4 3 6 6	

↑
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. N/A				
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: 009 - 945

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. N/A			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
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. Chrysler Financial	17647	0	1867	0	15780
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	1 7 6 4 7	0	1 8 6 7	0	1 5 7 8 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: 0 0 9 - 9 4 5

(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)*					
1. Last Name W r i g h t	First Name B i l l Status	2 7 0 6 0	0	0	0	2 7 0 6 0
2. Last Name	First Name Status					
3. Last Name	First Name Status					
4. Last Name	First Name Status					
5. Last Name	First Name Status					
6. Last Name	First Name Status					
7. Last Name	First Name Status					
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		27060	0	0	0	27060
10. Less Deductions						0
Enter the Total from Line 11 in Item 56 ⇨						2 7 0 6 0
11. Net Disbursements						2 7 0 6 0

*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: 0 0 9 - 9 4 5

(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	First Name					
1. B a g b y	M a r y	2 5 2 7 7				2 5 2 7 7
Position B o o k k e e p e r						
Name of Affiliated Organization						
2. W r i g h t	E r i c	1 9 8 4 0		6 6 8 2		2 5 5 2 2
Position O r g a n i z e r						
Name of Affiliated Organization						
3.						
Position						
Name of Affiliated Organization						
4.						
Position						
Name of Affiliated Organization						
5.						
Position						
Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
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		45117		6682		51799
9. Less Deductions						
Enter the Total from Line 10 in..... Item 57 ⇨				10. Net Disbursements		5 1 7 9 9

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 0 9 - 9 4 5

Description (A)	To Whom Paid (B)	Amount (C)
1. Group Insurance	Health and Welfare	11352
2. Pension Fund-Central	Central Fund	13781
3. Pension Fund-General	General Fund	8383
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		3 3 5 1 6
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Central Arkansas BCTC	100
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 0 0
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Expense	4122
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 1 2 2
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Misc. Income	1856
2. Grant Income	16338
3. Building Fund Collected	540
4. Int. Income	14
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	1 8 7 4 8
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. General Insurance	4708
2. Auto Expense	1990
3. Travel	7883
4. Building Maintenance	1180
5. Utilities	9878
6. Public Relations	620
7. Misc. Expense	5671
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 1 9 3 0
Enter the Total from Line 17 in  Item 73	