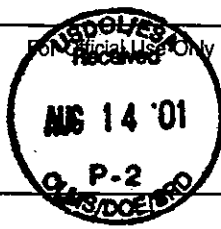


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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.

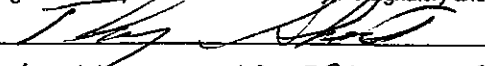
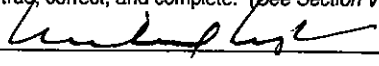
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	0 0 0 - 1 7 2	MO DAY YEAR From 0 5 0 1 2 0 0 0 Through 0 4 3 0 2 0 0 1	(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:
4. AFFILIATION OR ORGANIZATION NAME		8. MAILING ADDRESS (Type or print in capital letters.)	
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada (IATSE)		First Name T H O M A S Last Name S H O R T P.O. Box • Building and Room Number (if any) S U I T E 6 0 1 Number and Street 1 5 1 5 B R O A D W A Y City N E W Y O R K State ZIP Code + 4 N Y 1 0 0 3 6 - 5 7 4 1	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER		
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	Description
11	The International has a contributory retirement plan covering its qualifying employees. The Plan provides a normal pension to a participant whose covered employment with I.A.T.S.E. terminates and has attained age 65 and accrued at least 5 years of credited service. Disability pension benefits are payable at any age to a participant whose covered employment with I.A.T.S.E. terminates with at least 10 years of credited service. IATSE Retirement Plan, 55 West 39th Street, New York, NY 10018
12	IATSE Political Action Fund
14	Audited financial statements prepared by outside accountants' PKF PC

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: 	PRESIDENT (If other title, see instructions.)	77. SIGNED: 	TREASURER (If other title, see instructions.)
7/24/01	(212) 730-1770	7/23/01	(212) 730-1770
Date	Telephone Number	Date	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?
<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? 1 0 1 8 9 0
19. What is the date of your organization's next regular election of officers? MO YEAR
0 7 2 0 0 1
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? \$ 6 0 0 0 0 0
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	\$ 35 per Quarter <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 350
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per <i>(Month, Year, etc.)</i>

- | | 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?
<i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | 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 0 0 — 1 7 2

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash.....			2 2 9 2 2 7 4	1 8 0 5 4 7 5
	26. Accounts Receivable.....			1 8 1 5 3 2	2 3 7 8 6 8
	27. Loans Receivable.....	1		2 9 1 9 4 6	3 8 9 6 9 2
	28. U.S. Treasury Securities.....			7 3 0 1 5 7 6	1 0 7 8 9 4 7 0
	29. Investments.....	2		8 1 0 3 9 5 4	8 9 4 3 4 3 4
	30. Fixed Assets.....	5		2 5 7 9 9 5 0	2 8 9 6 4 8 7
	31. Other Assets.....	3		8 9 2 5 9 2	9 3 4 5 1 6
	32. TOTAL ASSETS.....			2 1 6 4 3 8 2 4	2 5 9 9 6 9 4 2
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable.....			6 9 7 7 2 1	4 7 5 8 5 4
	34. Loans Payable.....	8			0
	35. Mortgages Payable.....				0
	36. Other Liabilities.....	4		3 3 1 9 8 8 5	3 1 2 8 3 9 8
	37. TOTAL LIABILITIES.....			4 0 1 7 6 0 6	3 6 0 4 2 5 2
38. NET ASSETS (Item 32 less Item 37).....			1 7 6 2 6 2 1 8	2 2 3 9 2 6 9 0	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 40 - 1 7 2

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			1 3 4 9 3 2 7 4	56. To Officers	9		3 8 9 3 3 6 4
40. Per Capita Tax			5 9 8 8 2 5	57. To Employees	10		9 0 0 7 5 2
41. Fees			0	58. Per Capita Tax			4 1 4 5 2 4
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		1 4 6 7 2 6 0
44. Work Permits			0	61. Educational & Publicity Expense ...			4 3 7 5 3 6
45. Sale of Supplies			2 2 1 1 9	62. Professional Fees			1 5 1 8 9 3 5
46. Interest			9 4 0 6 5 3	63. Benefits	11		1 5 2 2 9 0 3
47. Dividends			0	64. Contributions, Gifts & Grants	12		8 8 1 5 3
48. Rents			2 2 1 2 3 5	65. Supplies for Resale			3 0 0 6 5
49. Sale of Investments & Fixed Assets	6		1 3 2 4 2 2 2 8	66. Direct Taxes			2 8 4 3 7 8
50. Loans Obtained	8		0	67. Withholding Taxes			0
51. Repayments of Loans Made	1		9 7 2 5 4	68. Purchase of Investments & Fixed Assets	7		1 7 9 8 5 3 4 8
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		1 9 5 0 0 0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		3 9 5 0 5 9	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		7 5 9 2 2 8
55. TOTAL RECEIPTS			2 9 0 1 0 6 4 7	74. TOTAL DISBURSEMENTS			2 9 4 9 7 4 4 6

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 0 0 - 1 7 2

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: _____		SEE ATTACHED SCHEDULE			
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	2 9 1 9 4 6	1 9 5 0 0 0	9 7 2 5 4	0	3 8 9 6 9 2
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: 0 0 0 - 1 7 2

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	9,518
2. Total Book Value	9,518
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	8,933,916
5. Total Book Value	8,933,916
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) _____	SEE ATTACHED SCHEDULE
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	8 9 4 3 4 3 4
Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	SEE ATTACHED SCHEDULE
3.	
4.	
5.	
6. Total from additional pages (if any)	934,516
7. Total of Lines 1 through 6	9 3 4 5 1 6
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.	SEE ATTACHED SCHEDULE
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3 1 2 8 3 9 8
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 0 - 1 7 2

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 10045 Riverside Drive Toluca Lake, CA 91602	760,883		760,883	760,883
2. Totals from additional pages (if any)				
3. Buildings (give location): 10045 Riverside Drive Toluca Lake, CA 91602	2,095,390	76,763	2,018,627	2,018,627
4. Totals from additional pages (if any) See Attached Schedule	500,657	383,680	116,977	116,977
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	3,356,930	460,443	2 8 9 6 4 8 7	2,896,487
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. Sale of Investments				13,242,228
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales 1 3 2 4 2 2 2 8		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 0 — 1 7 -2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Purchased of Fixed Assets			407,541
2.			
3. Purchase of Investments			17,577,807
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
8. Net Purchases		1 7 9 8 5 3 4 8	
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: 0 0 0 - 1 7 2

(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 1. S H O R T	First Name T H O M A S C	2 2 4 1 0 4	1 0 4 0 0	7 4 6 0 9	1 2 8 5 3	3 2 1 9 6 6
Title I N T ' L P R E S I D E N T	Status C					
Last Name 2. R I L E Y	First Name J A M E S J	1 5 1 9	0	4 4 1	2 2 9	2 1 8 9
Title G E N E R A L S E C R E T A R Y T R E A S U R E R - E M E R I T U S	Status P					
Last Name 3. P R O S C I A	First Name M I C H A E L	1 6 8 0 7 8	1 0 4 0 0	3 5 4 8 4	4 5 0 8	2 1 8 4 7 0
Title G E N E R A L S E C R E T A R Y - T R E A S U R E R	Status C					
Last Name 4. B O T T A S	First Name C O N S T A N T I N O S	8 7 3 7 1	0	1 5 9 1 0	4 5 1 1	1 0 7 7 9 2
Title A S S T . T O T H E P R E S I D E N T	Status C					
Last Name 5. W O O D	First Name J A M E S B	0	0	5 2 8 3	1 7 1 0	1 6 9 9 3
Title V I C E P R E S I D E N T	Status C					
Last Name 6. N O L A N	First Name J O H N J	1 8 0 7 3	0	5 2 3 5	7 4 4	2 4 0 5 2
Title V I C E P R E S I D E N T	Status C					
Last Name 7. P O W E L L	First Name E D W A R D	2 4 1 9 6	0	9 9 2 9	2 6 6 5	3 6 7 9 0
Title V I C E P R E S I D E N T	Status C					
8. Totals from additional pages (if any)		2,364,099	123,800	576,091	111,122	3,175,112
9. Totals of Lines 1 through 8		2,887,440	144,600	722,982	138,342	3,893,364
				10. Less Deductions		0
Enter the Total from Line 11 in				11. Net Disbursements		3 8 9 3 3 6 4

*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: 0 0 0 - 1 7 2

(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>						
1.	Last Name: F E L T First Name: J O Y Position: S E C R E T A R Y Name of Affiliated Organization:	3 9 7 0 6	0	0	0	3 9 7 0 6
2.	Last Name: K E L L Y First Name: M A R Y A N N Position: S E C R E T A R Y Name of Affiliated Organization:	5 3 6 2 8	0	3 3 8 3	0	5 7 0 1 1
3.	Last Name: L E W I S First Name: M A R C I A Position: C L E R K Name of Affiliated Organization:	5 0 5 3 4	0	6 5 0	0	5 1 1 8 4
4.	Last Name: P A U L First Name: C O L L E E N Position: O F F I C E M A N A G E R Name of Affiliated Organization:	6 7 6 0 2	0	2 2 0 6	0	6 9 8 0 8
5.	Last Name: R A K O V I C First Name: B A R B A R A Position: C L E R K Name of Affiliated Organization:	4 1 6 7 8	0	1 0 4 0	0	4 2 7 1 8
6. Totals from additional pages <small>(if any)</small>		610,587	0	11,861	187	622,635
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		17,540	0	150	0	17,690
8. Totals of Lines 1 through 7		881,275	0	19,290	187	900,752
				9. Less Deductions		0
Enter the Total from Line 10 in.....				Item 57 ⇒	10. Net Disbursements 9 0 0 7 5 2	

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 0 0 - 1 7 2

Description (A)	To Whom Paid (B)	Amount (C)
1. Hospitalization	Insurance Company	781,046
2.		
3. Retirement Fund	Retirement Plan Fund	741,857
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		1 5 2 2 9 0 3
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Contribution to Charity	88,153
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	8 8 1 5 3
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

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

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. See Attached Schedule	
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	3 9 5 0 5 9
↑ Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. See Attached Schedule	
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	7 5 9 2 2 8
↑ Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: IATSE

FILE NUMBER: 0 0 0 - 1 7 2

ENDING DATE OF PERIOD COVERED: April 30, 2001

PAGE 1 OF 8 ADDITIONAL PAGES

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

(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)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	(D)	(E)	(F)	(G)	(H)
Last Name W O O D	First Name J A M E S B	1 1 4 2 8 8	0	2 6 6 1 7	5 2 7 4	1 4 6 1 7 9
Title V I C E P R E S I D E N T	Status C					
Last Name S U L L I V A N	First Name M I C H A E L J	1 2 7 6 4 1	1 0 4 0 0	2 7 5 1 4	2 1 7 2	1 6 7 7 2 7
Title V I C E P R E S I D E N T	Status C					
Last Name K E R I N S	First Name D A N I E L	2 1 4 2 3	0	9 6 3 2	2 0 9 1	3 3 1 4 6
Title V I C E P R E S I D E N T	Status C					
Last Name N A P O L E O N	First Name R U D Y	1 7 0 3 5	0	4 0 1 7	1 9 7	2 1 2 4 9
Title V I C E P R E S I D E N T	Status C					
Last Name P A L A Z Z O	First Name C A R M I N E	4 4 8 8 6	0	2 8 2 0	8 3 8	4 8 5 4 4
Title V I C E P R E S I D E N T	Status C					
Last Name B A R N E S	First Name M I C H A E L	1 9 8 2 1	0	4 3 3 2	3 8 3	2 4 5 3 6
Title V I C E P R E S I D E N T	Status C					
Last Name T R A C H T E N B E R G	First Name L Y L E	7 4 4 2 4	1 0 4 0 0	1 5 8 0	9 8 4	8 7 3 8 8
Title I N T ' L R E P	Status C					
Last Name B U R N S	First Name A L B E R T A	6 5 8 6	0	8 7 4 5	2 9 5 0	1 8 2 8 1
Title I N T ' L T R U S T E E	Status C					
Totals		426,104	20,800	85,257	14,889	547,050

ORGANIZATION NAME: IATSE

FILE NUMBER: 0 0 0 - 1 7 2

ENDING DATE OF PERIOD COVERED: April 30, 2001

PAGE 2 OF 8 ADDITIONAL PAGES

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

(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					
A R E D A S	J O S E P H	1 5 6 8 7 4	1 0 4 0 0	6 8 7 3	2 3 3 2	1 7 6 4 7 9
Title I N T ' L R E P	Status C					
Last Name	First Name					
F R Y	J A M I E	6 6 5 9 1	0	9 6 7 2	3 3 3 6	7 9 5 9 9
Title I N T ' L R E P	Status C					
Last Name	First Name					
F O X	J E A N	1 6 2 2 7	0	2 3 4 3	5 3 8	1 9 1 0 8
Title V I C E P R E S I D E N T	Status C					
Last Name	First Name					
M A G E E	T I M O T H Y	1 5 9 5 8	0	4 4 8 9	1 7 1	2 0 6 1 8
Title V I C E P R E S I D E N T	Status C					
Last Name	First Name					
E N G L A N D	S A N D R A	8 8 0 6 7	0	3 1 7 0 8	3 0 1 4	1 2 2 7 8 9
Title I N T ' L R E P	Status C					
Last Name	First Name					
G A R R E T S O N	D A V I D	2 9 6 1	0	6 9 9	0	3 6 6 0
Title I N T ' L R E P	Status C					
Last Name	First Name					
F L I N T	S T E P H E N	3 3 1 1	0	9 0 6	0	4 2 1 7
Title I N T ' L R E P	Status C					
Last Name	First Name					
H A R B I N S O N	S C O T T	7 1 1 4 1	0	1 4 0 5 0	2 6 3 8	8 7 8 2 9
Title I N T ' L R E P	Status C					
Totals		421,130	10,400	70,740	12,029	514,299

ORGANIZATION NAME: IATSE
 ENDING DATE OF PERIOD COVERED: April 30, 2001

FILE NUMBER: 0 0 0 - 1 7 2

PAGE 3 OF 8 ADDITIONAL PAGES

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

(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)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)	(D)	(E)	(F)	(G)	(H)
Last Name G E A R N S First Name W I L L I A M Title I N T ' L R E P Status C		8 4 1 6 5	0	7 2 9 2 2	1 6 3 9 7	1 7 3 4 8 4
Last Name G U T H M A N First Name G A R Y Title I N T ' L R E P Status C		5 5 4 9 2	1 0 4 0 0	1 1 4 3	0	6 7 0 3 5
Last Name H A R P E R First Name C O R I N T H I A Title I N T ' L R E P Status C		4 4 1 8 1	0	1 7 6 0 1	4 6 3 5	6 6 4 1 7
Last Name L O E B First Name M A T T H E W Title I N T ' L R E P Status C		1 3 8 9 8 7	1 0 4 0 0	4 0 9 4 6	6 7 8 5	1 9 7 1 1 8
Last Name L Y N C H First Name R O N A L D Title I N T ' L R E P Status C		7 6 6 9 1	1 0 4 0 0	1 9 4 4 0	1 0 5 0	1 0 7 5 8 1
Last Name L A W L O R First Name B R I A N Title I N T ' L R E P Status C		7 1 1 4 1	0	1 4 5 7 4	6 3 0 0	9 2 0 1 5
Last Name R A C I E S First Name L A W R E N C E Title I N T ' L R E P Status C		1 4 1 3	0	0	0	1 4 1 3
Last Name K L E M M T First Name K K E I T H Title I N T ' L R E P Status C		2 8 4 5 7	0	5 6 9 2	7 3 0	3 4 8 7 9
Totals		500,527	31,200	172,318	35,897	739,942

ORGANIZATION NAME: IATSE

FILE NUMBER: 0 0 0 - 1 7 2

ENDING DATE OF PERIOD COVERED: April 30, 2001

PAGE 4 OF 8 ADDITIONAL PAGES

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

(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)					
<small>Last Name</small> B L A N C H A R D	<small>First Name</small> L E S L I E	5 8 0 0 3	9 4 0 0	6 5 5 7	2 6 7 0	7 6 6 3 0
<small>Title</small> I N T ' L R E P	<small>Status</small> C					
<small>Last Name</small> K I O U S I S	<small>First Name</small> T H O M A S	7 8 8 8 0	0	3 3 9 5 4	5 8 1 7	1 1 8 6 5 1
<small>Title</small> I N T ' L R E P	<small>Status</small> C					
<small>Last Name</small> H O B B S	<small>First Name</small> F R A N K	4 9 2 7	0	3 4 8 2	5 2 5	8 9 3 4
<small>Title</small> I N T ' L R E P	<small>Status</small> C					
<small>Last Name</small> H A S K E L L	<small>First Name</small> S C O T T	5 9 3 3 6	0	2 7 1 2 0	3 7 1 9	9 0 1 7 5
<small>Title</small> S P E C I A L R E P	<small>Status</small> C					
<small>Last Name</small> L O N G	<small>First Name</small> N I C K	3 3 1 1	0	1 9 8 5	0	5 2 9 6
<small>Title</small> S P E C I A L R E P	<small>Status</small> C					
<small>Last Name</small> H A I N E S	<small>First Name</small> B R U C E	0	0	1 4 3 9	6 3 9	2 0 7 8
<small>Title</small> S P E C I A L R E P	<small>Status</small> C					
<small>Last Name</small> C A M P B E L L	<small>First Name</small> I S L A	4 8 9 3 1	0	0	0	4 8 9 3 1
<small>Title</small> S P E C I A L R E P	<small>Status</small> C					
<small>Last Name</small> M A X W E L L	<small>First Name</small> E L S T E N	1 4 5 5 3	0	0	0	1 4 5 5 3
<small>Title</small> I N T ' ' L R E P	<small>Status</small> C					
Totals		267,941	9,400	74,537	13,370	365,248

ORGANIZATION NAME: IATSE
 ENDING DATE OF PERIOD COVERED: April 30, 2001

FILE NUMBER: 0 0 0 - 1 7 2

PAGE 5 OF 8 ADDITIONAL PAGES

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

(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 (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
Last Name R E I D	First Name D E B O R A H		7 9 7 1 1	1 0 4 0 0	1 1 7 4 1	1 1 4 7	1 0 2 9 9 9
Title I N T ' L R E P	Status C						
Last Name L E A W O O D	First Name T O D D		3 2 8 4	0	0	0	3 2 8 4
Title I N T ' L R E P	Status C						
Last Name D ' I N Z I L L O	First Name S T E V E		1 3 4 6	0	6 0 0	0	1 9 4 6
Title I N T ' L R E P	Status C						
Last Name F A L Z A R A N O	First Name L O U		6 0 6 2 8	0	2 0 7 3 3	2 1 9 9	8 3 5 6 0
Title I N T ' L R E P	Status C						
Last Name K U T A K	First Name R O N A L D		4 2 2 2 7	0	0	0	4 2 2 2 7
Title I N T ' L R E P	Status C						
Last Name B A N K S	First Name R A L E I G H W		3 7 6 9	0	1 0 5 9	2 7 4	5 1 0 2
Title I N T ' L R E P	Status C						
Last Name S A N D E R S	First Name J O A N N E		3 1 5 1 2	0	1 8 7 1 5	3 7 3 6	5 3 9 6 3
Title I N T ' L R E P	Status C						
Last Name T R O M B E T T A	First Name R O B E R T		7 8 7 7 7	1 0 4 0 0	4 2 6 2 5	6 2 7 7	1 3 8 0 7 9
Title I N T ' L R E P	Status						
Totals			301,254	20,800	95,473	13,633	431,160

ORGANIZATION NAME: IATSE

FILE NUMBER: 0 0 0 - 1 7 2

ENDING DATE OF PERIOD COVERED: April 30, 2001

PAGE 6 OF 8 ADDITIONAL PAGES

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

(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					
P E T R U C C I O	J O S E P H S	7 4 0 5 5	1 0 4 0 0	2 3 3 1	0	8 6 7 8 6
Title I N T ' L R E P	Status C					
Last Name	First Name					
S M I T H	K E N N E T H	3 6 9 0 8	0	6 3 6	2 5 1	3 7 7 9 5
Title S P E C I A L R E P	Status C					
Last Name	First Name					
B I A L A C	M I C H A E L	3 0 4 2	0	1 6 5 4	1 3 1 0	6 0 0 6
Title S P E C I A L R E P	Status N					
Last Name	First Name					
C A H I L L	J O H N W	1 8 8 5 2	0	4 9 8 7	2 6 7	2 4 1 0 6
Title S P E C I A L R E P	Status N					
Last Name	First Name					
H O F F M A N	R O B E R T	1 6 1 5	0	0	0	1 6 1 5
Title S P E C I A L R E P	Status N					
Last Name	First Name					
S C A R D I N O	J O H N	8 8 8 4	0	5 6 1 5	3 9 5 4	1 8 4 5 3
Title S P E C I A L R E P	Status N					
Last Name	First Name					
B I S A I L L O N	S Y L V A I N	3 0 1 0 0	0	0	0	3 0 1 0 0
Title S P E C I A L R E P	Status N					
Last Name	First Name					
D E J O	V E R O N I C A	6 2 5 0	0	0	0	6 2 5 0
Title S P E C I A L R E P	Status N					
Totals		179,706	10,400	15,223	5,782	211,111

ORGANIZATION NAME:	IATSE
ENDING DATE OF PERIOD COVERED:	April 30, 2001

FILE NUMBER: 0 0 0 - 1 7 2

PAGE 7 OF 8 ADDITIONAL PAGES

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

(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 J O H N S O N First Name J . E . Title I N T ' L R E P Status C		2 1 5 4	0	1 5 6 8	0	3 7 2 2
Last Name D I T O L L A First Name D A N I E L Title I N T ' L R E P Status C		9 6 7 2 3	1 0 4 0 0	2 3 9 1 3	4 2 9 6	1 3 5 3 3 2
Last Name F O R D First Name H A R R Y Title I N T ' L R E P Status C		4 9 4 0	0	6 5 1 0	5 6 3	1 2 0 1 3
Last Name P A U L E First Name D A L E Title I N T ' L R E P Status C		6 4 1 3 6	1 0 4 0 0	1 3 0 3	0	7 5 8 3 9
Last Name B U E S First Name N A N C Y Title S P E C I A L R E P Status C		3 3 1 1	0	2 2 1 1	0	5 5 2 2
Last Name C U N N I N G H A M First Name R O N N I E Title I N T ' L T R U S T E E Status C		1 1 4 0 6	0	3 3 6 0	3 8 9 3	1 8 6 5 9
Last Name L Y N C H First Name J A C K P Title I N T ' L R E P Status C		1 0 7 7	0	4 0 3	2 2 9	1 7 0 9
Last Name C E R C H I A I First Name G E O R G E Title I N T ' L R E P Status C		1 5 3 0 5	0	2 3 0	0	1 5 5 3 5
Totals		199,052	20,800	39,498	8,981	268,331

ORGANIZATION NAME: IATSE

FILE NUMBER: 0 0 0 - 1 7 2

ENDING DATE OF PERIOD COVERED: April 30, 2001

PAGE 8 OF 8 ADDITIONAL PAGES

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

(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)					
<small>Last Name</small> M C G U I R E - U S	<small>First Name</small> S E A N	0	0	4 2 7 0	0	4 2 7 0
<small>Title</small> I N T ' L R E P	<small>Status</small> C					
<small>Last Name</small> M C G U I R E - C A N A D A	<small>First Name</small> S E A N	6 8 3 8 5	0	1 8 7 7 5	6 5 4 1	9 3 7 0 1
<small>Title</small> I N T ' L R E P	<small>Status</small> C					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
<small>Last Name</small>	<small>First Name</small>					
<small>Title</small>	<small>Status</small>					
Totals		68,385	0	23,045	6,541	97,971

ORGANIZATION NAME: IATSE
 ENDING DATE OF PERIOD COVERED: April 30, 2001

FILE NUMBER: 0 0 0 - 1 7 2

PAGE 1 OF 4 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: M Y E R S First Name: M E L A N I E Position: R E S E A R C H A N A L Y S T Name of Affiliated Organization:	4 1 4 2 3	0	0	0	4 1 4 2 3
Last Name: B R A C C O First Name: A R T H U R Position: D A T A E N T R Y Name of Affiliated Organization:	4 7 4 3 7	0	6 5 0	0	4 8 0 8 7
Last Name: G O N D A First Name: M A T E A Position: A S S ' T B O O K K E E P E R Name of Affiliated Organization:	4 6 3 0 8	0	6 5 0	0	4 6 9 5 8
Last Name: J A C K S O N First Name: B A R B A R A Position: F I N D E P T S U P E R . Name of Affiliated Organization:	6 5 7 4 9	0	4 4 4 2	1 8 7	7 0 3 7 8
Last Name: First Name: Position: Name of Affiliated Organization:					
Totals	200,917	0	5,742	187	206,846

ORGANIZATION NAME: IATSE

FILE NUMBER: 0 0 0 - 1 7 2

ENDING DATE OF PERIOD COVERED: April 30, 2001

PAGE 2 OF 4 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: S A L I N G E R First Name: M A R J O R I E Position: C L E R K Name of Affiliated Organization:	3 5 5 0 3	0	6 5 0	0	3 6 1 5 3
Last Name: S M Y T H First Name: P A T R I C K Position: M A I L R O O M C L E R K Name of Affiliated Organization:	3 8 6 9 8	0	6 5 0	0	3 9 3 4 8
Last Name: R E C C O First Name: J O A N Position: B O O K K E E P E R Name of Affiliated Organization:	5 5 5 7 0	0	6 5 0	0	5 6 2 2 0
Last Name: V A L E R O First Name: J E S S I C A Position: S W I T C H B O A R D Name of Affiliated Organization:	3 7 0 5 7	0	6 1 2	0	3 7 6 6 9
Last Name: G U Z M A N First Name: L E O N I D A S Position: S E C R E T A R Y Name of Affiliated Organization:	3 6 0 5 7	0	6 5 0	0	3 6 7 0 7
Totals	202,885	0	3,212	0	206,097

ORGANIZATION NAME: IATSE
 ENDING DATE OF PERIOD COVERED: April 30, 2001

FILE NUMBER: 0 0 0 - 1 7 2

PAGE 3 OF 4 ADDITIONAL PAGES

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.)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)					
(C) Name of Affiliated Organization (if applicable)					
Last Name: ROSENBLUM First Name: ELLIN Position: SECRETARY Name of Affiliated Organization:	3 5 3 1 9	0	6 5 0	0	3 5 9 6 9
Last Name: ANDRES First Name: ELENA N Position: RESEARCH ANALYST Name of Affiliated Organization:	2 4 1 3 1	0	0	0	2 4 1 3 1
Last Name: HAMILTON First Name: WYNETTE K Position: SECRETARY Name of Affiliated Organization:	3 8 9 5 1	0	0	0	3 8 9 5 1
Last Name: DEGRACIA First Name: TANYA N Position: SECRETARY Name of Affiliated Organization:	1 0 2 6 8	0	1 0 9 4	0	1 1 3 6 2
Last Name: ANDERSON First Name: JANIE Position: SECRETARY Name of Affiliated Organization:	2 9 0 3 7	0	0	0	2 9 0 3 7
Totals	137,706	0	1,744	0	139,450

ORGANIZATION NAME: IATSE

FILE NUMBER: 0 0 0 -1 7 2

ENDING DATE OF PERIOD COVERED: April 30, 2001

PAGE 4 OF 4 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: KENNEDY First Name: PATICIA Position: SWITCHBOARD Name of Affiliated Organization:	28271	0	650	0	28921
Last Name: DELOSRIOS First Name: ALICIA Position: TYPIST Name of Affiliated Organization:	21425	0	513	0	21938
Last Name: RODRIGUEZ First Name: RICHARD Position: COMPUTER TECH. Name of Affiliated Organization:	19383	0	0	0	19383
Last Name: First Name: Position: Name of Affiliated Organization:					
Last Name: First Name: Position: Name of Affiliated Organization:					
Totals	69,079	0	1,163	0	70,242

INTERNATIONAL ALLIANCE OF THEATRICAL
STAGE EMPLOYES, MOVING PICTURE
TECHNICIANS, ARTISTS AND ALLIED CRAFTS
OF THE UNITED STATES, ITS TERRITORIES
AND CANADA

Supporting Schedules to Form LM-2
For Year Ended April 30, 2001

	(B)	(C)	(D)(1)	(D)(2)	(E)
Schedule 1- Loans receivable					
Loans to locals					
1) Local 94	\$ 3,170	\$ -	\$ 3,170	\$ -	\$ -
To cover operating expenses, unsecured commencing January 1999					
2) Local B-183	5,440	-	-	-	5,440
To cover operating expenses, unsecured 15 monthly installments of \$1,000 commencing January 1999					
3) Local B-20	7,236	-	2,554	-	4,682
To cover legal expenses, unsecured 50 monthly installments of \$109.50 commencing July 1997					
4) Local 757	400	-	-	-	400
To cover operating expenses, unsecured 25 monthly installments of \$200 commencing October 1996					
5) Local 523	17,800	-	7,400	-	10,400
To cover operating expenses and legal fees, Unsecured. Paid on settlement of litigation or prior, but not to exceed 3 years, Commencing June 1996					

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INTERNATIONAL ALLIANCE OF THEATRICAL
STAGE EMPLOYES, MOVING PICTURE
TECHNICIANS, ARTISTS AND ALLIED CRAFTS
OF THE UNITED STATES, ITS TERRITORIES
AND CANADA

Supporting Schedules to Form LM-2 (continued)
For Year Ended April 30, 2001

	(B)	(C)	(D)(1)	(D)(2)	(E)
Schedule 1 - Loans receivable					
Loans to locals					
6) Local H-768	\$ 7,900	\$ -	\$ 4,800	\$ -	\$ 3,100
To cover legal expenses, unsecured 36 monthly installments of \$550, commencing April 1997					
7) Local 829	250,000	175,000	74,330	-	350,670
Additional \$175,000 was advanced in fiscal 2001. Amount is payable in 58 installments of \$7,083 commencing September 2000					
8) Local 835	-	20,000	5,000	-	15,000
To cover operating expenses, unsecured 10 monthly installments of \$2,000, commencing March 2001					
	<u>\$ 291,946</u>	<u>\$ 195,000</u>	<u>\$ 97,254</u>	<u>\$ -</u>	<u>\$ 389,692</u>

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INTERNATIONAL ALLIANCE OF THEATRICAL
STAGE EMPLOYEES, MOVING PICTURE
TECHNICIANS, ARTISTS AND ALLIED CRAFTS
OF THE UNITED STATES, ITS TERRITORIES
AND CANADA

Supporting Schedules to Form LM-2
For Year Ended April 30, 2001

	Cost	Net Book Value
Schedule 2 - Investments		
Marketable securities		
Union Labor Life Insurance Co.	\$ 9,518	\$ 9,518
Other investments		
Merrill Lynch Government Securities Investment Fund Accounts		
Oppenheimer Limited Term Government Fund Account	4,514,378	4,514,378
Canadian Treasury Bill	939,375	939,375
5.78% due September 11, 2001	362,559	362,559
4.10% due September 14, 2001	201,909	201,909
3.95% due October 23, 2001	200,190	200,190
5.37% due November 8, 2001	410,658	410,658
5.30% due November 8, 2001	261,860	261,860
5.05% due December 6, 2001	213,526	213,526
4.67% due January 3, 2002	203,522	203,522
4.67% due January 3, 2002	212,352	212,352
4.67% due January 3, 2002	533,303	533,303
4.30% due January 31, 2002	290,672	290,672
4.65% due February 19, 2002	575,612	575,612
(Less) translation valuation allowance	(286,000)	(286,000)
Certificates of Deposit		
3.92% matures June 9, 2001	100,000	100,000
6.61% matures August 8, 2001	100,000	100,000
5.50% matures July 13, 2001	100,000	100,000
	8,933,916	8,933,916
	\$ 8,943,434	\$ 8,943,434

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TECHNICIANS, ARTISTS AND ALLIED CRAFTS
OF THE UNITED STATES, ITS TERRITORIES
AND CANADA

Supporting Schedules to Form LM-2
For Year Ended April 30, 2001

Schedule 3 - Other assets

Prepaid expenses	\$ 219,100
Deposits	425
Protested checks	28,051
Merrill Lynch Local B82 Death Benefits	24,616
Due from other funds	199,075
Intangible pension asset	463,249
	<u>\$ 934,516</u>

Schedule 4 - Other liabilities

Initiation fees and deposits	\$ 1,750
Tenant security deposit	9,380
Bonds to cover roadmen salaries	489,610
Due to other funds	199,075
Deferred income	2,428,583
	<u>\$ 3,128,398</u>

Schedule 5 - Fixed assets

(A)	(B)	(C)	(D)	(E)
Xerox equipment	\$ 12,779	\$ 12,779	\$ -	\$ -
Furniture	82,908	16,519	66,389	66,389
Office furniture	72,613	71,053	1,560	1,560
Office equipment	82,098	69,622	12,476	12,476
Computer equipment	235,098	199,425	35,673	35,673
Telephone equipment	15,161	14,282	879	879
	<u>\$ 500,657</u>	<u>\$ 383,680</u>	<u>\$ 116,977</u>	<u>\$ 116,977</u>

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 TECHNICIANS, ARTISTS AND ALLIED CRAFTS
 OF THE UNITED STATES, ITS TERRITORIES
 AND CANADA

Supporting Schedules to Form LM-2
 For Year Ended April 30, 2001

Schedule 13 - Office and administrative expense

Occupancy and rent	298,193
Office supplies	35,204
Telephone	62,973
Postage	68,133
Printing and publishing	99,935
Hollywood office rent, telephone and utilities	543,246
Southern California office rent, telephone and utilities	43,017
Seattle branch office rent, telephone and utilities	4,091
General insurance	86,175
Bank charges	120
Computer expenses	56,305
West Coast building	
Real estate taxes	
Electricity	28,760
Management expense	16,841
Leasing commission expense	11,200
Repairs and maintenance	28,141
	<u>84,926</u>
	\$ 1,467,260

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Supporting Schedules to Form LM-2
For Year Ended April 30, 2001

Schedule 14 - Other receipts

Defunct locals	\$	27,243
Constitution and bylaws - book sales		4,590
Salary reimbursement		
West Coast Office Special Dept.	\$	23,242
Defense fund		<u>2,000</u>
Royalties from sublicense of trademark		25,242
So. California dues and expense reimbursements		104,354
N. W. Branch dues and expense reimbursements		65,564
Bonds received to cover roadmen salaries		331
Charter fees		101,097
Office bulletin		100
Rent reimbursement - Hollywood		30
Miscellaneous		64,920
		<u>1,588</u>
	\$	<u>395,059</u>

Schedule 15 - Other disbursements

Storage rent	\$	14,400
Organizing expenses - for locals not employees		105,406
Convention expense		5,514
Executive board meetings - hotel, meeting room expenses - non-allocable		172,660
Computer bulletin board		19,249
Security deposits refunded		188,115
Hotel expense		566
Canadian exchange charges		60,684
Local reimbursement expenses		7,978
Safe deposit box		173
Investment fees		58,897
Puerto Rico office expense		29,367
Car rental		8,152
Tickets for dinners and testimonials		7,938
Affiliation fees		33,617
Miscellaneous		<u>46,512</u>
	\$	<u>759,228</u>

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