U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

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

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

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

US DOL ESA Rec'd 3/19/2001 B OLMS DRDA

1. FILE NUMBER: 043-598

2. PERIOD COVERED

	MO	DAY	YEAR
From	04	01	2000
Through	03	31	2001

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:

CRAIG BUCKHAM (2) 043-598
SEATTLE PROFESSIONAL ENGINEERING 540
EMPLOYEES ASSOCIATION
15205 52ND AVE S
SEATTLE, WA 981882336 3/2001

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

City

State ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME
INT. FED. OF PROFESSIONAL & TECH. EMP.

5. DESIGNATION *(Local, Lodge, etc.)*: LOCAL

6. DESIGNATION NUMBER: 2001

7. UNIT NAME *(if any)*

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 75.)* Yes X No

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

Item Number	
10	SEE ATTACHED SCHEDULE
14	SEE ATTACHED SCHEDULE

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: C Buckham — PRESIDENT *(If other title, see instructions.)*
6 / 11 / 01 — Date
(206) 433-0991 — Telephone Number

77. SIGNED: Richard J. Taylor — TREASURER *(If other title, see instructions.)*
6 / 11 / 01 — Date
(206) 433-0991 — Telephone Number

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? *(Answer "Yes" even if there has been repayment or recovery.)*		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? 17897

19. What is the date of your organization's next regular election of officers? MO 03 YEAR 2002

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? $ 2000000

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	$ 24.14 per MONTH *(Month, Year, etc.)*
(b) Initiation Fees	$
(c) Transfer Fees	$
(d) Work Permits	$ per *(Month, Year, etc.)*

	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? *(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*		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 4 3 – 5 9 8

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		5 0 5 8 0 3	5 0 8 9 1 2
	26. Accounts Receivable		2 1 0 3 5	0
	27. Loans Receivable	1	0	0
	28. U.S. Treasury Securities		3 4 9 7 8 6	3 9 6 4 9 4
	29. Investments	2	1 0 0 2 0 4 5	6 1 9 3 0 4
	30. Fixed Assets	5	4 9 1 8 6 5	6 8 4 6 9 9
	31. Other Assets	3	1 7 2 0 5 9	1 7 2 7 1 7
	32. TOTAL ASSETS		2 5 4 2 5 9 3	2 3 8 2 1 2 5

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		3 3 7 9 8 8	1 3 3 7 5 0
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	1 1 9 6 3 8	1 7 1 9 0 2
	37. TOTAL LIABILITIES		4 5 7 6 2 6	3 0 5 6 5 2
	38. NET ASSETS *(Item 32 less Item 37)*		2 0 8 4 9 6 7	2 0 7 6 4 7 3

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 4 3 — 5 9 8

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		4509822	56. To Officers	9	9309
40. Per Capita Tax		0	57. To Employees	10	1522851
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	293547
44. Work Permits		0	61. Educational & Publicity Expense		39204
45. Sale of Supplies		0	62. Professional Fees		87090
46. Interest		40146	63. Benefits	11	446212
47. Dividends		387	64. Contributions, Gifts & Grants	12	32007
48. Rents		0	65. Supplies for Resale		0
49. Sale of Investments & Fixed Assets	6	627789	66. Direct Taxes		186644
50. Loans Obtained	8	0	67. Withholding Taxes		476991
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	881015
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	269409	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	1469574
55. TOTAL RECEIPTS		5447553	74. TOTAL DISBURSEMENTS		5444444

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 4 3 — 5 9 8

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					
Enter the Totals from Line 6 in	Item 27 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

FILE NUMBER: 043-598

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	603,751
2. Total Book Value	619,304
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)	
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	619304
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. PREPAID EXPENSES	32,717
2. INVESTMENT IN SUBSIDIARY	140,000
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	172717
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEVERENCE & COMP. TIME	171,902
2.	
3.	
4.	
5.	
6. Total from additional pages *(if any)*	
7. Total of Lines 1 through 6	171902
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 4 3 – 5 9 8

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*):	74,200		74,200	370,000
2. Totals from additional pages *(if any)*				
3. Buildings *(give location)*:	804,112	579,244	224,868	670,000
4. Totals from additional pages *(if any)*				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	679,142	293,511	385,631	385,631
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	1,557,454	872,755	684,699	1,425,631

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. MARKETABLE SECURITIES	608,796	608,796	627,789	627,789
2.				
3.				
4.				
5. Totals from additional pages *(if any)*				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		627,789

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

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 4 3 – 5 9 8

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. MARKETABLE SECURITIES	599,274	599,274	599,274
2. EQUIPMENT	281,742	281,742	281,742
3.			
4.			
5. Totals from additional pages *(if any)*			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		8 8 1 0 1 5

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					

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 4 3 – 5 9 8

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: WATERS First Name: KENNETH Title: COUNCIL CHAIR	C	500		884		1384
2. Last Name First Name Title						
3. Last Name First Name Title						
4. Last Name First Name Title						
5. Last Name First Name Title						
6. Last Name First Name Title						
7. Last Name First Name Title						
8. Totals from additional pages *(if any)*		3,500		4,425		7,925
9. Totals of Lines 1 through 8		4,000		5,309		9,309
				10. Less Deductions		
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		9309

*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: 043 — 598

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name: BOFFERDING First Name: CHARLES Position: EXECUTIVE DIR Name of Affiliated Organization:	169109		1261		170370
2. Last Name: ALBERTS First Name: ROBBI Position: COMMUNICATIONS Name of Affiliated Organization:	84286		4064		88350
3. Last Name: ANDERSON First Name: LAURA Position: CONTRACT ADMIN Name of Affiliated Organization:	15919		1288		17207
4. Last Name: BERGERON First Name: JIMMIE Position: COMPTROLLER Name of Affiliated Organization:	85519		1710		87229
5. Last Name: BERGSMA First Name: NITA Position: SECRETARY Name of Affiliated Organization:	43422		33		43455
6. Totals from additional pages *(if any)*	1,550,567		34,730		1,585,297
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	7,917		17		7,934
8. Totals of Lines 1 through 7	1,956,739		43,103		1,999,842
			9. Less Deductions		476991
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		1522851

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 4 3 — 5 9 8

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages *(if any)*		446,212
6. Total of Lines 1 through 5		4 4 6 2 1 2
Enter the Total from Line 6 ..... Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. CHRISTMAS FUND	789
2. STRIKE FUND	31,218
3.	
4.	
5.	
6.	
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	3 2 0 0 7
Enter the Total from Line 8 in ..... Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. SUPPLIES	47,638
2. POSTAGE	133,987
3. REPRODUCTION COSTS	37,741
4. STATIONARY	42,130
5. SUBSCRIPTIONS	13,044
6. OTHER	19,007
7. Total from additional pages *(if any)*	
8. Total of Lines 1 through 7	2 9 3 5 4 7
Enter the Total from Line 8 in ..... Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. ADVERTISING	1,116
2. CONTRIBUTIONS	17,121
3. OTHER	8,504
4. PAYROLL REIMBR	242,668
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	2 6 9 4 0 9
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)*	1,469,574
17. Total of Lines 1 through 16	1 4 6 9 5 7 4
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: SPEEA

ENDING DATE OF PERIOD COVERED: 03/31/01

FILE NUMBER: 043-598

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BUCKHAM First Name: CRAIG Title: PRESIDENT	C	500		468		968
Last Name: ROBINSON First Name: JERRY Title: SECRETARY	C	500		408		908
Last Name: TAYLOR First Name: RICHARD Title: TREASURER	C	500		381		881
Last Name: RICE First Name: ALAN Title: VICE PRESIDENT	C	500		1249		1749
Last Name: GILMORE First Name: LINDA Title: VICE PRESIDENT	N	349				349
Last Name: MCCARTY First Name: THOMAS Title: VICE PRESIDENT	N	151		1102		1253
Last Name: MCLAREN First Name: JOHN Title: VICE PRESIDENT	C	500				500
Last Name: RITTER First Name: DOUG Title: VICE PRESIDENT	C	500		817		1317
	Totals	3,500		4,425		7,925

Form LM-2 (Revised 2000)

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: ____ — ____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
Last Name First Name Title	Status					
	Totals					

ORGANIZATION NAME: SPEEA

ENDING DATE OF PERIOD COVERED: 03/31/01

FILE NUMBER: 043-598

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BONEBRIGHT First Name: JESSICA Position: RESEARCH DIR Name of Affiliated Organization:	76937		2050		78987
Last Name: BROWN First Name: SHELVY Position: CONTRACT ADMIN Name of Affiliated Organization:	13869		450		14319
Last Name: DUGOVICH First Name: WILLIAM Position: COMMUNICATIONDIR Name of Affiliated Organization:	55324		746		56070
Last Name: FARR First Name: KRISTIN Position: CONTRACT ADMIN Name of Affiliated Organization:	67239		1971		69210
Last Name: FLEMING First Name: ROBIN Position: EX DIR SECRETARY Name of Affiliated Organization:	42317				42317
Totals	255,686		5,217		260,903

ORGANIZATION NAME: SPEEA

ENDING DATE OF PERIOD COVERED: 03/31/01

FILE NUMBER: 043-598

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: GOYT; First Name: RICHARD; Position: CONTRACT ADMIN; Name of Affiliated Organization:	17123		450		17573
Last Name: GREGORY; First Name: STACY; Position: COMPUTER PROG; Name of Affiliated Organization:	63873		750		64623
Last Name: HALL; First Name: TERESA; Position: ASSIT EX DIR; Name of Affiliated Organization:	44243				44243
Last Name: HANSON; First Name: KURT; Position: INFORMATION DIR; Name of Affiliated Organization:	120791		1448		122239
Last Name: KREMENTZ; First Name: RICHARD; Position: PRINT SHOP; Name of Affiliated Organization:	84096				84096
Totals	330,126		2,648		332,774

ORGANIZATION NAME: SPEEA

ENDING DATE OF PERIOD COVERED: 03/31/01

FILE NUMBER: 043-598

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: LANDIS First Name: CAROLYN Position: RECEPTIONIST Name of Affiliated Organization:	38708				38708
Last Name: LARSSON First Name: KAY Position: SECRETARY Name of Affiliated Organization:	25219				25219
Last Name: MARTINEZ First Name: SHEILA Position: OFFICE ASSIT Name of Affiliated Organization:	33053		185		33238
Last Name: MILANOVICH First Name: LARRY Position: CONTRACT ADMIN Name of Affiliated Organization:	50482		1101		51583
Last Name: MOSHAY First Name: MARK Position: CONTRACT ADMIN Name of Affiliated Organization:	66435		1594		68029
Totals	213,897		2,880		216,777

ORGANIZATION NAME: SPEEA

ENDING DATE OF PERIOD COVERED: 03/31/01

FILE NUMBER: 043-598

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MURPHY First Name: SUSANNE Position: OFFICE ASSIT Name of Affiliated Organization:	30456		45		30501
Last Name: NELSON First Name: MARIA Position: CONTRACT ADMIN Name of Affiliated Organization:	70365		1972		72337
Last Name: PALMER First Name: MARVILLA Position: SECRETARY Name of Affiliated Organization:	43440				43440
Last Name: PLUNKETT First Name: RICH Position: CONTRACT ADMIN Name of Affiliated Organization:	73783		2401		76184
Last Name: ROGERS First Name: PHYLIS Position: COUNSEL Name of Affiliated Organization:	84359		125		84484
Totals	302,403		4,543		306,946

ORGANIZATION NAME: SPEEA

ENDING DATE OF PERIOD COVERED: 03/31/01

FILE NUMBER: 043-598

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: TUDOR First Name: DEAN Position: CONTRACT ADMIN Name of Affiliated Organization:	72003		1802		73805
Last Name: WHITFORD First Name: DEANN Position: SECRETARY Name of Affiliated Organization:	13575				13575
Last Name: WRIGHT First Name: JON Position: OFFICE ASSIT Name of Affiliated Organization:	12604				12604
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
Totals	98,182		1,802		99,984

ORGANIZATION NAME: SPEEA

ENDING DATE OF PERIOD COVERED: 03/31/01

FILE NUMBER: 043-598

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: ROMMEL First Name: BOB Position: CONTRACT ADMIN Name of Affiliated Organization:	86401		1710		88111
Last Name: SCHWISOW First Name: WAYNE Position: CONTRACT ADMIN Name of Affiliated Organization:	47180				47180
Last Name: SHEARON First Name: PAUL Position: CONTRACTADMIN Name of Affiliated Organization:	72454		2093		74547
Last Name: SINGLETARY First Name: JAMES Position: CONTRACT ADMIN Name of Affiliated Organization:	79119		12058		91177
Last Name: SORSCHER First Name: STANLEY Position: Name of Affiliated Organization:	65119		1779		66898
Totals	350,273		17,640		367,913

2000-2001
SPEEA – 043-598
LINE 21, FEES & DUES

ARTICLES 12.6 DUES

The monthly dues of each regular member, as defined in Article 2.1.1, shall be identical.

On January 5 of each year, the dues obligation will be established as follows:

> The average rate used to establish the uniform monthly dues obligation is the average hourly rate for all employees in both the Professional and Technical Bargaining Units. The average hourly rate will contain all cost-of-living adjustments pools and lump sum payments which are due the bargaining unit members at the time of computation. The dollar amount of the monthly dues obligation is the sum realized by multiplying the average hourly rate by 0.85, rounded to the nearest cent.

Effective January 2001 the uniform dues obligation will be $24.14 per month per member.

Dues not paid by payroll deduction shall be the responsibility of the member who owes the dues. Such dues are due at the SPEEA office no later than the date of the second paycheck of each month.

(b) Dues of associate and special members:

The dues of Associate and special Members shall be:

a. One-quarter of the annual dues rate of regular members, rounded to the nearest cent, for Associate Members.

b. One twelfth of the annual dues rate of regular members, rounded to the nearest cent, for Special Members.

2000-2001
SPEEA – 043-598
LINE 75, ADDITIONAL INFORMATION

Line 10

The Board of Directors authorized the formation of a new corporation to purchase land and construct a building to be used as SPEEA headquarters. SPEEA occupies the entire building. Its assets are consolidated with those of SPEEA.

Line 14

The financial statements of SPEEA for the year ended March 31, 2001 have been audited by an independent outside auditor – Stanford, Munko & Co., P.L.L.C. – Certified Public Accountants.

2000-2001
SPEEA -0043-598
SCHEDULE 11, LINE 5, BENEFITS:

DESCRIPTION (A)	TO WHOM PAID (B)	AMOUNT (C)
401 (K) PROVISION	UNION BANK & TRUST	$ 53,553
MONEY PURCHASE PENSION PROVISION	UNION BANK & TRUST	148,958
HEALTH BENEFIT	PUGET SOUND BENEFITS	84,311
HEALTH BENEFIT	GROUP HEALTH	18,039
HEALTH BENEFIT	N.W. ADMINISTRATORS	89,049
LIFE INSURANCE	UNUM LIFE INSURANCE	30,207
OTHER	OTHER	22,095
TOTALS TO LINE 5:		$ 446,212

2000-2001
SPEEA -0043-598
SCHEDULE 15, LINE 16, OTHER DISBURSEMENTS:

FEES PAID TO THE BOEING CO. ON BEHALF OF OFFICERS & BOARD MEMBERS:			
BUCKHAM	PRESIDENT		$ 33,960
ROBINSON	SECRETARY		4,087
TAYLOR	TREASURER		2,283
RICE	VICE-PRESIDENT		9,083
GILMORE	VICE-PRESIDENT		1,394
MCCARTY	VICE-PRESIDENT		4,535
MCLEARN	VICE-PRESIDENT		1,419
RITTER	VICE-PRESIDENT		0
WATERS	COUNCIL CHAIR		7,620
			$ 64,381
ADDITIONAL FEES PAID TO THE BOEING CO.			32,813
			$ 97,194
RENT			26,793
TELEPHONE			50,421
FACILITIES MAINTENANCE			44,324
INSURANCE			30,930
DELIVERY			4,013
FOOD			44,080
MILEAGE			28,263
AUTO			6,990
SURVEYS			22,960
TRAVEL			46,831
ORGANIZATION			134,388
MEMBER SUPPLIES			76,881
NEWSLETTERS			57,858
MEETINGS			73,148
CESO DUES			70,621
PER CAPITA DUES			336,670
AFFILATION FEES			21,828
NEGOTIATIONS			124,756
UTILITIES			14,141
			$ 1,313,090
DEDUCT EXPENSE REIMBURSEMENTS INCLUDED:			
SCHEDULE 9, COLUMN F		$ (5,309)	
SCHEDULE 10, COLUMN F		(43,103)	(48,412)
			$ 1,264,678
DEDUCT:			
DECREASE IN OTHER ASSETS (LINE 31)		$ 658	
INCREASE IN ACCOUNTS PAYABLE (LINE 33)		204,238	204,896
TO SCHEDULE 15, LINE 16			1,469,574

NOTE: FEES PAID TO THE BOEING CO. REPRESENT A CONTRACTUAL AGREEMENT WITH BOEING THAT SPEEA REIMBURSE BOEING FOR EMPLOYEES THAT ARE ENGAGED IN SPEEA BUSINESS AT THE EMPLOYEE'S CURRENT RATE OF PAY.