


# 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 <u>041-034</u>	2. PERIOD COVERED MO DAY YEAR From <u>01 01 2000</u> Through <u>01 01 2000</u>	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"/> (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><b>IMPORTANT</b></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 <u>JAMES</u> Last Name <u>HOOVENS</u> P.O. Box • Building and Room Number (if any)  Number and Street <u>1833 N BROADWAY</u> City <u>SPRINGFIELD</u> State ZIP Code + 4 <u>MO 65803-</u>
4. AFFILIATION OR ORGANIZATION NAME <u>Engineers, Operating, AFL-CIO</u>			
5. DESIGNATION (Local, Lodge, etc.) <u>Local</u>		6. DESIGNATION NUMBER <u>00016-16B</u>	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

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

Item Number	See Attached
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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.)

76. SIGNED: <u>[Signature]</u> <u>4/17/01</u> (417) 864 - 6889 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>[Signature]</u> <u>4/17/01</u> (417) 864 - 6889 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 type="checkbox"/>            | <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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br><i>(Answer "Yes" even if there has been repayment or recovery.)</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  | <input type="checkbox"/>            | <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? ..... **573**
19. What is the date of your organization's next regular election of officers? MO YEAR
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? \$ .....
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	\$ _____ per _____ <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ _____
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ <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                                  |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....   | <input type="checkbox"/> | <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: 041-034

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 #			
<b>ASSETS</b>	25. Cash .....		736,368	0	
	26. Accounts Receivable .....				
	27. Loans Receivable .....	1			
	28. U.S. Treasury Securities .....				
	29. Investments .....	2			
	30. Fixed Assets .....	5	99,102	0	
	31. Other Assets .....	3			
32. TOTAL ASSETS .....			835,470	0	
<b>LIABILITIES</b>	33. Accounts Payable .....		6,450	0	
	34. Loans Payable .....	8			
	35. Mortgages Payable .....				
	36. Other Liabilities .....	4			
	37. TOTAL LIABILITIES .....			6,450	0
	38. NET ASSETS (Item 32 less Item 37) .....			829,020	0

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 041-034

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 .....				56. To Officers .....	9		
40. Per Capita Tax .....				57. To Employees .....	10		
41. Fees .....				58. Per Capita Tax .....			
42. Fines .....				59. Fees, Fines, Assessments, etc. ....			
43. Assessments .....				60. Office & Administrative Expense .....	13		
44. Work Permits .....				61. Educational & Publicity Expense ...			
45. Sale of Supplies .....				62. Professional Fees .....			
46. Interest .....				63. Benefits .....	11		
47. Dividends .....				64. Contributions, Gifts & Grants .....	12		
48. Rents .....				65. Supplies for Resale .....			
49. Sale of Investments & Fixed Assets .....	6			66. Direct Taxes .....			
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		
54. Other Receipts .....	14			71. To Affiliates of Funds Collected on Their Behalf .....			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements .....	15		
55. TOTAL RECEIPTS .....			0	74. TOTAL DISBURSEMENTS .....			0

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: 041-034

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

FILE NUMBER: 041-034

# SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
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) _____	
<b>Other Investments</b>	
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) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
↑ Enter the Total from Line 7 in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
↑ Enter the Total from Line 7 in ..... Item 31, Column (B)	

# SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
↑ Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 041-034

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				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			0	

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	0

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 041-034

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases 0	
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: 041-034

(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)*					
Last Name	First Name					
1. HOOVENS	JIM	0	0	0	0	0
Title PRESIDENT	Status P					
2. MITCHELL	JAMES	0	0	0	0	0
Title SECRETARY	Status P					
3. COOK	LELAND	0	0	0	0	0
Title VICE PRESIDENT	Status P					
4. HENRY	WAYNE	0	0	0	0	0
Title RECORDING SEC	Status P					
5. MOORE	MAX	0	0	0	0	0
Title EXEC BOARD	Status P					
6. BARNES	CHARLES	0	0	0	0	0
Title TREASURER	Status P					
7.						
Title	Status					
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		0	0	0	0	0
10. Less Deductions						0
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		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: 041-034

(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>					
1. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
6. Totals from additional pages <i>(if any)</i>					
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					
(Hatched area)			9. Less Deductions		0
Enter the Total from Line 10 in ..... Item 57 ⇒			10. Net Disbursements		0

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 041-034

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
Enter the Total from Line 6 .....		↑ Item 63


# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

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


# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0
Enter the Total from Line 8 in ..... ↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
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	
Enter the Total from Line 17 in .....  Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1.	
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	
Enter the Total from Line 17 in .....  Item 73	

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 16-16B  
LABOR ORGANIZATION ANNUAL REPORT – FORM LM-2  
FILE #041-034  
DECEMBER 31, 2000

Page 1, Line 75, Additional Information

Item No.

- 13 The Local was merged with the Operating Engineers Local 101 effective January 1, 2000. Local 101s information is as follows:

File Number 022-411  
Engineers, Operating, AFL-CIO LU 101  
6601 Winchester Avenue  
Kansas City, MO 64133

The Springfield address is now a branch of Local 101. Therefore, the records of Local 16-16B are maintained at the Springfield address.

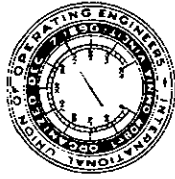
The following assets and liabilities were transferred to Local 101:

Cash	325,764
Certificate of Deposit	410,604
Land	36,833
Office Equipment	29,758
Building & Improvements	80,690
Accumulated Depreciation	(48,179)
Liabilities	<u>(6,450)</u>
Net Assets Acquired in Merger	829,020

- 14 An audit for December 31, 1999 was performed by Beverly J. Smith, CPA. The assets as audited were transferred to Local 101 as described in Item 13. Local 101 was audited for 2000 by Cuneo, Lawson, Shay & Staley, CPAs.



# International Union of Operating Engineers



AFFILIATED WITH THE AFL-CIO

LOCAL NO. 101

1833 N. BROADWAY  
SPRINGFIELD, MO. 65803

OFFICE (417) 864-6989  
FAX (417) 869-6211



RODGER KAMINSKA, Business Manager  
LARRY MILLSAP, President & Asst. Bus. Manager  
RAYMOND MOORE, Vice President  
WELDON HARROD, Financial Secretary  
GARY D. BENNETT, Recording Secretary  
JERRY HESSEFORT, Treasurer

ST. LOUIS, MO  
RECEIVED

FEB 23 2001

DEPARTMENT OF LABOR  
OLMS

February 20, 2001

Mr. John Mitchell  
District Director  
U. S. Department of Labor  
1222 Spruce Street, Room 9 109E  
St. Louis, MO 63103

Dear Mr. Mitchell:

Effective January 1, 2000, IUOE Local #16, was merged with IUOE Local #101. From that date on, Local #16 ceased to exist. Effective January 1, 2000, all annual reports will be forthcoming from IUOE Local #101.

Should you have any questions, you may contact Phyllis Hayes at our Kansas City office. Her number is 816-737-8600.

Sincerely,

Diana Stuver  
Secretary -- Springfield Branch

ds

022-411

RE: LM-2





# Union Termination Record

1. Record of  Termination  Cancellation  Reinstatement

2. Organization

File Number: 041-034  
 Affiliation/Organization Name: OPERATING ENGINEERS  
 Designation Name/Number: LOCAL # 16  
 Unit Name (if any): \_\_\_\_\_

3. Address

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

4. Action Category

Ceased to exist due to termination  
 Ceased to exist due to merger with: IUE LOCAL # 101 LM#022-411  
 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-2314) dated: 4-4-2001  
 Ceased to exist per termination confirmation letter from: \_\_\_\_\_ dated: \_\_\_\_\_  
 Ceased to exist per document - describe: \_\_\_\_\_ dated: \_\_\_\_\_  
 Other action - describe: \_\_\_\_\_ dated: \_\_\_\_\_

6. Authorized By

David W. Davis Date: June 4, 2001

7. Action Recorded By

David W. Davis Date: June 4, 2001

8. Copy Sent to District Office

DO: St Louis Date: June 4, 2001

