

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

**FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS**

This report is mandatory under PL. 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 	1. FILE NUMBER  0 3 8 - 1 9 7	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 0	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

Last Name

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

Number and Street  
I 5 2 0 P R O F I T D R I V E

City  
F O R T W A Y N E

State ZIP Code + 4  
I N 4 6 8 0 8 - 1 1 7 3

4. AFFILIATION OR ORGANIZATION NAME  
International Union of Operating Engineers

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

6. DESIGNATION NUMBER  
19

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)  
Yes No  X

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

Item Number	See attached schedule
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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.)

57. SIGNED: Danny Longley PRESIDENT (If other title, see instructions.)  
 Date: 2/20/01 Telephone Number: (219) 637-9125

58. SIGNED: Oscar McPherson TREASURER (If other title, see instructions.)  
 Date: 2/6/01 Telephone Number: (219) 447-1997

*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? .....  |     | X  |
| <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? ..... |     | X  |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? .....   |     | X  |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? .....   |     | X  |

*(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)*

19. How many members did your organization have at the end of the reporting period? 1 6 7
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
21. 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 |
|  |     | X  |
- (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*
22. What is the date of your organization's next regular election of officers? MO YEAR
23. 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>18.50</u> per <u>month</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>48.50</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <i>(Month, Year, etc.)</i>

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 038-197

(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>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>					
Last Name 1. L O N G L E Y	First Name D O U G		4 7 7	7 1 6	1 1 9 3
Title P R E S I D E N T	Status				
Last Name 2. W I T H E R E D	First Name J E F F		4 7 8	0	4 7 8
Title V I C E P R E S I D E N T	Status				
Last Name 3. M C P H E R S O N	First Name O S C A R		9 6 1	1 4 1	1 1 0 2
Title T R E A S U R E R	Status				
Last Name 4. W I T H E R E D	First Name A N G I E		1 0 7 3	6 6 3	1 7 3 6
Title S E C R E T A R Y	Status				
Last Name 5. E B B I N G	First Name J U L I E		5 1 5	0	5 1 5
Title R E C S E C R E T A R Y	Status				
Last Name 6. O S B O R N E	First Name L L O Y D		2 2 5 6	1 2 6 3	3 5 1 9
Title B U S I N E S S A G E N T	Status				
Last Name 7. J O H N S O N	First Name J O E		3 7 3	2 3	3 9 6
Title A S S T B U S I N E S S A G E N T	Status				
8. Totals from additional pages (if any)					
9. Totals of Lines 1 through 8			6,133	2,806	8,939
10. Less Deductions				0	
Enter the Total from Line 11 in ..... Item 45 →				8 9 3 9	

\*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 56 on page 1.)

**Enter Amounts in Dollars Only — Do Not Enter Cents**

FILE NUMBER: \_\_\_\_\_

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

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues .....	1 9 7 8 3	45. To Officers (from Item 24) .....	8 9 3 9
	39. Per Capita Tax .....	0	46. To Employees (less deductions) .....	0
	40. Fees, Fines, Assessments & Work Permits .....	0	47. Per Capita Tax .....	6 3 7 4
	41. Interest & Dividends .....	1 1 9 8	48. Office & Administrative Expense .....	2 3 3 7
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	6 2 7
	43. Other Receipts .....	0	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	2 0 9 8 1	51. Contributions, Gifts & Grants .....	1 0 0
	<p><b>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</b></p>		52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	4 5 6 1 7
			55. TOTAL DISBURSEMENTS .....	6 3 9 9 4

INTERNATIONAL UNION OF OPERATING ENGINEERS  
LOCAL 19

# 038-197

SCHEDULE SUPPORTING FORM LM-3 FOR 2000:

PAGE 1 - LINE 56 - ADDITIONAL INFORMATION:

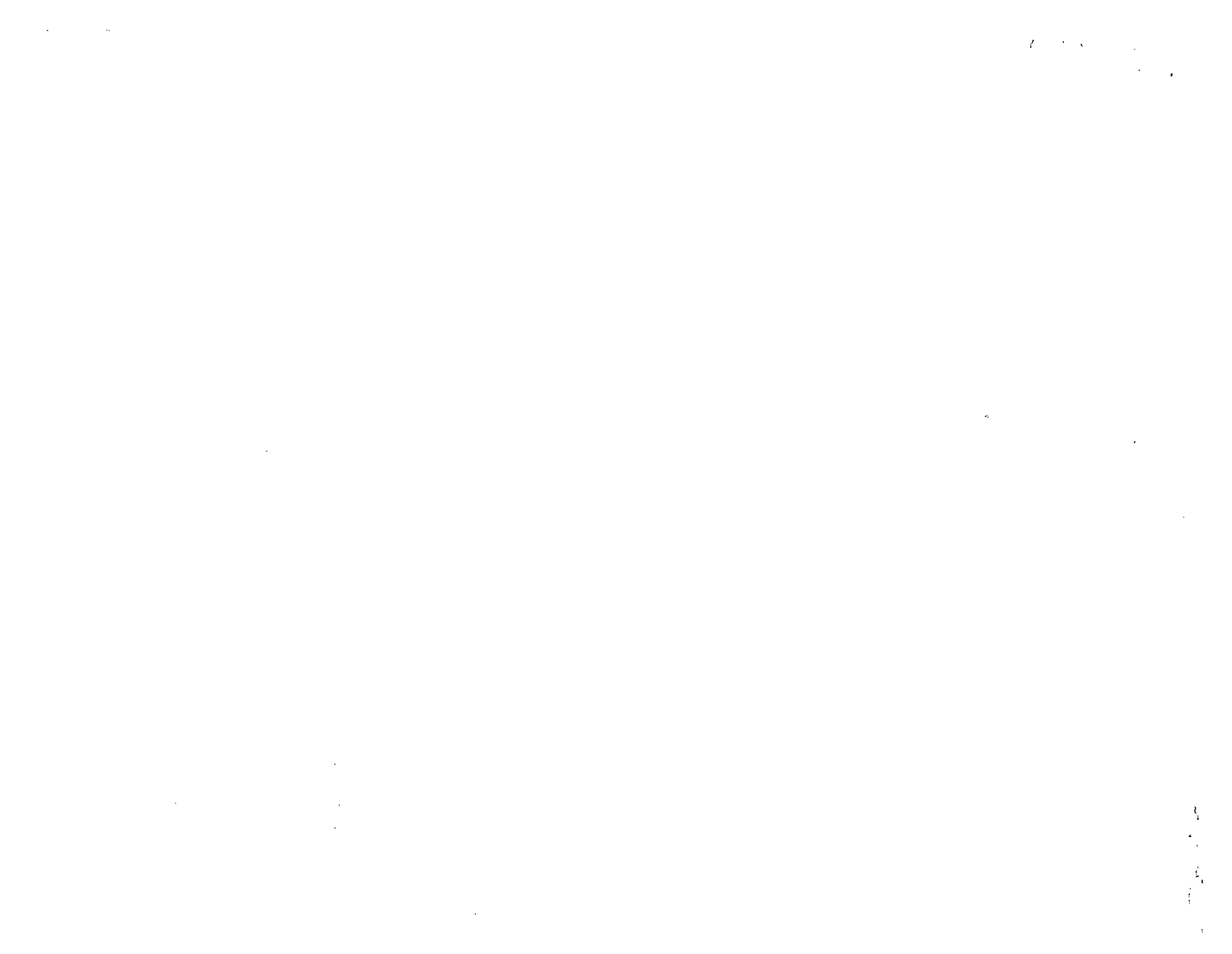
ITEM 3(b) - On July 1, 2000 the International Union of Operating Engineers Local 19 merged into the International Union of Operating Engineers Local 399 (# 028-035).

The following asset was transferred to Local 399:

Cash	<u>\$44,128</u>
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ITEM 9 -

The books and records of the International Union of Operating Engineers Local 19 are retained at the office of the International Union of Operating Engineers Local 399, 763 W. Jackson Blvd., Chicago, Illinois 60661.





# Union Termination Record

1. Record of  Termination  Cancellation  Reinstatement

2. Organization

File Number: 038-197

Affiliation/Organization Name: Operating Engineers

Designation Name/Number: Local 19

Unit Name (if any): \_\_\_\_\_

3. Address

City: \_\_\_\_\_ State: \_\_\_\_\_

4. Action Category

- Ceased to exist due to termination
- Ceased to exist due to merger with: Local 399, LM-028-035
- Multiple numbers - second number assigned in error: \_\_\_\_\_
- Cancellation of original termination made in error
- Other - state reason: \_\_\_\_\_

5. Authority for Action (document or action)

- Ceased to exist per terminal financial report (LM-2/3/4) dated: 2/6/2001
- Ceased to exist per termination confirmation letter from: \_\_\_\_\_ dated: \_\_\_\_\_
- Ceased to exist per document - describe: \_\_\_\_\_ dated: \_\_\_\_\_
- Other action - describe: \_\_\_\_\_

6. Authorized By

Form LM-3  
1/1/2000 - 6/30/2000

Date: \_\_\_\_\_

7. Action Recorded By

Randy Newkirk

Date: 5/31/2001

8. Copy Sent to District Office

DO: 310 (7A) - Chicago DO

Date: \_\_\_\_\_

