

During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions?..... | <input type="checkbox"/> | <input checked="" 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 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 checked="" type="checkbox"/> | <input 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 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 6 1 8
19. What is the date of your organization's next regular election of officers? MO: 0 9 YEAR: 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? \$ 1 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	\$ <u>34.25/68.75</u> per <u>MONTH</u> <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>50.00/325.00</u>
(c) Transfer Fees	\$ <u>1.00/15.00</u>
(d) Work Permits	\$ <u>NONE</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?
- (If the constitution and bylaws or practices/procedures have changed, see the instructions.)*
- Yes No
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
24. Did your organization have any contingent liabilities at the end of the reporting period?
- Yes No

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

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: **0 6 5 - 6 9 0**

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

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 6 5 - 6 9 0**

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

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 065 - 690

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
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)	
Other Investments	
4. Total Cost	2 4 3 0 0
5. Total Book Value	2 4 3 0 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) STOCK - GREAT FALLS LABOR TEMPLE	2 4 3 0 0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 4 3 0 0
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (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 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

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

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **0 6 5 - 6 9 0**

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	3 0 0 0 0		3 0 0 0 0	4 5 0 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	2 2 0 7 6 4	2 1 5 7 9 0	4 9 7 4	2 3 0 0 0 0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	8 3 5 2 5	1 8 1 2 8	6 5 3 9 7	6 5 3 9 7
6. Office Furniture and Equipment	1 5 4 4 0 7	1 1 8 9 4 7	3 5 4 6 0	7 0 0 0 0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	4 8 8 6 9 6	3 5 2 8 6 5	1 3 5 8 3 1	4 1 0 3 9 7
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. 1997 OLDS CUTLASS SUPREME	17 595	3 500	1 250	1 250
2. 1996 GMC SONOMA PICKUP	12 365	2 500	1 500	1 500
3. 1997 OLDSMOBILE	13 995	0	1 100	1 100
4. 2001 BUICK CENTURY	16 935	8 750	3 500	3 500
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	60 890	14 750	7 350	7 350
	7. Less Reinvestments			0
	8. Net Sales			7 3 5 0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 6 5 - 6 9 0

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. 2003 FORD TAURUS	9 6 5 0	9 6 5 0	9 6 5 0
2. 2003 BUICK CENTURY	1 9 6 0 0	1 9 6 0 0	1 9 6 0 0
3. 2003 BUICK CENTURY	1 0 6 5 0	1 0 6 5 0	1 0 6 5 0
4. NEW CARPET	5 5 2 7	5 5 2 7	5 5 2 7
5. Totals from additional pages (if any)	2 0 8 1 5	2 0 8 1 5	2 0 8 1 5
6. Totals of Lines 1 through 5	6 6 2 4 2	6 6 2 4 2	6 6 2 4 2
7. Less Reinvestments			0
8. Net Purchases			6 6 2 4 2
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. None	0	0	0	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: **0 6 5 - 6 9 0**

(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.	KEANE JIM BUS. MANAGER	C	5 3 4 7 8	0	2 0 2 4	0	5 5 5 0 2
2.	DANIELS BOB PRESIDENT	C	3 0 0	0	8 8 2	0	1 1 8 2
3.	SCHINDLER STEVE VICE-PRESIDENT	C	1 5 0	0	3 6 0	0	5 1 0
4.	UGRIN JAMES REC/CORRES SEC.	C	3 0 0	0	2 8 1	0	5 8 1
5.	GRIBBLE LARRY TREASURER	C	2 0 0	0	6 7 2	0	8 7 2
6.	ZIPPERIAN DAN EXE BRD DIST 1	N	0	1 5 0	5 7	0	2 0 7
7.	SCHWAEBLE SMOKEY EXE BRD DIST 1	P	0	2 0 0	0	0	2 0 0
8. Totals from additional pages (if any)			1 5 0 0	1 1 0 0	5 0 5 6	0	7 6 5 6
9. Totals of Lines 1 through 8			5 5 9 2 8	1 4 5 0	9 3 3 2	0	6 6 7 1 0
					10. Less Deductions	1 8 6 2 6	
The total from Line 11 is entered in Item 56					11. Net Disbursements	4 8 0 8 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.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: **0 6 5 - 6 9 0**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	(B) Position <small>(Enter employee's job title.)</small>	(C) Name of Affiliated Organization <small>(if applicable)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. CARTWRIGHT OFFICE MANAGER	COLLEEN		3 8 1 2 3	0	0	0	3 8 1 2 3
2. CAMPBELL BUSINESS AGENT	PATRICK		4 2 1 9 8	0	1 2 4 1	0	4 3 4 3 9
3. GEISS MBR BEN COORD	ROBIN		3 7 9 5 4	0	0	0	3 7 9 5 4
4. JONAS ORGANIZER	MIKE		4 3 0 4 8	0	3 3 7 1	0	4 6 4 1 9
5. CLARKE BUSINESS AGENT	ALBERT		2 6 0 4 4	0	1 4 4 9	0	2 7 4 9 3
6. Totals from additional pages (if any)			2 2 0 3 6 8	0	3 3 9 4	0	2 2 3 7 6 2
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 0 7 7 3 5	0	9 4 5 5	0	4 1 7 1 9 0
					9. Less Deductions	1 4 3 5 5 9	
The total from Line 10 is entered in					Item 57	10. Net Disbursements	2 7 3 6 3 1

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 6 5 - 6 9 0

Description (A)	To Whom Paid (B)	Amount (C)
1. MEMBERS LIFE INSURANCE	INSURANCE COMPANY	4 1 4 2 7
2. HEALTH AND WELFARE	TRUST FUND	7 6 0 5 3
3. PENSION	TRUST FUND	1 2 7 9 0 2
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		2 4 5 3 8 2
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. POLITICAL DONATIONS	1 7 2 4
2. DONATIONS	1 5 6 6
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 2 9 0
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. BUSINESS AGENT EXPENSE	9 2 5 4
2. CONVENTIONS AND MEETINGS	1 6 1 1
3. INSURANCE	1 4 9 4 5
4. OFFICE SUPPLIES	2 5 2 5 4
5. BANK SERVICE CHARGES	1 6 2 2
6. COMPUTER EXPENSE	4 4 2 6
7. Total from additional pages (if any)	1 0 0 5 2 8
8. Total of Lines 1 through 7	1 5 7 6 4 0
The total from Line 8 is entered in Item 60	

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. ORGANIZING GRANT INCOME	5 4 5 0 2
2. PAC CONTRIBUTIONS	1 0 8 1
3. MISCELLANEOUS	1 6 5 8
4. TRAVELER	1 1 9 4 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	6 9 1 8 1
The total from Line 17 is entered in Item 54	

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. NEGOTIATION	1 6 1 4
2. ORGANIZING	8 0 0 4
3. ARBITRATION	8 8 0 9
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	1 8 4 2 7
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

ENDING DATE OF PERIOD COVERED:
09/30/2004

FILE NUMBER: **065 - 690**

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>							
GUST MIKE EXE BRD DIST 2		C	0	1 5 0	3 6 0	0	5 1 0
GOLIE GEORGE EXE BRD DIST 3		C	0	3 0 0	2 2 7	0	5 2 7
MCCRACKEN LEO EXE BRD DIST 4		C	0	3 0 0	1 9 8	0	4 9 8
WINSTONE FRED EXE BRD DIST 6		N	0	2 0 0	3 7 4	0	5 7 4
ROGERS DON EXE BRD DIST 6		P	0	1 5 0	2 2 3	0	3 7 3
COZZENS TROY CONDUCT/GUARD		N	1 5 0	0	4 2 0	0	5 7 0
WINSTONE FRED CONDUCT/GUARD		P	1 5 0	0	0	0	1 5 0
ARTHUN DAN AUDITOR		C	5 0	0	0	0	5 0

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

ENDING DATE OF PERIOD COVERED:
09/30/2004

FILE NUMBER: **065 - 690**

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>							
MURPHY AUDITOR	KEVIN	C	1 5 0	0	6 3 0	0	7 8 0
GROOMS AUDITOR	JIM	C	3 0 0	0	5 6 6	0	8 6 6
NEUMILLER TRUSTEE	LARRY	C	1 5 0	0	4 2 0	0	5 7 0
CHARETTE TRUSTEE	JOHN	C	2 5 0	0	6 7 2	0	9 2 2
WATSON TRUSTEE	TERRY	C	3 0 0	0	9 6 6	0	1 2 6 6

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

ENDING DATE OF PERIOD COVERED:
09/30/2004

FILE NUMBER: **065 - 690**

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>					
JOHNSON DISPATCHER JOHN	3 6 4 8 4	0	0	0	3 6 4 8 4
KELLY BUSINESS AGENT ED	4 3 0 4 8	0	3 4 6	0	4 3 3 9 4
MASTEN BUSINESS AGENT NORM	2 9 3 1 1	0	3 5 3	0	2 9 6 6 4
MILES BUSINESS AGENT RION	4 2 1 9 8	0	7 4 0	0	4 2 9 3 8
OWENS BUSINESS AGENT JOHN	3 8 3 6	0	6 3	0	3 8 9 9

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

ENDING DATE OF PERIOD COVERED:
09/30/2004

FILE NUMBER: **0 6 5 - 6 9 0**

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.)</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>					
RIDLE DISPATCHER MIKE	8 7 9 1	0	0	0	8 7 9 1
SALLEY ASST. BUS. MGR EARL	4 5 3 2 1	0	1 5 4 6	0	4 6 8 6 7
NYGAARD BUSINESS AGENT DEWBY	1 1 3 7 9	0	3 4 6	0	1 1 7 2 5

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 6 5 - 6 9 0**

ENDING DATE OF PERIOD COVERED:
09/30/2004

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
POSTAGE	1 2 4 9 8
TELEPHONE	2 1 4 6 8
CUSTODIAL	3 4 7 9
UTILITIES	4 8 5 8
OFFICE AND MEETING ROOM	1 3 7 8 4
REPAIRS AND MAINTENANCE	3 5 3 1
TRANSPORTATION EXPENSE	1 4 1 2 9
DUES REFUND	1 5 3 6
CONTRACT LABOR	6 4 5
SALE ITEMS	4 9 7 8
PROMOTIONAL ITEMS	4 6 9 6
RENT	1 4 8 9 5
LOBBYING	3 1

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **065 - 690**

ENDING DATE OF PERIOD COVERED:
09/30/2004

75. ADDITIONAL INFORMATION

Item Number	
11	MONTANA OPERATING ENGINEERS Construction & Mining Industry Health and Security Trust Fund; Administration Services, Inc., P.O. Box 5434, Spokane, Washington 99205-0434; FEID #81-6009559; Purpose: To provide health and welfare, dental, and vision benefits to the members of Local 400

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 065 - 690

ENDING DATE OF PERIOD COVERED:
09/30/2004

75. ADDITIONAL INFORMATION(continued)

Item Number	
12	IUOE LOCAL POLITICAL ACTION COMMITTEE - FILED WITH THE STATE OF MONTANA'S COMMISSIONER OF POLITICAL PRACTICES

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 6 5 - 6 9 0**

ENDING DATE OF PERIOD COVERED:
09/30/2004

75. ADDITIONAL INFORMATION (continued)

Item Number	
14	AUDIT - GALUSHA, HIGGINS, & GALUSHA, PC

ORGANIZATION NAME: ENGINEERS, OPERATING, AFL-CIO
ENDING DATE OF PERIOD COVERED: 09/30/2004

FILE NUMBER: **065 - 690**

75. ADDITIONAL INFORMATION (continued)

Item Number	
11	MONTANA OPERATING ENGINEERS Construction Industry Vacation Trust Fund; Administration Services, Inc., P.O. Box 434, Spokane, Washington 99205-0434; Federal ID# 91-0877177; Purpose: To provide vacation fund for members of Local 400.

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 6 5 - 6 9 0**

ENDING DATE OF PERIOD COVERED:
09/30/2004

75. ADDITIONAL INFORMATION (continued)

Item Number	
11	MONTANA OPERATING ENGINEERS AND A.G.C. Joint Appreniceship & Training Trust Fund, 3100 Canyon Ferry Road, East Helena, Montana 59635; Federal ID #81-0309737; Purpose: To provide apprenticeship training to individuals desiring to become Operating Engineers.

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **065 - 690**

ENDING DATE OF PERIOD COVERED:
09/30/2004

TRUSTEE SIGNATURES

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.)

Trustee Sign: _____	TRUSTEE	Trustee Sign: _____	TRUSTEE
_____	_____	_____	_____
Date	Telephone Number	Date	Telephone Number