


# 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**

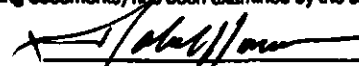
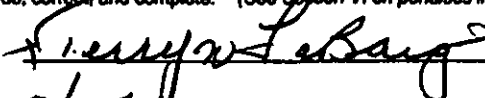
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER <div style="border: 1px solid black; padding: 5px; display: inline-block;">0 1 7 - 1 7 3</div>	2. PERIOD COVERED From <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">0 1</td> <td style="text-align: center;">0 1</td> <td style="text-align: center;">2 0 0 4</td> </tr> <tr> <td style="text-align: center;">Through</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1 2</td> <td style="text-align: center;">3 1</td> <td style="text-align: center;">2 0 0 4</td> </tr> </table>	MO	DAY	YEAR	0 1	0 1	2 0 0 4	Through			1 2	3 1	2 0 0 4	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
MO	DAY	YEAR													
0 1	0 1	2 0 0 4													
Through															
1 2	3 1	2 0 0 4													
4. AFFILIATION OR ORGANIZATION NAME <b>ENGINEERS, OPERATING, AFL-CIO</b>		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px;">D A N I E L</div> Last Name <div style="border: 1px solid black; padding: 2px;">M C G R A W</div> P.O. Box - Building and Room Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Number and Street <div style="border: 1px solid black; padding: 2px;">4 4 H A N N A Y L A N E</div> City <div style="border: 1px solid black; padding: 2px;">G L E N M O N T</div> State      ZIP Code + 4 <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">N Y</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1 2 0 7 7</div> <div style="margin-right: 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>													
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 106	7. UNIT NAME (if any)													
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)															

75. ADDITIONAL INFORMATION	
Item Number	SEE ATTACHED

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.) Date: <u>3-25-05</u> Telephone Number: <u>518 431-0600</u>		77. SIGNED:  _____ TREASURER (If other title, see instructions.) Date: <u>3/25/05</u> Telephone Number: _____
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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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 15. Discover any loss or shortage of funds or other property? .....<br><i>(Answer "Yes" even if there has been repayment or recovery.)</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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 as explained in the instructions for each item.)*

18. How many members did your organization have at the end of the reporting period? 1 7 3 8
19. What is the date of your organization's next regular election of officers? MO: 0 8    YEAR: 2 0 0 7
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? \$ 5 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	\$ 8 TO \$10.00 per MONTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 245 TO \$495
(c) Transfer Fees	\$ 100 TO \$475
(d) Work Permits	\$ NONE per N/A <i>(Month, Year, etc.)</i>

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:   
*(If the constitution and bylaws or practices/procedures have changed, see the instructions.)*
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....
24. Did your organization have any contingent liabilities at the end of the reporting period? .....

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

**STATEMENT A - ASSETS AND LIABILITIES**

FILE NUMBER: **0 1 7 - 1 7 3**

**Complete Schedules 1 Through 15 Before Completing Statement A**

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

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

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

FILE NUMBER: **0 1 7 - 1 7 3**

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

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.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered 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)

FILE NUMBER: 017-173

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	4 8 3 2 3 9
2. Total Book Value	5 1 0 3 2 5
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
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) None	0
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	5 1 0 3 2 5
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. PREPAID EXPENSES	4 2 8 4
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 2 8 4
The total from Line 7 is entered in ..... Item 31, Column (B)	

# SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. DUES PAID IN ADVANCE	2 9 5 2 4
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 9 5 2 4
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **0 1 7 - 1 7 3**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	8 6 7 6 6	1 0 4 5 4	7 6 3 1 2	7 6 3 1 2
6. Office Furniture and Equipment	6 8 7 2 1	2 3 8 0 4	4 4 9 1 7	4 4 9 1 7
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 5 5 4 8 7	3 4 2 5 8	1 2 1 2 2 9	1 2 1 2 2 9
The total from Line 8, Column (D) is entered 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. LAND & BUILDING 1284-86 CENTRAL AVENUE	6 5 2 5 9 8	4 0 8 3 5 4	4 7 3 1 1 3	4 7 3 1 1 3
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	6 5 2 5 9 8	4 0 8 3 5 4	4 7 3 1 1 3	4 7 3 1 1 3
	7. Less Reinvestments			0
	8. Net Sales			4 7 3 1 1 3
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: **0 1 7 - 1 7 3**

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. OFFICE FURNITURE & FIXTURES	40319	40319	40319
2. AUTOMOBILES	86766	86766	86766
3. MUTUAL FUNDS	241123	241123	241123
4. CORPORATE BONDS	85000	85000	85000
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	453208	453208	453208
7. Less Reinvestments			0
8. Net Purchases			453208
The total from Line 8 is entered 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. FORD MOTOR CREDIT	0	43226	5972	0	37254
2. GMAC	0	40018	2245	0	37773
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	83244	8217	0	75027
The total from Line 6 is entered 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 1 7 - 1 7 3

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</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>							
1.	MCGRAW DANIEL BUS MGR FIN SEC	C	9 7 1 8 2	3 9 0 0	3 5 9 9	1 7 9 1	1 0 6 4 7 2
2.	JONES ROBERT PRES ASSTBUSMGR	C	0	0	0	0	0
3.	BICHE GERARD VICE PRESIDENT	C	0	0	0	0	0
4.	DECKER GEORGE REC CORRESP SEC	C	0	0	0	0	0
5.	LABARGE TERRY TREASURER	C	0	0	0	0	0
6.	BUSSE HERMAN CONDUCTOR	C	0	0	0	0	0
7.	WARNER JOHN GUARD	P	0	0	0	0	0
8. Totals from additional pages (if any)			0	1 1 5 0	0	0	1 1 5 0
9. Totals of Lines 1 through 8			9 7 1 8 2	5 0 5 0	3 5 9 9	1 7 9 1	1 0 7 6 2 2
10. Less Deductions					2 6 9 1 3		
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements		
					8 0 7 0 9		

\*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.)*

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: **0 1 7 - 1 7 3**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</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.	GIBBONS OFFICE MANAGER	LORI	4 5 5 7 3	0	0	0	4 5 5 7 3
2.	JONES BUSINESS REP	ROBERT	9 1 2 7 5	3 9 0 0	2 5 2 6	2 9 1 7	1 0 0 6 1 8
3.	DODIG BUSINESS REP	MICHAEL	6 1 9 6 3	3 9 0 0	1 4 7 7 1	0	8 0 6 3 4
4.	KIRKER ORGANIZER	SEAN	6 0 7 3 6	3 9 0 0	1 2 1 4 3	0	7 6 7 7 9
5.	BLAIR BUSINESS REP	BARRY	6 1 9 6 3	3 9 0 0	1 3 8 4 2	0	7 9 7 0 5
6.	Totals from additional pages (if any)		5 6 7 2 2	3 9 0 0	1 5 1 7 8	0	7 5 8 0 0
7.	Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		0	0	0	0	0
8.	Totals of Lines 1 through 7		3 7 8 2 3 2	1 9 5 0 0	5 8 4 6 0	2 9 1 7	4 5 9 1 0 9
				9. Less Deductions		1 0 2 6 4 9	
The total from Line 10 is entered in .....				Item 57		10. Net Disbursements	
						3 5 6 4 6 0	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 1 7 - 1 7 3

Description (A)	To Whom Paid (B)	Amount (C)
1. EJPF AND CPF CONTRIBUTIONS	TRUST FUND	1 0 8 8 3 6
2. EJWF AND PAP CONTRIBUTIONS	TRUST FUND	6 1 8 8 0
3. IUOE GENERAL PENSION	TRUST FUND	4 0 2 2 9
4. DEATH BENEFITS	BENEFICIARY	9 6 1 0
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 2 0 5 5 5
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. ADS, TICKETS & DONATIONS	3 0 6 6 4
2. POLITICAL CONTRIB - FEDERAL	1 0 0 0
3. POLITICAL CONTRIB - STATE	8 4 0 0
4. TRANS TO OTHER PAC - FED	1 4 4 0
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 1 5 0 4
The total from Line 8 is entered in ..... Item 64	

Description (A)	Amount (B)
1. RENT	8 8 7 1
2. UTILITIES, MAINT & REPAIRS	1 9 8 2 3
3. INSURANCE	1 5 0 2 7
4. TELEPHONE	1 8 6 0 1
5. PRINTING & POSTAGE	1 1 7 0 8
6. OFFICE	1 8 8 1 5
7. Total from additional pages (if any)	1 9 4 2 4
8. Total of Lines 1 through 7	1 1 2 2 6 9
The total from Line 8 is entered in ..... Item 60	

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. REIMBURSEMENT FOR EXPENSES	2 0 7 8 3
2. VPAF CONTRIBUTIONS	4 8 3 2 5
3. MEMBERSHIP ACTIVITY	2 7 3 7 8
4. ORGANIZING GRANT	4 9 0 0 0
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	1 4 5 4 8 6
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MEMBERSHIP ACTIVITY	2 5 7 8 9
2. REFUNDED DUES, INT & ADMIN FEES	5 0 4
3. LONGEVITY PINS	4 8 0 7
4. HOLIDAY	4 1 8 9
5. RETURNED CHECKS	8 2 0
6. PICKETS	1 0 2 9
7. AUTO	6 3 1 6
8. REIMBURSED EXPENSES	2 5 8 9 7
9. INTEREST EXPENSE	3 0 8 8
10. REFUNDED SPECIAL ASSESSMENT	5 0 0
11. TRAVEL	2 4 9 6
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 5 4 3 5
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 7 - 1 7 3**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

### **75. ADDITIONAL INFORMATION**

Item Number	
10	1284-86 CENTRAL AVENUE REALTY CORP., EIN # 14-172974 HELD TITLE TO REAL ESTATE AND WAS A WHOLLY OWNED SUBSIDIARY OF THE UNION. THIS CORPORATION PROVIDED OFFICES FOR LOCAL 106 AND AFFILIATED ORGANIZATIONS. THE REAL ESTATE WAS SOLD DURING 2004. INFORMATION CONCERNING THE FINANCIAL POSITION OF THE CORPORATION IS INCLUDED IN THE LM-2.

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 7 - 1 7 3**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

## **75. ADDITIONAL INFORMATION(continued)**

Item Number	
11	<p data-bbox="304 300 1995 389">ENGINEERS' JOINT WELFARE FUND, 101 INTREPID LANE, SYRACUSE, NY 13205. THE PURPOSE OF THE WELFARE FUND IS TO PROVIDE MEDICAL BENEFITS TO ELIGIBLE PARTICIPANTS AND BENEFICIARIES. THE WELFARE FUND FILES A REPORT UNDER ERISA. FILE NUMBER 15-0582931, PLAN NUMBER 501.</p> <p data-bbox="304 422 1995 511">ENGINEERS' JOINT PENSION FUND, 101 INTREPID LANE, SYRACUSE, NY 13205. THE PURPOSE OF THE PENSION FUND IS TO PROVIDE PENSION BENEFITS TO ELIGIBLE PARTICIPANTS AND THEIR BENEFICIARIES. THE PENSION FUND FILES A REPORT UNDER ERISA. FILE NUMBER 15-0614642. PLAN NUMBER 001.</p> <p data-bbox="304 552 1995 641">I.U.O.E. LOCAL 106 TRAINING FUND, 44 HANNAY LANE, GLENMONT, NY 12077. THE PURPOSE OF THE TRAINING FUND IS TO PROVIDE TRAINING AND SKILL IMPROVEMENT FOR THE MEMBERS AND APPRENTICES. THE APPRENTICE FUND IS EXEMPT FROM FILING A REPORT UNDER ERISA. FILE NUMBER 22-2549231.</p>

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 7 - 1 7 3**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
12	THE LOCAL 106 VOLUNTARY POLITICAL ACTION FUND, IS PART OF THE I.U.O.E. LOCAL 106. THE FUND HAS A FEDERAL CASH ACCOUNT AND A STATE & LOCAL CASH ACCOUNT. REPORTS ARE FILED WITH THE FEDERAL ELECTION COMMISSION AND THE STATE OF NEW YORK BOARD OF ELECTIONS. ALL FINANCIAL INFORMATION IS INCLUDED IN THIS LM-2.

ORGANIZATION NAME:  
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 1 7 - 1 7 3

ENDING DATE OF PERIOD COVERED:  
12/31/2004

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
14	SCHULTHEIS & PANETTIERI LLP, AN INDEPENDENT ACCOUNTING FIRM, AUDITS THE ORGANIZATION ANNUALLY.

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 7 - 1 7 3**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

### 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
21	<p>REGULAR DUES, FEES AND OTHER PERIODIC PAYMENTS REQUIRED TO REMAIN A MEMBER OF THE REPORTING LABOR ORGANIZATION:</p> <p>MONTHLY DUES:</p> <p>ACTIVE MEMBERS: \$10 PER MONTH</p> <p>RETIRED MEMBERS: \$8 PER MONTH</p> <p>40 YEAR MEMBERS: ALL 40 YEAR MEMBERS ARE DUES EXEMPT EFFECTIVE 7/1/99. PRIOR TO 7/1/99, THE DUES WERE \$6.25 PER MONTH.</p> <p>WORKING DUES: 3% OF GROSS WAGES FOR HEAVY HIGHWAY, EFFECTIVE 1/1/97. 1 1/2% OF GROSS WAGES FOR SHOP EMPLOYEES. 4% OF GROSS WAGES FOR SURVEYORS (106D)</p> <p>DEFENSE FUND ASSESSMENTS:</p> <p>\$0.20 PER HOUR BUILDING \$0.70 PER HOUR HEAVY HIGHWAY</p> <p>VOLUNTARY POLITICAL ACTION FUND:</p> <p>MEMBERS MAY MAKE VOLUNTARY CONTRIBUTIONS OF \$0.10 PER HOUR TO THE FUND. PRIOR TO 7/1/04, MEMBERS PAID \$0.05.</p>

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

FILE NUMBER: **0 1 7 - 1 7 3**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

### **75. ADDITIONAL INFORMATION (continued)**

Item Number	
13	OBSOLETE OFFICE FURNITURE AND COMPUTER EQUIPMENT WITH A TOTAL COST OF \$40,817 AND BOOK VALUE OF \$-0- WERE DISCARDED.

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 7 - 1 7 3**

### **75. ADDITIONAL INFORMATION (continued)**

Item Number	
23	AUTOMOBILES WITH ESTIMATED FAIR VALUE OF \$86,766 HAVE BEEN PLEDGED AS COLLATERAL FOR LOANS PAYABLE THAT RESULTED FROM AUTOMOBILE PURCHASES.

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 7 - 1 7 3**

**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.)</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>							
MANUS GUARD	CHRISTOPHE	N	0	0	0	0	0
IVES TRUSTEE	JEFFREY	P	0	5 0	0	0	5 0
FIELD TRUSTEE	ALFRED	N	0	0	0	0	0
SMALL TRUSTEE	JAMES	C	0	2 5 0	0	0	2 5 0
ROCKWOOD TRUSTEE	KENNETH	P	0	0	0	0	0
WALDRON TRUSTEE	JAMES	N	0	0	0	0	0
PARKS AUDITOR	JAMES	C	0	2 5 0	0	0	2 5 0
BUCHARDT AUDITOR	GREG	P	0	1 5 0	0	0	1 5 0

ORGANIZATION NAME: <b>ENGINEERS, OPERATING, AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2004</b>

FILE NUMBER: **0 1 7 - 1 7 3**

**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.)</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)*					
IVES	JEFFREY	0	0	0	0	0
AUDITOR	N					
SMALL	STEVE	0	0	0	0	0
AUDITOR	C					
SHELDON	WILLIAM	0	0	0	0	0
EXECUTIVE BOARD	C					
MILLINGTON	EDWARD	0	0	0	0	0
EXECUTIVE BOARD	C					
TOOHIG	DEBORAH	0	0	0	0	0
EXECUTIVE BOARD	C					
COSTELLO	HARRY	0	0	0	0	0
EXECUTIVE BOARD	C					
DOBIE	PHILIP	0	0	0	0	0
EXECUTIVE BOARD	C					
WALSH	WILLIAM	0	0	0	0	0
EXECUTIVE BOARD	C					

ORGANIZATION NAME: <b>ENGINEERS, OPERATING, AFL-CIO</b>
ENDING DATE OF PERIOD COVERED: <b>12/31/2004</b>

FILE NUMBER: **0 1 7 - 1 7 3**

**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.)</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>							
DODIG	MICHAEL	C	0	0	0	0	0
EXECUTIVE BOARD							
KIRKER	SEAN	C	0	0	0	0	0
EXECUTIVE BOARD							
COMBS	JERROLD	C	0	4 5 0	0	0	4 5 0
EXECUTIVE BOARD							
JENNINGS	WAYNE	C	0	0	0	0	0
EXECUTIVE BOARD							
BLAIR	BARRY	C	0	0	0	0	0
EXECUTIVE BOARD							
MAY	RAYMOND	C	0	0	0	0	0
EXECUTIVE BOARD							

ORGANIZATION NAME:  
**ENGINEERS, OPERATING, AFL-CIO**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

FILE NUMBER: **0 1 7 - 1 7 3**

**SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</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>					
DOBIE PHILIP ORGANIZER	5 6 7 2 2	3 9 0 0	1 5 1 7 8	0	7 5 8 0 0

