

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 UNDER 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. SUBMIT THIS REPORT IN DUPLICATE.

<p>IMPORTANT</p> <p>If a label is here, peel off the top copy and place it in the same box on the second copy of the form.</p> <p>If label information is correct, leave items 4 through 8 blank.</p> <p>If label information is incorrect, complete items 4 through 8.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>MICHAEL MAN (2) 000-342 NATIONAL EDUCATION ASN IND 04A NHQ 08/99 1201 16TH ST N W WASHINGTON, DC 20036</p> </div>	<p>1. FILE NUMBER 000-342</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2. PERIOD COVERED</td> <td>MO</td> <td>DAY</td> <td>YR</td> </tr> <tr> <td>From</td> <td>09</td> <td>01</td> <td>98</td> </tr> <tr> <td>Through</td> <td>08</td> <td>31</td> <td>99</td> </tr> </table> <p>3. If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/></p>	2. PERIOD COVERED	MO	DAY	YR	From	09	01	98	Through	08	31	99
2. PERIOD COVERED	MO	DAY	YR											
From	09	01	98											
Through	08	31	99											

4. AFFILIATION OR ORGANIZATION NAME	8. MAILING ADDRESS <i>(In care of) NAME AND TITLE OF PERSON</i> Michael Man, Manager, Business & Finance
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
7. UNIT NAME (if any)	NUMBER AND STREET 1201 16th St., N. W. BUILDING AND ROOM NUMBER (if any)
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.)	CITY STATE ZIP CODE Washington, D. C. 20036

<p>DURING THE REPORTING PERIOD DID YOUR ORGANIZATION:</p> <p>10. Have a "subsidiary organization" as defined in Section X of the instructions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have a political action committee (PAC) fund? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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"/> Yes <input checked="" type="checkbox"/> No</p> <p>17. Liquidate or reduce any liabilities without disbursement of cash? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)</i></p>	<p>18. How many members did your organization have at the end of the reporting period? <u>2,495,826</u></p> <p>19. What is the date of your organization's next regular election of officers? <u>07</u> <u>2000</u> Month Year</p> <p>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? <u>\$1,000,000</u></p> <p>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.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Rates of Dues and Fees</th> </tr> <tr> <td>(a) Regular Dues/Fees</td> <td>\$ _____ per _____ (month, year, etc.)</td> </tr> <tr> <td>(b) Initiation Fees</td> <td>\$ _____</td> </tr> <tr> <td>(c) Transfer Fees</td> <td>\$ _____</td> </tr> <tr> <td>(d) Work Permits</td> <td>\$ _____ per _____ (month, year, etc.)</td> </tr> </table> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i></p> <p>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Did your organization have any contingent liabilities at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)</i></p>	Rates of Dues and Fees		(a) Regular Dues/Fees	\$ _____ per _____ (month, year, etc.)	(b) Initiation Fees	\$ _____	(c) Transfer Fees	\$ _____	(d) Work Permits	\$ _____ per _____ (month, year, etc.)
Rates of Dues and Fees											
(a) Regular Dues/Fees	\$ _____ per _____ (month, year, etc.)										
(b) Initiation Fees	\$ _____										
(c) Transfer Fees	\$ _____										
(d) Work Permits	\$ _____ per _____ (month, year, etc.)										

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.)

<p>76. SIGNED: <u>Robert Chase</u> PRESIDENT <u>12/9/99</u> (202) 822-7029 Date Telephone Number</p>	<p>77. SIGNED: <u>Debbie Van Ravel</u> TREASURER <u>12/9/99</u> (202) 822-7499 Date Telephone Number</p>
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ENTER AMOUNTS IN DOLLARS ONLY

FILE NUMBER
000-342

COMPLETE SCHEDULES 1 THROUGH 15 BEFORE COMPLETING STATEMENTS A AND B

STATEMENT A — ASSETS AND LIABILITIES

Item	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)	Item	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash			\$ 3,839,969	\$ 8,789,494	33. Accounts Payable			\$18,139,805	\$22,400,497
26. Accounts Receivable ...			42,812,676	43,185,017	34. Loans Payable	8			
27. Loans Receivable	1		82,000	81,747	35. Mortgages Payable			46,283,739	44,578,354
28. U.S. Treasury Securities					36. Other Liabilities	4		37,319,398	41,822,739
29. Investments	2		6,093,011	7,540,493	37. TOTAL LIABILITIES			101,742,942	108,801,590
30. Fixed Assets	5		91,454,892	93,556,901	38. NET ASSETS				
31. Other Assets	3		4,056,180	3,152,920	(Item 32 less Item 37)			\$46,595,786	\$47,504,982
32. TOTAL ASSETS			\$148,338,728	\$156,306,572					

STATEMENT B — RECEIPTS AND DISBURSEMENTS

Item	CASH RECEIPTS	From SCH #	AMOUNT	Item	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues			\$220,517,886	56. To Officers		9	3,678,684
40. Per Capita Tax				57. To Employees		10	40,184,769
41. Fees				58. Per Capita Tax			
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense		13	14,638,109
44. Work Permits				61. Educational & Publicity Expense			5,532,778
45. Sale of Supplies				62. Professional Fees			18,902,718
46. Interest			568,990	63. Benefits		11	15,651,140
47. Dividends			1,684	64. Contributions, Gifts & Grants		12	58,471,098
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			3,100,122
50. Loans Obtained	8			67. Withholding Taxes			12,945,750
51. Repayments of Loans Made	1		111,647	68. Purchase of Investments & Fixed Assets		7	7,813,932
52. On Behalf of Affiliates for Transmittal to Them			411,650	69. Loans Made		1	111,394
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained		8	
54. Other Receipts	14		38,768,092	71. To Affiliates of Funds Collected on Their Behalf			345,550
55. TOTAL RECEIPTS			\$260,379,949	72. On Behalf of Individual Members			74,054,380
				73. Other Disbursements		15	
				74. TOTAL DISBURSEMENTS			\$255,430,424

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

Item Number	
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If more space is needed to complete any of the schedules, 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.

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>See attached schedule</u> Purpose: <u>(staff)</u> Security: _____ Terms of Repayment: _____	\$28,600	\$111,394	\$109,337	-	\$30,657
2. Name: <u>See attached schedule</u> Purpose: <u>(Non-staff)</u> Security: _____ Terms of Repayment: _____	53,400	-	2,310	-	51,090
3. Totals from additional pages (if any)					
4. Totals of loans not listed above					
5. Totals of Lines 1 through 4	\$82,000	\$111,394	\$111,647	-	\$81,747
Enter the Totals from Line 5 in Item 27, Item 69 Item 51 Item 75 Item 27, Column (A) with Explanation Column (B)					

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

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	\$7,540,493
2. Total Book Value	7,540,493
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) <u>Horace Mann Mutual Fund</u>	21,504
(b) <u>Corporate stocks/bonds</u>	
(c) <u>Fund</u>	3,659,808
(d) <u>Government Agency Fund</u>	3,859,181
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) <u>Total from additional pages (if any)</u>	
7. Total of Lines 2 and 5	7,540,493
Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. <u>See attached schedule</u>	\$3,152,920
2. _____	
3. _____	
4. _____	
5. Total from additional pages (if any)	
6. Total of Lines 1 through 5	\$3,152,920
Enter the Total from Line 6 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. <u>See attached schedule</u>	\$41,822,739
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. Total from additional pages (if any)	
9. Total of Lines 1 through 8	\$41,822,739
Enter the Total from Line 9 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

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Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 1201 16th St., Washington, D.C. & 900 Clopper Rd., Gaithersburg, MD 20878	2,590,779		2,590,779	\$32,000,000
2. Totals from additional pages (if any)				
3. Buildings (give location): 1201 16th St., Wash., D.C. & 900 Clopper Rd., Gaithersburg, MD 20878	81,957,518	23,200,834	58,756,684	60,000,000
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	10,252,690	6,766,904	3,485,786	3,485,786
7. Other Fixed Assets Software & development costs	35,746,909	7,023,257	28,723,652	28,723,652
8. Totals of Lines 1 through 7	\$130,547,896	36,990,995	93,556,901	24,209,438

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. None				
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

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Building Improvements - 900 Clopper Rd., Gaithersburg	5,634	5,634	5,634
2. Furniture & equipment	1,286,562	1,286,562	1,286,562
3. Software & Development Costs	6,521,736	6,521,736	6,521,736
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	7,813,932	7,813,932	7,813,932
		7. Less Reinvestments	
		8. Net Purchases	7,813,932

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)	Repayments Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of Lines 1 through 4					

Enter the Totals from Line 5 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

Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.) (A)	Title (B)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
1. See attached schedule			1,588,210	479,711	1,820,494	16,160	\$3,904,575	
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10. Totals from additional pages (if any)								
11. Totals of Lines 1 through 10			1,588,210	479,711	1,820,494	16,160	3,904,575	
							12. Less Deductions	225,891
							13. Net Disbursements	\$3,678,684
Enter the Total from Line 13 in							↑	Item 56
* Code for Column (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.)								

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (A)	Position (B)	Name of Affiliated Organization (if applicable) (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
1. See attached schedule			48,531,601	439,000	3,926,556	7,471	\$52,904,628	
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9. Totals from additional pages (if any)								
10. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates								
11. Totals of Lines 1 through 10			48,531,601	439,000	3,926,556	7,471	\$52,904,628	
							12. Less Deductions	12,719,859
							13. Net Disbursements	\$40,184,769
Enter the Total from Line 13 in							↑	Item 57

SCHEDULE 11 — BENEFITS

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Description (A)	To Whom Paid (B)	Amount (C)
1. See attached schedule		\$15,651,140
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10. Total from additional pages (if any)		
11. Total of Lines 1 through 10		\$15,651,140
Enter the Total from Line 11 in		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Grants to joint projects	
2. with state & local	
3. affiliates	\$57,818,008
4.	
5. Contributions to other	
6. affiliated organizations	366,000
7.	
8. Contributions to charitable	
9. organizations	287,090
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	\$58,471,098
Enter the Total from Line 11 in	
	↑ Item 64

Description (A)	Amount (B)
1. See attached schedule	\$14,638,109
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	\$14,638,109
Enter the Total from Line 11 in	
	↑ Item 60

SCHEDULE 14 — OTHER RECEIPTS

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. See attached schedule	\$38,768,092
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	\$38,768,092
Enter the Total from Line 11 in	
	↑ Item 54

Description (A)	Amount (B)
1. See attached schedule	\$74,054,380
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10. Total from additional pages (if any)	
11. Total of Lines 1 through 10	\$74,054,380
Enter the Total from Line 11 in	
	↑ Item 73