


# 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	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	0 4 4 - 7 5 4	MO DAY YEAR From 0 7 0 1 2 0 0 3 Through 0 6 3 0 2 0 0 4	(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:

**IMPORTANT**

Peel off the address label from the back of the package and place it here.

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

8. MAILING ADDRESS (Type or print in capital letters.)

First Name  
 E n g i n e e r s

Last Name  
 O p e r a t i n g L U 1 1 9

P.O. Box • Building and Room Number (if any)

Number and Street  
 2 5 0 S M a p l e D u n e s C t.

City  
 W i c h i t a

State ZIP Code + 4  
 K S 6 7 2 3 5

4. AFFILIATION OR ORGANIZATION NAME  
 International Union of Operating Engineers

5. DESIGNATION (Local, Lodge, etc.)  
 Local

6. DESIGNATION NUMBER  
 119

7. UNIT NAME (if any)

9. Are your organization's records kept at its mailing address?  
 (If "No," provide address in Item 75.) Yes  No

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

Item Number	
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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: [Signature] PRESIDENT (If other title, see instructions.)  
 Date: 9/28/04 Telephone Number: (316) 794-8076

77. SIGNED: [Signature] TREASURER (If other title, see instructions.)  
 Date: 09/28/04 Telephone Number: (316) 721-4634

*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? .....  |     | X  |
| <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? ..... |     | 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? 2 3 3
19. What is the date of your organization's next regular election of officers? MO YEAR  
0 8 2 0 0 5
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
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>16</u> per <u>Month</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>10</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>0</u> per <u>N/A</u> <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 |
|  | --- | X  |
- (If the constitution and bylaws have changed, attach two new dated copies. If 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? .....
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|  | --- | X  |
24. Did your organization have any contingent liabilities at the end of the reporting period? .....
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|  | --- | 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 4 4 - 7 5 4

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

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 044 - 754

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 .....			44781	56. To Officers .....	9		13718
40. Per Capita Tax .....				57. To Employees .....	10		8207
41. Fees .....				58. Per Capita Tax .....			23234
42. Fines .....				59. Fees, Fines, Assessments, etc. ....			
43. Assessments .....				60. Office & Administrative Expense ....	13		74
44. Work Permits .....				61. Educational & Publicity Expense ...			
45. Sale of Supplies .....				62. Professional Fees .....			3013
46. Interest .....			19	63. Benefits .....	11		
47. Dividends .....			1701	64. Contributions, Gifts & Grants .....	12		
48. Rents .....				65. Supplies for Resale .....			
49. Sale of Investments & Fixed Assets .....	6		38314	66. Direct Taxes .....			2765
50. Loans Obtained .....	8			67. Withholding Taxes .....			4934
51. Repayments of Loans Made .....	1			68. Purchase of Investments & Fixed Assets .....	7		
52. On Behalf of Affiliates for Transmittal to Them .....				69. Loans Made .....	1		
53. From Members for Disbursement on Their Behalf .....				70. Repayment of Loans Obtained .....	8		
54. Other Receipts .....	14			71. To Affiliates of Funds Collected on Their Behalf .....			
55. TOTAL RECEIPTS .....			84815	72. On Behalf of Individual Members ...			
				73. Other Disbursements .....	15		12860
				74. TOTAL DISBURSEMENTS .....			68805

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.

**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: _____	0				0
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	0				0
6. Totals of Lines 1 through 5	0				0
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 4 4 - 7 5 4

**SCHEDULE 3 — OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	296,948
2. Total Book Value	296,948
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
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	2 9 6 9 4 8
↑ Enter the Total from Line 7 in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1.	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
↑ 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	103
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 0 3
↑ Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 4 4 - 7 5 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	0	0	0	0



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. A.G. Edwards Mutual Funds	108,500	108,500	106,809	106,809
2. American Express Mutual Fund	37,659	37,659	34,808	34,808
3.				
4.				
5. Totals from additional pages (if any)		146,159	141,617	141,617
6. Totals of Lines 1 through 5				103,303
		7. Less Reinvestments		
		8. Net Sales		38,314



Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 4 4 - 7 5 4

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases 0	
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 4 4 - 7 5 4

(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. Woods	First Name Bill	7 0 6 9				7 0 6 9
Title President	Status C					
Last Name 2. Wilhott	First Name Fred	1 3 4 2				1 3 4 2
Title Finan Sec	Status C					
Last Name 3. Wise	First Name James	4 9 0 4				4 9 0 4
Title Vice President	Status C					
Last Name 4. Harper	First Name Mike	3 2 2 1				3 2 2 1
Title Treasurer	Status C					
Last Name 5. Lowry	First Name Don	4 8 9				4 8 9
Title Recording Sec	Status C					
Last Name 6.	First Name					
Title	Status					
Last Name 7.	First Name					
Title	Status					
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		17,025				17,025
10. Less Deductions						3 3 0 7
Enter the Total from Line 11 in ..... Item 56 →						1 3 7 1 8
*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 4 4 - 7 5 4

(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 _____ First Name _____ Position _____ Name of Affiliated Organization _____					
2. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
3. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
4. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
5. Last Name _____ First Name _____ Position _____ Name of Affiliated Organization _____					
6. Totals from additional pages <small>(if any)</small>					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7					
			9. Less Deductions		
Enter the Total from Line 10 in.....			Item 57 ⇔		10. Net Disbursements 0

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 4 4 - 7 5 4

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
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	0
Enter the Total from Line 8 in ..... ↑ Item 64	

# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Postage	74
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	7 4
Enter the Total from Line 8 in ..... ↑ Item 60	

**SCHEDULE 14 —  
OTHER RECEIPTS**

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	0
Enter the Total from Line 17 in ..... Item 54	

**SCHEDULE 15 —  
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. License	885
2. Meeting & Education	11,930
3. Secretary of State	45
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	12,860
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME:  
**Operating Engineers Local 119**

ENDING DATE OF PERIOD COVERED:  
**June 30, 2004**

**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 _____						
<b>Totals</b>						

ORGANIZATION NAME:  
**Operating Engineers Local 119**

ENDING DATE OF PERIOD COVERED:  
**June 30, 2004**

FILE NUMBER: **0 4 4-7 5 4**

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						

ORGANIZATION NAME: Operating Engineers Local 119
ENDING DATE OF PERIOD COVERED: June 30, 2004

**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 _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
<b>Totals</b>					

ORGANIZATION NAME:  
**Operating Engineers Local 119**

ENDING DATE OF PERIOD COVERED:  
**June 30, 2004**

FILE NUMBER: **0 4 4 - 7 5 4**

PAGE \_\_\_\_ OF \_\_\_\_ 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 _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
Last Name _____ First Name _____  Position _____  Name of Affiliated Organization _____					
<b>Totals</b>					