


# 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 TRUSTESHIP**

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: 2px; text-align: center;">0 3 4 - 6 7 9</div>	2. PERIOD COVERED <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">MO 0 1</td> <td style="text-align: center;">DAY 0 1</td> <td style="text-align: center;">YEAR 2 0 0 4</td> </tr> <tr> <td style="text-align: center;">Through</td> <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>	From	MO 0 1	DAY 0 1	YEAR 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"/>
From	MO 0 1	DAY 0 1	YEAR 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;">N I C H O L A S</div> Last Name <div style="border: 1px solid black; padding: 2px;">S I G N O R E L L I</div> P.O. Box - Building and Room Number (if any) <div style="border: 1px solid black; height: 20px;"></div> Number and Street <div style="border: 1px solid black; padding: 2px;">1 3 6 0 P L E A S A N T V I L L E R O A D</div> City <div style="border: 1px solid black; padding: 2px;">B R I A R C L I F F M A N O R</div> State      ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">N Y      1 0 5 1 0 - 1 6 2 0</div>									
5. DESIGNATION (Local, Lodge, etc.) <b>LU</b>		6. DESIGNATION NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center;">1 3 7</div>									
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: <u>X Nicholas Spinelli Jr.</u> PRESIDENT Date: <u>3/15/05</u> Telephone Number: <u>914-762-0600</u> (If other title, see instructions.)	77. SIGNED: <u>X Jeffrey Loughlin</u> TREASURER Date: <u>3/15/05</u> Telephone Number: <u>914-762-0600</u> (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 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 1 0 5
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	\$ 7.75 TO 12.00 per MONTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 350 TO 500
(c) Transfer Fees	\$ VARIOUS
(d) Work Permits	\$ N/A 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 3 4 - 6 7 9**

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

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

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

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

FILE NUMBER: **0 3 4 - 6 7 9**

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

# SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 034 - 679

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	2 0 6 1 1 1 6
2. Total Book Value	2 0 2 4 9 2 8
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	2 0 2 4 9 2 8
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. MEMBERS 20 YEAR PINS	8 6 8 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	8 6 8 0
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. None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 38, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **0 3 4 - 6 7 9**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): <b>BRIARCLIFF MANOR, NY</b>	<b>2 5 7 2 6</b>		<b>2 5 7 2 6</b>	<b>2 5 7 2 6</b>
2. Totals from additional pages (if any)				
3. Buildings (give location): <b>BRIARCLIFF MANOR, NY</b>	<b>1 1 5 2 5 3 3</b>	<b>7 9 3 8 8 6</b>	<b>3 5 8 6 4 7</b>	<b>3 5 8 6 4 7</b>
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	<b>1 5 6 2 8 7</b>	<b>4 6 1 9 2</b>	<b>1 1 0 0 9 5</b>	<b>1 1 0 0 9 5</b>
6. Office Furniture and Equipment	<b>1 0 9 2 1 6</b>	<b>1 0 9 2 1 6</b>	<b>0</b>	<b>0</b>
7. Other Fixed Assets	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
8. Totals of Lines 1 through 7	<b>1 4 4 3 7 6 2</b>	<b>9 4 9 2 9 4</b>	<b>4 9 4 4 6 8</b>	<b>4 9 4 4 6 8</b>
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. <b>US TREASURY OBLIGATIONS</b>	<b>2 9 1 3 7 2 6</b>	<b>2 9 1 3 7 2 6</b>	<b>2 9 2 2 0 9 2</b>	<b>2 9 2 2 0 9 2</b>
2. <b>CORPORATE BONDS AND NOTES</b>	<b>1 0 0 2 9 5 3</b>	<b>1 0 0 2 9 5 3</b>	<b>1 0 1 1 8 0 5</b>	<b>1 0 1 1 8 0 5</b>
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	<b>3 9 1 6 6 7 9</b>	<b>3 9 1 6 6 7 9</b>	<b>3 9 3 3 8 9 7</b>	<b>3 9 3 3 8 9 7</b>
7. Less Reinvestments				<b>0</b>
8. Net Sales			<b>3 9 3 3 8 9 7</b>	
The total from Line 8 is entered in .....				Item 49



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: **034 - 679**

(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.	SIGNORELLI NICHOLAS BUSINESS MGR	C	1 6 8 5 1 5	0	2 8 3 2	2 0 3 1	1 7 3 3 7 8
2.	SIGNORELLI J NICHOLAS PRESIDENT	C	0	0	0	0	0
3.	HELLER WAYNE VICE PRESIDENT	C	0	0	0	0	0
4.	SANTAMORENA SALVATORE RECDG SECY	C	0	0	0	0	0
5.	BERNABO VICTOR TREASURER	C	0	0	0	0	0
6.	VARRICCHIO JERRY FIN'L SECY	C	0	0	3 8 4	0	3 8 4
7.	SANSEVERINO ROCCO CONDUCTOR	C	0	0	0	0	0
8. Totals from additional pages (if any)			0	0	3 8 4	0	3 8 4
9. Totals of Lines 1 through 8			1 6 8 5 1 5	0	3 6 0 0	2 0 3 1	1 7 4 1 4 6
					10. Less Deductions	8 0 0 8 0	
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements	9 4 0 6 6	

\*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 3 4 - 6 7 9**

(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>					
SIGNORELLI J 1. BUSINESS AGENT NICHOLAS	1 3 2 9 3 5	0	3 4 7 1	1 7 1 5	1 3 8 1 2 1
SANTAMORENA 2. BUSINESS AGENT SALVATORE	1 3 2 9 3 4	0	6 8 0 3	1 2 4 8	1 4 0 9 8 5
LOUGHLIN 3. BUSINESS AGENT JEFFREY	1 3 2 9 3 6	0	6 3 0 1	1 0 9 8	1 4 0 3 3 5
BASSO JR 4. OFFICE MGR NICHOLAS	3 1 5 2 7	0	4 6 1	0	3 1 9 8 8
FIORITO 5. OFFICE MGR LORI	3 8 9 5 0	0	7 8 0	0	3 9 7 3 0
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	0	0	0	0	0
8. Totals of Lines 1 through 7	4 6 9 2 8 2	0	1 7 8 1 6	4 0 6 1	4 9 1 1 5 9
			9. Less Deductions	1 6 5 3 1 5	
The total from Line 10 is entered in ..... Item 57			10. Net Disbursements	3 2 5 8 4 4	

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 3 4 - 6 7 9

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION	UIOE GENERAL PENSION PLAN	3 0 8 5 8
2. PENSION	UIOE LOCAL 137 PENSION FD	1 7 1 4 2
3. WELFARE	UIOE LOCAL 137 WELFARE FD	7 3 2 0 0
4. ANNUITY	UIOE LOCAL 137 ANNUITY FD	9 5 3 8 5
5. Total from additional pages (if any)		3 0 0 0 0
6. Total of Lines 1 through 5		5 1 6 5 8 5
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. POLITICAL	2 2 6 0 0
2. ADS & TICKETS	5 5 3 3 2
3. CHARITABLE	1 0 1 8 2
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	8 8 1 1 4
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

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

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. CONVENTION REIMBURSEMENTS	1 2 5 0
2. MEMBER ACTIVITIES-RETIRES BBQ	2 5 8 5 0
3. ADS & TICKETS REFUNDED	3 7 5
4. PAC INCOME FROM MEMBERS	5 7 2 8 9
5. DEPOSITS REFUNDED	2 9 3 5
6. INSURANCE REIMBURSEMENTS	3 5 5 0
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	9 1 2 4 9
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. DUES-AFFILIATES	8 6 0 0
2. HOLIDAY	1 1 2 5 9
3. REIMBURSEMENTS TO AFFILIATES	5 8 0 1 6
4. LEGISLATIVE ASSESSMENTS	5 6 6 9
5. MEMBER ACTIVITIES-RETIRES BBQ	1 0 4 1 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	9 3 9 5 9
The total from Line 17 is entered in ..... Item 73	

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

FILE NUMBER: **0 3 4 - 6 7 9**

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

### **75. ADDITIONAL INFORMATION**

Item Number	
10	THE 137 OPERATORS HOLDING CORP (13-2553687) HOLDS TITLE TO REAL ESTATE LOCATED IN BRIARCLIFF MANOR, NY AND IS A WHOLLY OWNED SUBSIDIARY OF THE UNION!. INFORMATION CONCERNING THE FINANCIAL POSITION OF THE CORPORATION IS INCLUDED IN THIS LM-2.

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

FILE NUMBER: **0 3 4 - 6 7 9**

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

**75. ADDITIONAL INFORMATION(continued)**

Item Number	
11	<p>ANNUITY FUND (PLAN #001) IUOE LOCAL 137 (13-3204596) PROVIDES ANNUITY BENEFITS TO MEMBERS.</p> <p>PENSION PLAN FOR EMPLOYEES OF LOCAL 137 (PLAN #001) PROVIDES PENSION BENEFITS TO EMPLOYEES AND BENEFICIARIES (13-1739715).</p> <p>WELFARE FUND IUOE LOCAL 137 (PLAN #501) PROVIDES MEDICAL BENEFITS TO MEMBERS AND DEPENDENTS (13-1739714).</p> <p>PENSION FUND IUOE LOCAL 137 (PLAN #001) PROVIDES PENSION BENEFITS TO MEMBERS AND BENEFICIARIES (13-1825849).</p> <p>APPRENTICESHIP FUND IUOE LOCAL 137 PROVIDES TRAINING IN THE FIELD OF OPERATING ENGINEERS (13-1968055).</p> <p>ALL OF THE ABOVE ENTITIES LISTED ARE LOCATED AT 1360 PLEASANTVILLE ROAD, BRIARCLIFF MANOR, NY 10510-1620.</p>

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

FILE NUMBER: **0 3 4 - 6 7 9**

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

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
12	LOCAL 137 FEDERAL AND STATE POLITICAL ACTION COMMITTEES FILE REPORTS WITH THE FEDERAL ELECTION COMMISSION AND THE NEW YORK STATE BOARD OF ELECTIONS, RESPECTIVELY. FINANCIAL INFORMATION IS INCLUDED IN THIS LM-2 (13-4127883).

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

FILE NUMBER: **0 3 4 - 6 7 9**

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

**75. ADDITIONAL INFORMATION (continued)**

Item Number	TRADE-IN INFORMATION:			
13	DESCRIPTION	COST	BOOK VALUE	TRADE-IN ALLOWANCE
	AUTOMOBILES	\$66,025	\$25,676	\$25,600

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

FILE NUMBER: **0 3 4 - 6 7 9**

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

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
14	SCHULTHEIS & PANETTIERI LLP, AN INDEPENDENT CPA FIRM, AUDITS THIS ORGANIZATION AND ITS SUBSIDIARY HOLDING CORPORATION.

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

FILE NUMBER: **0 3 4 - 6 7 9**

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

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
21	IN ADDITION TO REGULAR MONTHLY DUES, MEMBERS PAY WORKING DUES OF \$1.15 OR \$1.25 PER HOUR FOR EACH HOUR WORKED.
	OWNER-OPERATORS PAY MONTHLY DUES OF \$150 BUT DO NOT PAY WORKING DUES.

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

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

FILE NUMBER: **034 - 679**

**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>							
OTTAVIANO GUARD	STANLEY	C	0	0	0	0	0
MANCUSO TRUSTEE	MICHAEL	C	0	0	0	0	0
PARRIS TRUSTEE	PATRICIA	C	0	0	0	0	0
KELLY TRUSTEE	HOWARD	C	0	0	0	0	0
GREENFIELD AUDITOR	LLOYD	C	0	0	0	0	0
FORTINO AUDITOR	MATTHEW	C	0	0	0	0	0
RYAN AUDITOR	RANDALL	C	0	0	0	0	0
HART III EXECUTIVE BD	RICHARD	C	0	0	0	0	0

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

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

FILE NUMBER: **0 3 4 - 6 7 9**

**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>							
RAU RICHARD	EXECUTIVE BD	C	0	0	0	0	0
GIRARDI JR AL	EXECUTIVE BD	C	0	0	0	0	0
LOUGHLIN JEFFREY	EXECUTIVE BD	C	0	0	0	0	0
BASSO JR NICHOLAS	EXECUTIVE BD	C	0	0	0	0	0
BURGESS JR RAYMOND	EXECUTIVE BD	C	0	0	3 8 4	0	3 8 4



