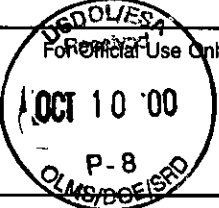


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**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.

	<b>1. FILE NUMBER</b> 024-057	<b>2. PERIOD COVERED</b> MO DAY YEAR From 07 01 1999 Through 06 30 2000	<b>3. (a) AMENDED</b> — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> <b>(b) TERMINAL</b> — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> <b>(c) SUBSIDIARY</b> — 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"/>
<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>		<b>8. MAILING ADDRESS (Type or print in capital letters.)</b> First Name: JAMES Last Name: DEJULIIS P.O. Box • Building and Room Number (if any): STE A Number and Street: 5901 HARFORD RD City: BALTIMORE State: MD ZIP Code + 4: 21214	
<b>4. AFFILIATION OR ORGANIZATION NAME</b> OPERATING ENGINEERS		<b>5. DESIGNATION (Local, Lodge, etc.)</b> LOCAL 37	
<b>6. DESIGNATION NUMBER</b> 37		<b>7. UNIT NAME (if any)</b>	
<b>9. Are your organization's records kept at its mailing address?</b> (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

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

Item Number	12	IUOE Local 37 PAC MD - Filed with Secretary of State of Maryland, State Board of Election Laws, Annapolis, MD
	14	Audit performed by Independent Certified Public Accountants, Kahler & Assoc., PC
	16	James R. DeJuliis - International Union of Operating Engineers, Trustee
	23	4 vehicles are pledged as collateral for bank loans thereon. Estimated fair value \$60,000

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.)

<b>76. SIGNED:</b> <u>James S. DeJuliis</u> 9 126100 301 777-1212 Date Telephone Number	PRESIDENT (If other title, see instructions.)	<b>77. SIGNED:</b> <u>Wade Hammel</u> 9 126100 (410) 258-2944 Date Telephone Number	TREASURER (If other title, see instructions.)
---	--	---	--

*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? .....<br><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? 2016
19. What is the date of your organization's next regular election of officers? MO YEAR  
08 2001
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? \$ 200000
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	\$ 15.50 per MONTH <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ 240.
(c) Transfer Fees	\$ 1.
(d) Work Permits	\$ 5. per DAY <small>(Month, Year, etc.)</small>

- |   |     |    |
|---|-----|----|
| 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? .....<br><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: **024-057**

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....		1515676	1870067
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	10000	10000
	30. Fixed Assets.....	5	118495	112921
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		1644171	1992988

LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	77919	58740
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	6925	8369
	37. TOTAL LIABILITIES.....		84844	67109
	38. NET ASSETS (Item 32 less Item 37).....		1559327	1925879

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 024-057

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 .....			1934322	56. To Officers .....	9		208543
40. Per Capita Tax .....			0	57. To Employees .....	10		262894
41. Fees .....			43508	58. Per Capita Tax .....			189141
42. Fines .....			75	59. Fees, Fines, Assessments, etc. ....			0
43. Assessments .....			0	60. Office & Administrative Expense ....	13		193179
44. Work Permits .....			0	61. Educational & Publicity Expense ...			42665
45. Sale of Supplies .....			5578	62. Professional Fees .....			59280
46. Interest .....			93661	63. Benefits .....	11		347117
47. Dividends .....			0	64. Contributions, Gifts & Grants .....	12		10445
48. Rents .....			0	65. Supplies for Resale .....			7797
49. Sale of Investments & Fixed Assets .....	6		0	66. Direct Taxes .....			56472
50. Loans Obtained .....	8		0	67. Withholding Taxes .....			181274
51. Repayments of Loans Made .....	1		0	68. Purchase of Investments & Fixed Assets .....	7		30880
52. On Behalf of Affiliates for Transmittal to Them .....			57020	69. Loans Made .....	1		0
53. From Members for Disbursement on Their Behalf .....			0	70. Repayment of Loans Obtained .....	8		19179
54. Other Receipts .....	14		232113	71. To Affiliates of Funds Collected on Their Behalf .....			55776
				72. On Behalf of Individual Members ...			12763
				73. Other Disbursements .....	15		334481
55. TOTAL RECEIPTS .....			2366277	74. TOTAL DISBURSEMENTS .....			2011886

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: 024-057

**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: 024-057

# 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	10,000
5. Total Book Value	10,000
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>STATE OF ISRAEL BOND</u>	10,000
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	10000
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. <u>PAYROLL TAXES PAYABLE</u>	4,028
2. <u>DUE TO BUILDING TRADES</u>	4,341
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	8369
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 024-057

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	148,088	92,108	55,980	55,980
6. Office Furniture and Equipment	114,860	57,919	56,941	94,357
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			112,921	
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: 024-057

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE EQUIPMENT	531	531	531
2. COMPUTERS AND SOFTWARE	30,349	30,349	30,349
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	30,880	30,880	30,880
	7. Less Reinvestments		
	8. Net Purchases		30,880
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. SUNTRUST BANK	77,919	0	19,179	0	58,740
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	77,919	0	19,179	0	58,740
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: 024-057

(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. DEJULIIS Title BUSINESS MGR	JAMES Status C		79,569	0	19,971	0	99,540
2. BOWMAN Title PRESIDENT	TERRY Status C		65,640	0	3,986	0	69,626
3. CRIZER Title FINANCIAL SECTY	EDWARD Status C		48,737	0	9,279	0	58,016
4. SHANAHAN Title RECORDING SECTY	JOSEPH Status C		0	0	0	0	0
5. VANDOMMELEN Title VICE PRESIDENT	LIONEL Status C		64,372	0	6,312	0	70,684
6. HAMEL Title TREASURER	WADE Status C		0	0	700	0	700
7.							
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			258,318		40,248		298,566
10. Less Deductions							9,023
Enter the Total from Line 11 in ..... Item 56 ⇨							208,543
*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: 024-057

(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. ANDERSON Position ORGANIZER Name of Affiliated Organization	QUINTON	41973	0	200	0	42173
2. APPEL Position ORGANIZER Name of Affiliated Organization	RANDY	46620	0	4432	0	51052
3. DEJULIIS Position BOOKKEEPER Name of Affiliated Organization	CONNIE	35136	0	0	0	35136
4. KNEZEVICH - DODEBRA Position OFFICE MGR Name of Affiliated Organization		34800	0	0	0	34800
5. FELDER Position ORGANIZER Name of Affiliated Organization	DARNEIL	41973	0	200	0	42173
6. Totals from additional pages (if any)		152,354	0	0	0	152,354
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		9,400	0	0	0	9,400
8. Totals of Lines 1 through 7		362,256	0	4,832	0	367,088
				9. Less Deductions		104194
Enter the Total from Line 10 in..... Item 57 ⇨				10. Net Disbursements		262894

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 024-057

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH, WELFARE + ANNUITY	OEBF BENEFIT FUND	188,520
2. PENSION	CENTRAL PENSION FUND	55,760
3. PENSION	GENERAL PENSION FUND	102,837
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		347,117
Enter the Total from Line 6 .....		↑ Item 63

# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. LABOR ORGANIZATIONS	4,950
2. ORGANIZED CHARITIES	2,670
3. APPRENTICE SCHOOL	2,825
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	10,445
Enter the Total from Line 8 in ..... ↑ Item 64	

# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. BANK SERVICE CHGS	5,196
2. TRAVEL/ENTERTAINMNT	16,432
3. OFFICE EXPENSES	14,609
4. PRINTING	11,661
5. EXECUTIVE BOARD	5,705
6. VEHICLE EXPENSE	12,060
7. Total from additional pages (if any)	127,516
8. Total of Lines 1 through 7	193,179
Enter the Total from Line 8 in ..... ↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

Description (A)	Amount (B)
1. PROCEEDS FROM SPEC EVNTS	206,023
2. ORGANIZING GRANT	26,090
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	232,113
Enter the Total from Line 17 in ..... <sup>↑</sup> Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. COST OF SPEC EVNTS	218,813
2. TARGETED JOB PROGRAM	115,668
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	334,481
Enter the Total from Line 17 in ..... <sup>↑</sup> Item 73	

ORGANIZATION NAME:  
**OPERATING ENGINEERS LOCAL 37**

ENDING DATE OF PERIOD COVERED:  
**6/30/2000**

FILE NUMBER: **024-057**

PAGE **1** OF **1** 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: <b>IOZZI</b> First Name: <b>DOLORES</b> Position: <b>SECRETARY</b> Name of Affiliated Organization:	<b>26781</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26781</b>
Last Name: <b>MCQUAY</b> First Name: <b>MARK</b> Position: <b>ORGANIZER</b> Name of Affiliated Organization:	<b>41972</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>41972</b>
Last Name: <b>O'DONNELL</b> First Name: <b>THOMAS</b> Position: <b>ORGANIZER</b> Name of Affiliated Organization:	<b>43413</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43413</b>
Last Name: <b>OWENS</b> First Name: <b>THERESA</b> Position: <b>SECRETARY</b> Name of Affiliated Organization:	<b>20628</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20628</b>
Last Name: <b>PFEIFER</b> First Name: <b>DEBORAH</b> Position: <b>ORGANIZER</b> Name of Affiliated Organization:	<b>19560</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19560</b>
<b>Totals</b>	<b>152,354</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>152,354</b>

ORGANIZATION NAME:

FILE NUMBER: —

ENDING DATE OF PERIOD COVERED:

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 _____					
<b>Totals</b>					

**Operating Engineers Local 37  
Additional Information - Form LM-2  
For the Period 7/1/1999 through 6/30/2000**

**FILE NUMBER 024-057**

**ITEM 75 - ADDITIONAL INFORMATION**

Upon the advice of Department of Labor personnel, Schedules 9 and 10 (Column F) include expenses for lodging, meals and entertainment while traveling on official Local business and per diem reimbursements for travel. Furthermore, vehicle expenses including fuel, repair and maintenance of vehicles owned by the Local are also included. In prior year's these expenses have been reported directly in the expense category to which they related. Additionally, the cost of the members' Christmas party was charged to the Business Manager's credit card during the fiscal year covered. Arrangements will be made with the facility in the future for direct payment.

**SCHEDULE 13 - OFFICE AND ADMINISTRATIVE EXPENSES**

Description (A)	Amount (B)
<i>Totals to Line 10 of Schedule:</i>	
Interest	5,194
Leased Equipment	9,270
Other office expense	1,469
Telephone	26,669
Postage	7,825
Utilities	4,184
Rent	32,424
Repair and maintenance	7,772
Subscriptions	9,862
Insurance	22,847
<b>TOTAL TO LINE 10, SCHEDULE 13</b>	<b>127,516</b>

