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

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 22035 1 ST Time Filer	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name William K Leonard P.O. Box, Bldg., Room No., if any Street 2995 Kingshighway City E. ST Louis State Illinois ZIP Code + 4 62201	4. Name, file number, and address of labor organization. Name Ironworkers Local Union #392 Labor Organization File Number 013900 P.O. Box, Building and Room Number, if any Street 2995 Kingshighway City E ST Louis State Illinois ZIP Code + 4 62201
5. Position in labor organization. President / Business Agent / Apprentice Coord.	

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 William K Leonard On 8-12-05 (Date) 618 874 0313 (Telephone Number)

Name of Person Filing William K Leonard	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 AB Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 100

Street 1 Adams St.

City Light Town

State USA ZIP Code + 4

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 St Louis District Council Annuity Trust

Trade Name, if any:

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

Street 2160 So Foster Ave

City Wheeling

State IL ZIP Code + 4

11.a. Nature of such dealing.

Trustee Meeting

11.b. Approximate dollar value of such dealing. $25,000 or Greater

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

Investment Manager for XYZ Asset Management
Address
City & State
Type Investment

12.b. Amount. $2,000,000.00

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.

Name of Person Filing William K Leonard	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).	9. Business deals with:
Name AMALGA TRUST Co INC. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE WEST MONROE City Chicago State IL ZIP Code + 4 60603	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IRONWORKERS ST LOUIS DISTRICT COUNCIL PENSION TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2160 South Foster Ave. City Wheeling State IL ZIP Code + 4 60090	11.a. Nature of such dealing. DINNER MEETING WITH OVERVIEW OF FUND PROGRESS ASSOCIATED WITH INVESTMENT 11.b. Approximate dollar value of such dealing. $80.00 12.a. Nature of interest held or income received. AMALGA TRUST Co. HANDLES A PORTION OF THE EQUITY ANDFIXED PORTULIO INVESTMENT IN the IRON WORKERS PENSION FUND 12.b. Amount. $24,098,297.00

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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing William K Leonard	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).	9. Business deals with:
Name Apprenticeship Fund Trade Name, if any: Int Assoc. of Bridge Structural Ornamental & Reinforcing Iron Workers P.O. Box, Bldg., Room No., if any Street 2999 Kingshighway City East Louis State IL ZIP Code + 4 62201	X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Ironworks Local # 392 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2995 Kingshighway City East Louis State IL ZIP Code + 4 62201	11.a. Nature of such dealing. Apprentice Conference in San Francisco CA 9/10/04 $600.00 Winter meetings - Hollywood Fl. 2/04/04 $500.00 11.b. Approximate dollar value of such dealing. $1,100.00 12.a. Nature of interest held or income received. Iron Workers Local 392 Asset 12.b. Amount. $2,600,250.00

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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	File Number U-
William K Leonard	

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 Iron Workers St Louis District Council Annuity Trust Fund

Trade Name, if any:

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

Street 2160 South Foster Ave

City Wheeling

State IL ZIP Code + 4 60090

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 Ironworks St Louis District Council Annuity Trust Fund

Trade Name, if any:

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

Street 2160 South Foster Ave

City Wheeling

State IL ZIP Code + 4 60090

11.a. Nature of such dealing.

Benefit Conference By IFEBP Travel Hotel Meal & Etc. Expense To Phoenix AZ.

11.b. Approximate dollar value of such dealing. $1,569.52

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

Ironworker St Louis District Council Annuity Trust Fund Assets.

12.b. Amount. 143,256,325.00

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.

Name of Person Filing	File Number U-
William H Leonard	

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 Ironworkers St Louis District Council Annuity Trust Fund

Trade Name, if any: Tedro & Associates Inc

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

Street 2160 South Foster Ave

City Wheeling

State Illinois ZIP Code + 4 60090

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 Ironworkers St Louis District Council Annuity Trust Fund

Trade Name, if any: Tedro & Associates Inc

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

Street 2160 South Foster Ave

City Wheeling

State Illinois ZIP Code + 4 60090

11.a. Nature of such dealing.

Quarterly Meeting of Annuity Trustees on Tax by Breakfast Lunch Dinner Reimbursement By 3rd Party

11.b. Approximate dollar value of such dealing. $115.19

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

12.b. Amount. $141,086,253.00

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.

Name of Person Filing William K Leonard	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).	9. Business deals with:
Name Becker & Galanti Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3673 Highway 111 PO Box 488 City Granite City State Illinois ZIP Code + 4 62040	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. X-Mas Gift 11.b. Approximate dollar value of such dealing. $48.00 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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing William F. Leonard	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).	9. Business deals with:
Name Ironworkers St Louis District Council Annuity Trust Fund Trade Name, if any: Tedro & Associates P.O. Box, Bldg., Room No., if any Street 2160 South Foster Ave City Wheeling State Illinois ZIP Code + 4 60090	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Ironworkers St Louis District Council Annuity Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2160 South Foster Ave City Wheeling State IL ZIP Code + 4 60090	11.a. Nature of such dealing. Quarterly Meeting of Annuity Trustees in Oct 04 Breakfast Lunch & Dinner By 3rd Party Administrator 11.b. Approximate dollar value of such dealing. $165.35 12.a. Nature of interest held or income received. Ironworkers St Louis District Council Annuity Trust Fund Assets 12.b. Amount. 140,327,324.00

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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	File Number U-
William F Leonard	

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 Ironworkers St Louis District Council Annuity Trust Fund

Trade Name, if any:

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

Street 2160 South Foster Ave

City Wheeling

State Illinois ZIP Code + 4 60090

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 Ironworkers St Louis District Council Annuity Trust

Trade Name, if any: Tedko & Associates Inc

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

Street 2160 South Foster Ave

City Wheeling

State Illinois ZIP Code + 4 60090

11.a. Nature of such dealing.

Quarterly Meeting of Annuity Trustees in April 04 Breakfast Lunch, Dinner by 3rd Party Administrator

11.b. Approximate dollar value of such dealing. $140.13

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

Ironworkers St Louis District Council Annuity Trust Fund Assets.

12.b. Amount. 140,110,263.00

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.

Name of Person Filing William K Leonard	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 TRUST FUND ADVISORS INC

Trade Name, if any: UNION LABOR LIFE

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

Street 2001 W. Butterfield Rd Suite 1110

City DOWNERS GROVE

State ILLINOIS ZIP Code + 4 60515

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 IRONWORKERS ST LOUIS DISTRICT COUNCIL PENSION & ANNUITY TRUST FUNDS

Trade Name, if any: Tedro & Associates INC

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

Street 2160 FOSTER AVE

City WHEELING

State ILLINOIS ZIP Code + 4 60090

11.a. Nature of such dealing.

LUNCH MEETING IMPORFOLIO STATUS & OUT LOOK INVESTMENT IN THE ST LOUIS PROPERTIES THROUGH J FOR JOBS 3-27-04 - DINNER MEETING INTERNATIONAL INVESTING PRACTICE

11.b. Approximate dollar value of such dealing. 192.05

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

TRUST FUND ADVISORS INC HANDLES COMPOSTIVE ASSET ALLOCATION & REAL ESTATE MORTAGES FOR THE IRON WORKERS PENSION & ANNUITY TRUST FUNDS

12.b. Amount. $51,491,322.00

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.

Name of Person Filing	File Number U-
William K Leonard	

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).	9. Business deals with:
Name N W Q Investment Management Co Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 South Fifth St. Suite 1020 City Minneapolis State Minnesota ZIP Code + 4 55402	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Ironworkers St Louis District Council Annuity Fund Trade Name, if any: Tedro & Associates Inc P.O. Box, Bldg., Room No., if any Street 2160 South Foster Ave City Wheeling State IL ZIP Code + 4 60090	11.a. Nature of such dealing. District Council Iron Worker Meeting including Tn Valley STL Kansas City Wash DC & Minneapolis MN Plan overview & future investment Dinner Included 11.b. Approximate dollar value of such dealing. $ 79.19 12.a. Nature of interest held or income received. N.W.Q Handles the Large Cap Value Investments for the Inves. Ironworkers Annuity Plan 12.b. Amount. $11,199,441.00

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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing William K Leonard	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).	9. Business deals with:
Name Group Health Plan Trade Name, if any: GHP P.O. Box, Bldg., Room No., if any Street 111 Corporate Office Dr City St. Louis State Missouri ZIP Code + 4 63045	X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Luncheon Meeting for Membership Management 8-12-04 $39.00 Luncheon Meeting Year end 155. 12/22/04 $39.00 Welfare Meeting - $117.00 4-5-04 Welfare Meeting $196.00 9-2-04 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Group Health Plan is the HMO Provider for Local 392 Members 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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	File Number U-
William K Leonard	

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).	9. Business deals with:
Name Iron Workers St Louis District Council Trade Name, if any: Int. Assoc. of Bridge Struct. Reinforcing & Ornamental P.O. Box, Bldg., Room No., if any Street 3544 Watson Road City St Louis State Missouri ZIP Code + 4 63139	X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Ky Lake Dist. Council Gen. Meeting Lunch & Golf - 8-25-04 $30.75 District Council Gen. Meeting Xmas 12-14-04 $106.06 Gen. Meeting 12-22-04 - $159.75 11.b. Approximate dollar value of such dealing. $298.56 12.a. Nature of interest held or income received. St Louis Iw District Council Head Quarters. St Louis Iw Local is an Affiliate 12.b. Amount. $200,000.00

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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	File Number U-
William F. Leonard	

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 FMA

Trade Name, if any:

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

Street 55 West Monroe St. Suite 2550

City Chicago

State IL ZIP Code + 4 60603

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 Ironworks St Louis District Council Pension & Annuity Trust Fund

Trade Name, if any: Teder & Ass. Inc

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

Street 2160 Foster Ave

City Wheeling

State IL ZIP Code + 4 60090

11.a. Nature of such dealing.

Dinner Meeting 6-28-04 $171.84

Dinner Meeting 6-29-04 63.86

11.b. Approximate dollar value of such dealing. $235.70

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

FMA Handles The Large Cap Value Investment fo Ironworker Annuity fund

12.b. Amount. $8,700,500.00

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.

Name of Person Filing William K Leonard	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 Ironworkers Local 392

Trade Name, if any: Inter Assoc. of Bridge Structural Ornamental & Reinforcing

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

Street 2995 Kingshighway

City E. St Louis

State IL ZIP Code + 4 62201

9. Business deals with:

X a. Labor Organization

b. Trust

c. Employer

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

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

District Council Meeting / Ky Lake Travel Food Lodging - Per Diem

11.b. Approximate dollar value of such dealing. $1,400.00

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

Ironworker Local 392 Assets

12.b. Amount. $2,600,000.00

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.

Name of Person Filing	File Number U-
William K Leonard	

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).	9. Business deals with:
Name IRONWORKERS LOCAL # 392 Trade Name, if any: INTER. ASSOC. of BRIDGE STRUCT. ORNAMENTAL & REINFORCING IRON WORKERS P.O. Box, Bldg., Room No., if any Street 2495 Kingshighway City E. ST LOUIS State IL ZIP Code + 4 62201	X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Building & Construction Trades Dept of AFL-CIO Legislative Conference Travel & Hotel, etc. Per Diem Daily 3-27-04 — 3-31-04 Washington D.C. 11.b. Approximate dollar value of such dealing. $1,480.00 12.a. Nature of interest held or income received. IRONWORKERS LOCAL 392 ASSET 12.b. Amount. $2,657,250.00

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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.