


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 0 2 3 - 9 9 2	2. PERIOD COVERED From MO 0 1 DAY 0 1 YEAR 2 0 0 4 Through MO 1 2 DAY 3 1 YEAR 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"/>
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"MARK HOLLIDAY 2 023-992
 ENGINEERS, OPERATING, AFL-CIO 540
 LU 701
 555 1ST ST
 GLADSTONE OR 97027-2501 12/2004

8. MAILING ADDRESS

First Name
 MARK

Last Name
 HOLLIDAY

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

Number and Street
 5 5 5 E . 1 S T S T R E E T

City
 G L A D S T O N E

State ZIP Code + 4
 O R 9 7 0 2 7 -

4. AFFILIATION OR ORGANIZATION NAME
 ENGINEERS, OPERATING, AFL-CIO

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

6. DESIGNATION NUMBER
 701

7. UNIT NAME (if any)

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

75. ADDITIONAL INFORMATION

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: Mark Holliday FIN. SECRETARY ~~PRESIDENT~~ (503) 650-7701 (If other title, see instructions.)
 Date: 3/24/05 Telephone Number

77. SIGNED: Nelda M. Wilson TREASURER (503) 650-7701 (If other title, see instructions.)
 Date: 3/24/05 Telephone Number

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes No
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?
12. Have a political action committee (PAC) fund?
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?
15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)
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?
17. Liquidate or reduce any liabilities without disbursement of cash?

(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?
19. What is the date of your organization's next regular election of officers? MO YEAR
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? \$
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>249-351</u> per YEAR <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ <u>527-987</u>
(c) Transfer Fees	\$ <u>122</u>
(d) Work Permits	\$ <u>N/A</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
(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 2 3 - 9 9 2**

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	
ASSETS	25. Cash.....			3 4 8 3 9 1 8	3 3 4 7 4 9 3
	26. Accounts Receivable.....			0	0
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities.....			0	0
	29. Investments.....	2		1 4 5 9 9 9 6	2 2 8 5 1 0 0
	30. Fixed Assets.....	5		9 6 8 6 6 6	9 2 0 4 2 7
	31. Other Assets.....	3		9 3 0	9 3 0
	32. TOTAL ASSETS.....			5 9 1 3 5 1 0	6 5 5 3 9 5 0
LIABILITIES	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 9 1 3 5 1 0	6 5 5 3 9 5 0

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 2 3 - 9 9 2**

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.....			3 0 9 2 8 5 9	56. To Officers.....	9		2 5 8 5 4 3
40. Per Capita Tax.....			0	57. To Employees.....	10		5 4 3 9 6 3
41. Fees.....			1 8 5 0 0 3	58. Per Capita Tax.....			4 1 0 5 1 1
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			6 7 8 8 6
43. Assessments.....			0	60. Office & Administrative Expense....	13		3 0 8 7 4 5
44. Work Permits.....			0	61. Educational & Publicity Expense...			4 2 1 6 0
45. Sale of Supplies.....			1 3 9 0	62. Professional Fees.....			5 6 7 0 1
46. Interest.....			8 5 8 4 6	63. Benefits.....	11		4 6 7 7 8 6
47. Dividends.....			0	64. Contributions, Gifts & Grants.....	12		3 7 5 3 8
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		1 3 8 1 1 3	66. Direct Taxes.....			1 2 8 0 4 3
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			2 5 8 9 4 0
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		1 0 2 6 1 8 7
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			8 2 6 9	70. Repayment of Loans Obtained.....	8		0
54. Other Receipts.....	14		1 0 6 6 8 8	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			8 2 6 9
				73. Other Disbursements.....	15		1 3 9 3 2 1
55. TOTAL RECEIPTS.....			3 6 1 8 1 6 8	74. TOTAL DISBURSEMENTS			3 7 5 4 5 9 3

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: 0 2 3 - 9 9 2

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	2 3 0 9 9 6 0
2. Total Book Value	2 2 8 5 1 0 0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) COLUMBIA BOND FUND	1 1 3 5 8 0 9
(b) FHLMC NOTE	6 9 9 7 2 7
(c) _____	
(d) _____	
Other Investments	
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 2 8 5 1 0 0
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. PREPAID RENT	9 3 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	9 3 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 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **0 2 3 - 9 9 2**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 555 E. FIRST ST, GLADSTONE, OR	1 6 0 4 8 3		1 6 0 4 8 3	0
2. Totals from additional pages (if any)				
3. Buildings (give location): 555 E. FIRST ST, GLADSTONE, OR	8 6 3 5 2 3	2 5 4 1 0 6	6 0 9 4 1 7	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	1 7 5 6 7 2	7 1 1 8 5	1 0 4 4 8 7	0
6. Office Furniture and Equipment	3 0 4 6 3 4	2 5 8 5 9 4	4 6 0 4 0	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 5 0 4 3 1 2	5 8 3 8 8 5	9 2 0 4 2 7	0
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. AUTOMOBILES	7 5 8 7 9	4 6 8 8 6	2 8 9 5 0	2 8 9 5 0
2. CORPORATE BOND	1 0 5 8 4 3	1 0 4 7 4 2	1 0 0 0 0 0	1 0 0 0 0 0
3. MUTUAL FUNDS	6 9 2 6 0	6 9 2 6 0	7 1 5 6 7	7 1 5 6 7
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	2 5 0 9 8 2	2 2 0 8 8 8	2 0 0 5 1 7	2 0 0 5 1 7
	7. Less Reinvestments			6 2 4 0 4
	8. Net Sales			1 3 8 1 1 3
The total from Line 8 is entered in				Item 49

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 3 - 9 9 2

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. AUTOMOBILES	56 248	56 248	56 248
2. OFFICE EQUIPMENT & FURNITURE	20 801	20 801	20 801
3. MUTUAL FUNDS	1 124 17	1 124 17	1 124 17
4. CORPORATE BOND	199 125	199 125	199 125
5. Totals from additional pages (if any)	700 000	700 000	700 000
6. Totals of Lines 1 through 5	1 088 591	1 088 591	1 088 591
7. Less Reinvestments			62 404
8. Net Purchases			1 026 187

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 2 3 - 9 9 2**

(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)*					
1.	HOLLIDAY MARK FIN-SEC	7 8 7 2 7	9 0 0 0	9 4 6 7	0	9 7 1 9 4
2.	GROFFY JOHN COR-SEC	0	0	7 5 0	0	7 5 0
3.	MANSELLE VERN PRESIDENT	6 1 2 0 0	0	3 6 1 3	0	6 4 8 1 3
4.	OTIS GLENN COR-SEC	0	0	1 9 7 1	0	1 9 7 1
5.	WATTERS MIKE REPRESENTATIVE	0	0	0	0	0
6.	ENGLISH DON REPRESENTATIVE	0	0	0	0	0
7.	MILLER KEVIN REPRESENTATIVE	0	0	4 0 8	0	4 0 8
8. Totals from additional pages (if any)		1 8 8 7 3 8	3 1 5 0	1 4 8 1 7	0	2 0 6 7 0 5
9. Totals of Lines 1 through 8		3 2 8 6 6 5	1 2 1 5 0	3 1 0 2 6	0	3 7 1 8 4 1
				10. Less Deductions	1 1 3 2 9 8	
The total from Line 11 is entered in Item 56				11. Net Disbursements	2 5 8 5 4 3	

*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 2 3 - 9 9 2**

(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)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>	(D)	(E)	(F)	(G)	(H)
(C) Name of Affiliated Organization <small>(if applicable)</small>	(D)	(E)	(F)	(G)	(H)
1. ANDERSON JAMES ORGANIZER NONE	6 1 2 4 6	0	4 9 1 7	0	6 6 1 6 3
2. PARDEE TRACI OFFICE MANAGER NONE	5 1 2 4 6	0	2 9	0	5 1 2 7 5
3. MANN SUZANNE RECEPTIONIST NONE	2 6 8 0 7	0	0	0	2 6 8 0 7
4. ROBLES DEANNA SECRETARY NONE	5 3 0 6 0	0	0	0	5 3 0 6 0
5. DELONG JULIE SECRETARY NONE	3 5 9 6 2	0	0	0	3 5 9 6 2
6. Totals from additional pages (if any)	4 7 9 3 9 6	4 4 6 9	2 0 4 7 3	0	5 0 4 3 3 8
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	2 4 8 1 9	0	0	0	2 4 8 1 9
8. Totals of Lines 1 through 7	7 3 2 5 3 6	4 4 6 9	2 5 4 1 9	0	7 6 2 4 2 4
			9. Less Deductions	2 1 8 4 6 1	
The total from Line 10 is entered in Item 57			10. Net Disbursements	5 4 3 9 6 3	

SCHEDULE 11 - BENEFITS

FILE NUMBER: **0 2 3 - 9 9 2**

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH & WELFARE	OPERATING ENGINEERS	1 5 0 5 5 5
2. PENSION	OPERATING ENGINEERS	2 3 6 2 3 1
3. DEATH BENEFITS	BENEFICIARIES	8 1 0 0 0
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		4 6 7 7 8 6
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

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

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. MEETING & TRAVEL	3 6 8 6 3
2. OFFICE SUPPLIES & EXPENSES	1 3 9 8 9 5
3. PRINTING	4 6 2 3 5
4. INSURANCE	3 2 4 8 8
5. BLDG MAINTENANCE & UTILITIES	5 3 2 6 4
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 0 8 7 4 5
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. REFUNDS & REIMBURSEMENTS	1 6 0 8 8
2. GRANT RECEIVED	7 7 0 0 0
3. CLASSROOM INCOME	1 3 3 1 0
4. NSF FEES	2 9 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 0 6 6 8 8
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. OTHER PAYROLL WITHHOLDINGS	7 2 8 1 8
2. DUES TRANSFERRED TO OTHER LOCALS	1 3 7 1
3. DUES PAID FOR MEMBERS	2 4 2 4 6
4. MARKET RECOVERY EXPENDITURES	3 6 8 2 5
5. STRIKE EXPENSE	2 8 2 0
6. REIMBURSEMENT	1 0 0
7. ELECTION EXPENSE	1 1 4 1
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 3 9 3 2 1
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

FILE NUMBER: **0 2 3 - 9 9 2**

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)*					
THUN MIKE REPRESENTATIVE	C	0	0	0	0	0
BRADLEY STEPHEN VICE-PRESIDENT	C	6 1 2 4 6	0	6 0 0 6	0	6 7 2 5 2
SARINA MELVIN GUARD	C	0	0	0	0	0
FURSTENBERG ROBERT REPRESENTATIVE	C	0	0	1 5 6 0	0	1 5 6 0
WILSON NELDA TREASURER	C	6 6 2 4 6	3 1 5 0	1 4 1 1	0	7 0 8 0 7
LEIBELT BOYD REPRESENTATIVE	C	0	0	7 6 8	0	7 6 8
CLARK DARRELL REPRESENTATIVE	N	6 1 2 4 6	0	5 0 7 2	0	6 6 3 1 8
CARTER NOLAN CONDUCTOR	N	0	0	0	0	0

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

FILE NUMBER: **0 2 3 - 9 9 2**

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> (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)
HARRIS SECRETARY NONE CHERRY	5 1 0 0 0	0	1 9 8 6	0	5 2 9 8 6
O CONNOR GENERAL COUNSEL NONE JAMES	6 6 2 4 6	4 4 6 9	1 0 5 7	0	7 1 7 7 2
STOLTENBERG DISPATCHER NONE JON	4 8 5 3 5	0	0	0	4 8 5 3 5
BOYD SECRETARY NONE JUSTINA	3 2 6 3 8	0	0	0	3 2 6 3 8
HALL ORGANIZER NONE ROBERT	5 9 5 3 8	0	2 7 0 0	0	6 2 2 3 8

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2004

FILE NUMBER: **0 2 3 - 9 9 2**

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>					
GLENN DAVID ORGANIZER NONE	6 0 8 4 6	0	3 3 3 2	0	6 4 1 7 8
LOVELADY LARRY ORGANIZER NONE	5 9 5 3 9	0	3 5 3 0	0	6 3 0 6 9
SANDBOTHE TONY FIELD PERSON NONE	6 1 2 4 6	0	5 6 7 9	0	6 6 9 2 5
OSGOOD ROD FIELD PERSON NONE	3 9 8 0 8	0	2 1 8 9	0	4 1 9 9 7

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 2 3 - 9 9 2**

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION

Item Number																																					
11	<p>FUND CREATED FOR MEMBER BENEFITS NAME OF FUND: LOCAL 701 DEATH BENEFIT FUND ADDRESS: 555 E. 1ST STREET, GLADSTONE, OREGON, 97027 PURPOSE: TO PROVIDE DEATH BENEFITS TO MEMBERS.</p> <p>THE PLAN DESCRIPTION WAS FILED WITH THE 1993 FORM LM-1A AND IS INCLUDED IN THE BYLAWS OF LOCAL 701. THE CURRENT YEAR FINANCIAL INFORMATION IS COMBINED WITH OTHER FUNDS OF THE LOCAL AND INCLUDED IN THIS REPORT. SEPARATE FINANCIAL INFORMATION FOR THE DEATH BENEFIT FUND IS AS FOLLOWS:</p> <table><tbody><tr><td>CASH AT 1/1/04</td><td></td><td>\$860,090</td></tr><tr><td>RECEIPTS - 2004:</td><td></td><td></td></tr><tr><td> DEATH BENEFIT FEES</td><td>\$ 10,991</td><td></td></tr><tr><td> ALLOCATIONS FROM GENERAL FUND DUES</td><td>70,686</td><td></td></tr><tr><td> INTEREST INCOME</td><td>8,498</td><td></td></tr><tr><td>ADD: TOTAL RECEIPTS</td><td></td><td>90,175</td></tr><tr><td>CASH DISBURSEMENTS - 2004:</td><td></td><td></td></tr><tr><td> DEATH BENEFITS PAID</td><td>81,000</td><td></td></tr><tr><td> INCREASE IN DUE FROM GENERAL FUND</td><td>656</td><td></td></tr><tr><td> PURCHASE OF INVESTMENT</td><td>200,000</td><td></td></tr><tr><td>LESS: TOTAL DISBURSEMENTS</td><td></td><td>(281,656)</td></tr><tr><td>CASH AT 12/31/04</td><td></td><td>\$668,609</td></tr></tbody></table> <p>IT IS INTENDED THAT THIS FILING SATISFY THE REQUIREMENTS OF DOL REGULATION 2520.104-26 FOR THE FILING OF THE ANNUAL REPORT OF THE PLAN.</p> <p>AGC - OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND PO BOX 4668 PORTLAND, OR 97208 PURPOSE: HEALTH & WELFARE</p> <p>EIN: 93-6022485 PN 001</p>	CASH AT 1/1/04		\$860,090	RECEIPTS - 2004:			DEATH BENEFIT FEES	\$ 10,991		ALLOCATIONS FROM GENERAL FUND DUES	70,686		INTEREST INCOME	8,498		ADD: TOTAL RECEIPTS		90,175	CASH DISBURSEMENTS - 2004:			DEATH BENEFITS PAID	81,000		INCREASE IN DUE FROM GENERAL FUND	656		PURCHASE OF INVESTMENT	200,000		LESS: TOTAL DISBURSEMENTS		(281,656)	CASH AT 12/31/04		\$668,609
CASH AT 1/1/04		\$860,090																																			
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ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 2 3 - 9 9 2**

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION

Item Number	
11	<p>AGC - OPERATING ENGINEERS VACATION TRUST FUND PO BOX 4668 PORTLAND, OR 97208</p> <p>PURPOSE: VACATION</p> <p>EIN: 23-7119639 PN 001</p> <p>AGC - OPERATING ENGINEERS DEFINED BENEFIT PENSION TRUST FUND PO BOX 4668 PORTLAND, OR 97208</p> <p>PURPOSE: PENSION</p> <p>EIN: 93-6075580 PN 001</p> <p>AGC - OPERATING ENGINEERS DEFINED CONTRIBUTION PENSION TRUST FUND PO BOX 4668 PORTLAND, OR 97208</p> <p>PURPOSE: PENSION</p> <p>EIN: 93-6075880 PN 002</p> <p>AGC - OPERATING ENGINEERS TRAINING TRUST FUND PO BOX 4668 PORTLAND, OR 97208</p> <p>PURPOSE: TRAINING</p> <p>EIN: 93-0634959 PN 001</p>

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 2 3 - 9 9 2**

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION(continued)

Item Number	
12	<p>PAC # 001945 INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 POLITICAL ACTION COMMITTEE, 555 E. 1ST STREET, GLADSTONE, OR 97027. REPORTS ARE FILED WITH THE OREGON STATE ELECTIONS DIVISION.</p> <p>PAC # 002452 INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701 POLITICAL ACTION COMMITTEE, 555 E. 1ST STREET, GLADSTONE, OR, 97027. REPORTS ARE FILED WITH THE OREGON STATE ELECTIONS DIVISION.</p>

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 2 3 - 9 9 2**

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION (continued)

Item Number	
13	THE LOCAL SCRAPPED OFFICE EQUIPMENT WITH A COST OF \$10,114 AND BOOK VALUE OF ZERO AND DONATED EQUIPMENT WITH A COST OF \$5,242 AND A BOOK VALUE OF ZERO TO CHARITABLE AND NON-PROFIT ORGANIZATIONS.

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 2 3 - 9 9 2

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION (continued)

Item Number	
14	AN AUDIT WAS PERFORMED BY MIDDLETON & COMPANY, CPA, PC.

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 2 3 - 9 9 2**

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION (continued)

Item Number	
68	THE LOCAL REIMBURSED NELDA WILSON FOR THE PURCHASE OF VARIOUS COMPUTER EQUIPMENT TO BE USED IN THE OFFICE. THE EQUIPMENT COST WAS \$4,344 AND THE PURCHASE IS INCLUDED IN SCHEDULE 7.

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 2 3 - 9 9 2

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
16	NAME OF OFFICER: MARK HOLLIDAY NAME OF ORGANIZATION: INTERNATIONAL UNION OF OPERATING ENGINEERS POSITION: TRUSTEE

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 2 3 - 9 9 2

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION (continued)

Item Number	
76	MARK HOLLIDAY SIGNED AS PRESIDENT BECAUSE THE FINANCIAL SECRETARY POSITION IS THE PRINCIPAL EXECUTIVE OFFICER FOR THE LOCAL.