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.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7684

2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: William Gilfillan

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

Street: 14420 Townsend Road, Suite A

City: Philadelphia

State: Pennsylvania ZIP Code + 4: 19154

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

Name: Steamfitters Local Union No. 420

Labor Organization File Number: 001-114

P.O. Box, Building and Room Number, if any:

Street: 14420 Townsend Road, Suite A

City: Philadelphia

State: Pennsylvania ZIP Code + 4: 19154

5. Position in labor organization. Business Agent

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: [signature] On 8-8-05 (Date) 215-370-2873 (Telephone Number)

Name of Person Filing William Gilfillan	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: RBC Dain Rauscher, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: 6 Tower Bridge

Street: 181 Washington Street, Suite 500

City: West Conshocken

State: Pennsylvania ZIP Code + 4: 19428

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: Steamfitters LU No 420 Benefit Plans

Trade Name, if any:

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

Street: 14420 Townsend Road, Suite B

City: Philadelphia

State: Pennsylvania ZIP Code + 4: 19154

11.a. Nature of such dealing.

Provided investment consulting services for assets of the plans. Trusts reflected in item 10 are the Steamfitters LU No 420 Pension, Supplemental Retirement and Health & Welfare Plans.

11.b. Approximate dollar value of such dealing. $100,000

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

Dinner meeting on 10/25/04.

12.b. Amount. $100

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:

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

14.a. Nature of payment.

14.b. Amount of payment.

LM-30 Attachment

Name: William Gilfillan
LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Items
Number

8, 9, 11a and, 11b

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession