


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 016-445	2. PERIOD COVERED MO DAY YEAR From 01 01 2004 Through 12 31 2004	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:
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IMPORTANT F "FRANK MASCARI 2 016-445 ge a ENGINEERS, OPERATING, AFL-CIO 413 LU 487 H 1425 NW 36TH ST k. MIAMI FL 33142-5557 H U 12/2004	8. MAILING ADDRESS (Type or print in capital letters.) First Name FRANK Last Name MASCARI P.O. Box • Building and Room Number (if any) Number and Street 1425 N. W. 36TH STREET City MIAMI State ZIP Code + 4 FL 33142-5557
	4. AFFILIATION OR ORGANIZATION NAME INTERNATIONAL UNION OF OPERATING ENGINEERS 5. DESIGNATION (Local, Lodge, etc.) LOCAL 6. DESIGNATION NUMBER 487 7. UNIT NAME (if any) N.A. 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	- 10 - PARTICIPATION IN FOLLOWING "SUBSIDIARY ORGANIZATIONS" (A) OPERATING ENGINEERS LOCAL UNION 487 HOLDING CO., INC. (OPERATIONS AND ASSETS CONSOLIDATED IN THIS REPORT) - 11 - PARTICIPATION IN FOLLOWING TRUSTS: (A) I.U.O.E LOCAL UNION 487 PENSION TRUST FUND - WD 235882 (B) I.U.O.E LOCAL UNION 487 HEALTH AND WELFARE TRUST FUND - WD 235883
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED: <u>James Albritton</u> 3 1 28 105 1305 1634 - 3419 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u>Walter K. Kelly</u> 3 1 28 105 1305 1634 - 4314 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1022
19. What is the date of your organization's next regular election of officers? MO 08 YEAR 2006
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? \$ 300000
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	\$ <u>13</u> per <u>MONTH</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>25-100</u>
(c) Transfer Fees	\$ <u>25-100</u>
(d) Work Permits	\$ <u>20</u> per <u>MONTH</u> <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? | Yes | No |
| <i>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)</i> | | <input checked="" type="checkbox"/> |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? | | <input checked="" type="checkbox"/> |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? | | <input checked="" type="checkbox"/> |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 / 6 - 4 4 5

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		Start of Reporting Period	End of Reporting Period
	Item	From SCH #	Period (A)	Period (B)
ASSETS	25. Cash.....		73 347	195 368
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....	1	1 126 325	1 107 506
	28. U.S. Treasury Securities.....		52 242	100 88
	29. Investments.....	2	1 504 954	1 639 866
	30. Fixed Assets.....	5	341 393	342 837
	31. Other Assets.....	3	3031	3031
	32. TOTAL ASSETS.....		3 101 292	3 298 696
	LIABILITIES		Start of Reporting Period	End of Reporting Period
	Item	From SCH #	Period (C)	Period (D)
LIABILITIES	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	151	466
	37. TOTAL LIABILITIES.....		151	466
	38. NET ASSETS (Item 32 less Item 37).....		3 101 141	3 298 230

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 016-445

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			125143	56. To Officers	9		142768
40. Per Capita Tax			0	57. To Employees	10		151130
41. Fees			10036	58. Per Capita Tax			120101
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			656612	60. Office & Administrative Expense	13		95774
44. Work Permits			1920	61. Educational & Publicity Expense			41279
45. Sale of Supplies			2860	62. Professional Fees			21896
46. Interest			130621	63. Benefits	11		60060
47. Dividends			0	64. Contributions, Gifts & Grants	12		0
48. Rents			4400	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		8969	66. Direct Taxes			69119
50. Loans Obtained	8		0	67. Withholding Taxes			71665
51. Repayments of Loans Made	1		18819	68. Purchase of Investments & Fixed Assets	7		134941
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		71592	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members			218
				73. Other Disbursements	15		0
55. TOTAL RECEIPTS			1030972	74. TOTAL DISBURSEMENTS			908951

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: 016-445

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)	
TRUSTEES OF So. FL. OPERATING ENGINEERS APPRENTICE 1. Name: TRAINING FUND Purpose: TRAINING SITUS Security: VACANT LAND MORTGAGE @ 7 1/4 & 7 1/2% MONTHLY - 20 YRS + 3 YRS Terms of Repayment:	1126325	0	18819	0	1107506
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	1126325	0	18819	0	1107506
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: 016-445

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	1639866
2. Total Book Value	1639866
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2; EVERGREEN LTD DURATION	
(a) BOND FUND (CUSTODIAN - WACHOVIA BANK)	1549152
(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	1639866
↑ Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. DEPOSITS	3031
2. _____	
3. _____	
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	3031
↑ Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES PAYABLE	466
2. _____	
3. _____	
4. _____	
5. _____	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	466
↑ Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 016-445

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):	57642		57642	
2. Totals from additional pages (if any)	0		0	
3. Buildings (give location):	266255	57431	208824	
4. Totals from additional pages (if any)	0	0	0	
5. Automobiles and Other Vehicles	92183	27655	64528	
6. Office Furniture and Equipment	83042	71199	11843	
7. Other Fixed Assets	18533	18533	0	
8. Totals of Lines 1 through 7	517655	174818	342837	

↑
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. U.S. TREAS. & OTHER SECURITIES	8969			
2. (WACHOVIA BANK - CUSTODIAN)				
3.				
4.				
5. Totals from additional pages (if any)	0			
6. Totals of Lines 1 through 5	8969			
		7. Less Reinvestments		
		8. Net Sales		
		8969		

↑
Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 016-445

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. U.S. TREAS. & OTHER SECURITIES (CUSTODIAN-WASHOVIA BANK)	101727		
2. BUILDING ADDITIONS & IMPROVEMENTS - MIAMI, FL	28058		
3. OFFICE FURNITURE & EQUIPMENT	5156		
4.			
5. Totals from additional pages (if any)	0		
6. Totals of Lines 1 through 5	134941		
7. Less Reinvestments			
		8. Net Purchases 134941	
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: 016-445

(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. Last Name: WATERS First Name: GARY Title: BUSINESS MBR Status: C		70710	0	0	0	70710
2. Last Name: ALLBRITTON First Name: JAMES Title: PRESIDENT Status: C		56900	0	0	0	56900
3. Last Name: MASCARI First Name: FRANK Title: FINANCIAL SEC. Status: C		53500	0	0	0	53500
4. Last Name: LA VOLPE First Name: WILLIAM Title: TREASURER Status: C		1800	0	0	0	1800
5. Last Name: SINGER First Name: SCOTT Title: RECORDING SEC. Status: C		1800	0	0	0	1800
6. Last Name: BRABHAM First Name: DAMON Title: VICE PRESIDENT Status: C		0	0	0	0	0
7. Last Name: ALLBRITTON First Name: DOM Title: CONDUCTOR Status: C		0	0	0	0	0
8. Totals from additional pages (if any)		0	0	0	0	0
9. Totals of Lines 1 through 8		184710	0	0	0	184710
				10. Less Deductions		41942
Enter the Total from Line 11 in Item 56 →				11. Net Disbursements		142768

*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: 016-445

(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: <u>SINGER</u> First Name: <u>SCOTT</u> Position: <u>ORGANIZER</u> Name of Affiliated Organization:	50506	0	0	0	50506
2. Last Name: <u>MULLEN</u> First Name: <u>JOHN</u> Position: <u>ORGANIZER</u> Name of Affiliated Organization:	51335	0	0	0	51335
3. Last Name: <u>UTAERAS</u> First Name: <u>WALBERTO</u> Position: <u>ORGANIZER</u> Name of Affiliated Organization:	34561	0	0	0	34561
4. Last Name: <u>IANNUZZI</u> First Name: <u>LESLIE</u> Position: <u>OFFICE MBR.</u> Name of Affiliated Organization:	38400	0	0	0	38400
5. Last Name: _____ First Name: _____ Position: _____ Name of Affiliated Organization: _____					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	6041	0	0	0	6041
8. Totals of Lines 1 through 7	180843	0	0	0	180843
					9. Less Deductions <u>29713</u>
Enter the Total from Line 10 in Item 57 ⇨					10. Net Disbursements <u>151130</u>

SCHEDULE 11 — BENEFITS

FILE NUMBER: 016-445

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH CARE - OFFICERS & EMPLOYEES	HEALTH & WELFARE TRUST FUND	60060
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		60060
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

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


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	22274
2. TELEPHONES	17500
3. OFFICE EXPENSES	11061
4. INSURANCE	18050
5. UTILITIES	7187
6. SUPPLIES	3569
7. Total from additional pages (if any)	16133
8. Total of Lines 1 through 7	95774
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. ORGANIZING GRANTS	71556
2. MISCELLANEOUS	36
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	71592
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
OPERATING ENGINEERS L.U. 487
 ENDING DATE OF PERIOD COVERED:
DEC. 31, 2004

FILE NUMBER: 016-445

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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.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name <u>PARKER</u> Title <u>GUARD</u>	First Name <u>JOHN</u> Status <u>C</u>	0	0	0	0	0
Last Name <u>COPPOLA</u> Title <u>TRUSTEE</u>	First Name <u>CHARLES</u> Status <u>C</u>	0	0	0	0	0
Last Name <u>MCCULLERS</u> Title <u>TRUSTEE</u>	First Name <u>DANIEL</u> Status <u>C</u>	0	0	0	0	0
Last Name <u>POTTER</u> Title <u>TRUSTEE</u>	First Name <u>CLAUDE</u> Status <u>C</u>	0	0	0	0	0
Last Name <u>WETZEL</u> Title <u>AUDITOR</u>	First Name <u>JOHN</u> Status <u>C</u>	0	0	0	0	0
Last Name <u>BRANNEN</u> Title <u>AUDITOR</u>	First Name <u>TROY</u> Status <u>C</u>	0	0	0	0	0
Last Name <u>MCCRANIE</u> Title <u>AUDITOR</u>	First Name <u>ALLAN</u> Status <u>C</u>	0	0	0	0	0
Last Name Title	First Name Status					
Totals		0	0	0	0	0

ORGANIZATION NAME:

FILE NUMBER: -

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ 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 _____	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						

OPERATING ENGINEERS, C.V. 487
ENDING DATE OF PERIOD COVERED
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SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSES

LINE 7

REPAIRS & MAINTENANCE	\$	7302
DUES & SUBSCRIPTIONS		5145
EQUIPMENT RENTAL		1376
SECURITY EXPENSE		1371
BANK CHARGES		810
MISCELLANEOUS		129
TOTAL	\$	<u><u>16133</u></u>