Attachment 1

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

and Budget
No. 1215-0188
Expires 11-30-2006

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.

For Official Use Only

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US DOL ESA Rec'd OCT - 5 2005 OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13521

2. Fiscal Year Covered From: 7 / 1 / 04 Through: 6 / 30 / 05

3. Name and address of person filing.

Name HARRY B DEBOARD

P.O. Box, Bldg., Room No., if any

Street 2416 COLUMBINE TRAIL

City CHATTANOOGA

State TENNESSEE ZIP Code + 4 37421

4. Name, file number, and address of labor organization.

Name OPERATING ENGINEERS LOCAL 917

Labor Organization File Number 007129

P.O. Box, Building and Room Number, if any PO BOX 23769

Street 6830 LEE PARKWAY W.

City CHATTANOOGA, ~~TN~~

State TENNESSEE ZIP Code + 4 37421

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the 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 the section on penalties in the instructions.)

Signed Harry B. DeBoard On 9/26/05 Date 423 893 6176 Telephone Number

Form LM-30 (2003)

Name of Person Filing HARRY B. DEBOARD	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: OPERATING ENGINEERS LOCAL 917

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: PO. BOX 23769

Street: 6830 LEE PARKWAY W.

City: CHATTANOOGA

State: TENNESSEE ZIP Code + 4: 37421

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: TN. VALLEY O.E. HEALTH FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: P.O. BOX 1449

Street:

City: GOODLETTSVILLE

State: TENNESSEE ZIP Code + 4: 37070 1449

11.a. Nature of such dealing.

LABOR TRUSTEE OF TROUST FUND

11.b. Approximate dollar value of such dealing. 2,053.15

12.a. Nature of interest held or income received.

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

International Foundation

EDUCATION – BENEFITS • COMPENSATION

Invoice

18700 W. Bluemound Rd. • P.O. Box 69 • Brookfield, WI 53008-0069
Telephone (262) 786-6700 • Fax (262) 786-8670 • www.ifebp.org

Federal Tax ID: 39-1034021

Bill To:

3721138 C

Tennessee Valley Operg Engs Health Fd
Southern Bnft Adminstr Inc
PO Box 1449
Goodlettsville, TN 37070-1449

Balance due upon receipt.

Invoice #: 0501-57781 **Invoice Date:** 12/15/2004
Sold To: Harry B. Deboard 14356486 **P.O. #:**

Product	Activity Code & Description	Qty	Rate	Amount
CC	Cash/Check Payment 2414, 12/15/04 Tennessee Valley Operg Engs Health Fd			-1,310.00
TR	TR to reg ID 68881, 07/11/05			1,045.00
RF	Refund after transfer, 07/11/05			265.00
COM	7/11 canceled Hawaii and transfered $1045 to Construction meeting-refunding overpayment after transfer of $265 per fax from Kathy Ditmore/se			
COM	RF CK# 113413 $265 mailed 8/9/05,bm			
			Total:	0.00

Total Charges:	0.00
Adjustment:	0.00
Total Payments:	0.00
US$ Balance Due:	$0.00

Please make checks payable to: **International Foundation**

TRUSTEE EXPENSE VOUCHER

THIS VOUCHER IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ (Location)

HELD ON _____ (Date(s) of Meeting)

☑ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT LAS VEGAS, NEVADA (Location)

HELD ON SEPT. 12, 2005 – SEPT. 13, 2005 (Session Date(s))

SPONSORED BY INTERNATONAL FOUNDATION (Meeting Sponsor)

☐ OTHER: (Describe Reason for Incurring Expenses) _____

MY DATE OF DEPARTURE 9/10/2005 MY DATE OF RETURN 9/14/2005

EXPENSES

TRANSPORTATION EXPENSES:

☑ **Airfare, Train, Bus** 276.90 $

☐ **Rental Car Expense** _____ $

DAILY EXPENSES:

☑ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) $ 1,083.25

MEETING REGISTRATION FEE:

☑ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) $ 695.00

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED ..... $ 2,055.15

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) ..... $ 3,045.00

EQUALS ..... $ _____

☑ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED..... $ 989.85

OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT..... $ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 26 DAY OF SEPT, 2005

Harry B. DeBoard
(Signature of Trustee)

IUOE LOCAL #917
PO BOX 23769
CHATTANOOGA, TN 37422
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If a restaurant bill contatins a charge for a meal for one or more family members, subtract that amount and indicate on the bill that only the balance is being charged to the trust fund.) If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES AND ANY SINGLE ITEM OF $25 OR MORE):

DATE: 9/10/05		DATE: 9/11/05		DATE: 9/12/05	
HOTEL ROOM PLUS TAX	$ 31.50	HOTEL ROOM PLUS TAX	$ 30.52	HOTEL ROOM PLUS TAX	$ 206.01
BREAKFAST & TIP	$	BREAKFAST & TIP	$ 7.46	BREAKFAST & TIP	$ 3.00
LUNCH & TIP	$	LUNCH & TIP	$ 23.60	LUNCH & TIP	$ 12.70
DINNER & TIP	$ 14.60	DINNER & TIP	$ 29.00	DINNER & TIP	$ 27.14
BEVERAGES & TIP	$	BEVERAGES & TIP	$ 11.42	BEVERAGES & TIP	$ 3.00
PORTERS—BELLMEN	$ 3.00	PORTERS—BELLMEN	$	PORTERS—BELLMEN	$
LIMOS–TAXIS–BUSES	$ 15.00	LIMOS–TAXIS–BUSES	$	LIMOS–TAXIS–BUSES	$
(Other)	$	(Other)	$	(Other)	$
TOTAL THIS DATE	$ 64.10	TOTAL THIS DATE	$ 102.00	TOTAL THIS DATE	$ 251.85

DATE: 9/13/05		DATE: 9/14/05	
HOTEL ROOM PLUS TAX	$ 171.67	HOTEL ROOM PLUS TAX	$
BREAKFAST & TIP	$	BREAKFAST & TIP	$ 17.05
LUNCH & TIP	$ 25.84	LUNCH & TIP	$
DINNER & TIP	$ 21.60	DINNER & TIP	$ 15.64
BEVERAGES & TIP	$ 6.00	BEVERAGES & TIP	$ 3.00
PORTERS—BELLMEN	$	PORTERS—BELLMEN	$ 4.50
LIMOS–TAXIS–BUSES	$	LIMOS–TAXIS–BUSES	$ 10.00
(Other)	$	PARKING (Other)	$ 40.00
TOTAL THIS DATE	$ 225.11	TOTAL THIS DATE	$ 90.19

IF MORE THAN FIVE DAYS, ATTACH AN ADDITIONAL VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES $ 733.25 + 350.00 = 1083.25

(Transfer amount to front side of voucher)

5/ 350.00 RESERVATION DEPOSIT

EXPLANATIONS (IF NEEDED): $650.00 WAS PAID BY INTERNATIONAL FOUNDATION FOR MY REGISTRATION FEE.

$350.00 WAS PAID BY INTERNATIONAL FOUNDATION FOR MY RESERVATION DEPOSIT.

"Reimbursable expenses" shall not include expenses of a personal nature or those expenses which are not related to fund business. For example, personal recreational expenses such as golf, tennis, rental of fishing boat and in-room movies are not reimbursable expenses.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED).

DISCLAIMER

The International Foundation is making this form available as part of its role of providing educational materials regarding employee benefit matters. This form is not intended to provide "ground rules" for expense reimbursement or the reporting of expense reimbursement for your Fund. What is appropriate or proper in a situation depends on a number of factors including the terms of the Fund's Trust Agreement, policies and practices, and the application of laws and regulations to the facts and circumstances of a particular situation. You should consult with your Fund's advisors, including legal counsel, regarding what is an appropriate and proper expense reimbursement and reporting of such items. You may need to customize the form to reflect your Fund's policies and circumstances.

International Foundation

EDUCATION – BENEFITS • COMPENSATION

Invoice

18700 W. Bluemound Rd. • P.O. Box 69 • Brookfield, WI 53008-0069
Telephone (262) 786-6700 • Fax (262) 786-8670 • www.ifebp.org

Federal Tax ID: 39-1034021

Bill To:

3721138 C

Tennessee Valley Operg Engs Health Fd
Southern Bnft Adminstr Inc
PO Box 1449
Goodlettsville, TN 37070-1449

Balance due upon receipt.

Invoice #:	0510-68881	Invoice Date:	07/11/2005
Sold To:	Harry B. Deboard 14356486	P.O. #:	

Product	Activity Code & Description	Qty	Rate	Amount
0510	Construction Industry Benefits Conference	1	695.00	695.00
HD	Hotel Reservation Deposit Caesars Palace Las Vegas Deluxe $189 9/10/2005 - 9/14/2005	1	350.00	350.00
TR	TR from 57781-ck# 2414, 07/11/05			-1,045.00
COM	7/11 Transfered $1045 from Hawaii registration to attend Construction meeting per Kathy Ditmore fax/se			
			Total:	0.00

Total Charges:	1,045.00
Adjustment:	0.00
Total Payments:	-1,045.00
US$ Balance Due:	$0.00

Please make checks payable to: **International Foundation**