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 - 8812

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

3. Name and address of person filing.

Name: Kevin Byrnes

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

Street: 116 Jones Street

City: West Haven

State: Connecticut ZIP Code + 4: 06516

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

Name: Iron Workers Local No. 424

Labor Organization File Number: 039-285

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

Street: 15 Bernhard Drive

City: North Haven

State: Connecticut ZIP Code + 4: 06473

5. Position in labor organization: President

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: Kevin Byrnes On: 8/12/05 (Date) 203-787-4154 (Telephone Number)

Name of Person Filing Kevin Byrnes	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: Iron Workers' Locals 15 & 424 Pension Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

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: Iron Workers' Locals 15 & 424 Pension Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

11.a. Nature of such dealing.

Union Trustee - Iron Workers' Locals 15 & 424 Pension Fund

11.b. Approximate dollar value of such dealing. N/A

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

I.F.E.B.P. Annual Conference November 2004 - Registation, airfare, hotel, daily expenses

Expenses related to Board of Trustee meetings for the year

I.F.E.B.P. Annual Conference Registration - November 2005

12.b. Amount. $3,005

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 Kevin Byrnes	File Number U-

Part B Continuation Page

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 15 & 424 Extended Benefit Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

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: Iron Workers 15 & 424 Extended Benefit Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

11.a. Nature of such dealing.

Union Trustee - Iron Workers' Locals 15 & 424 Extended Benefit Fund

11.b. Approximate dollar value of such dealing. N/A

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

I.F.E.B.P. Annual Conference November 2004 - Registation, airfare, hotel, daily expense

Expenses related to Board of Trustee meetings for the year

I.F.E.B.P. Annual Conference Registration - November 2005

12.b. Amount. $3,359

Name of Person Filing Kevin Byrnes	File Number U-

Part B Continuation Page

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' Locals 15 & 424 Annuity Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

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: Iron Workers' Locals 15 & 424 Annuity Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

11.a. Nature of such dealing.

Union Trustee - Iron Workers' Locals 15 & 424 Annuity Fund

11.b. Approximate dollar value of such dealing. N/A

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

I.F.E.B.P. Annual Conference November 2004 - Registation, airfare, hotel, daily expense

Expenses related to Board of Trustee meetings for the year

I.F.E.B.P. Annual Conference Registration - November 2005

12.b. Amount. $2,475

Name of Person Filing Kevin Byrnes	File Number U-

Part B Continuation Page

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: Buckley, Frame, Boudreau & Co., P.C.

Trade Name, if any:

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

Street: 116 Washington Avenue

City: North Haven

State: Connecticut ZIP Code + 4: 06450

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: Iron Workers 15 & 424 Fringe Benefit Funds

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

11.a. Nature of such dealing.

Auditors

** Reference Form 5500 Schedule C

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

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

Reception at annual Board of Trustees meeting

Annual MCAC Scholarship Golf Outing - September 2004

12.b. Amount. $221

Name of Person Filing Kevin Byrnes	File Number U-

Part B Continuation Page

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 Dist. Council of NE - LMCT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: P.O. Box 96

Street: 191 Old Colony Avenue

City: South Boston

State: Massachusetts ZIP Code + 4: 02127

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.

Member of the District Council

11.b. Approximate dollar value of such dealing. N/A

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

Annual IMF Conference - hotel and parking expenses - January 2004

IMPACT Conference, event expenses - June 2004

Metal Building Meeting - July 2004

12.b. Amount. $667

Name of Person Filing Kevin Byrnes	File Number U-

Part B Continuation Page

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: Reid and Reige, P.C.

Trade Name, if any:

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

Street: One Financial Plaza

City: Hartford

State: Connecticut ZIP Code + 4: 06103

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: Iron Workers Local 15 & 424 Fringe Benefit F

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

11.a. Nature of such dealing.

Legal Counsel for Funds

** Reference Form 5500 Schedule C

11.b. Approximate dollar value of such dealing.

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

Reception at annual Board of Trustees meeting

Operating Engineers golf outing - July 2004

12.b. Amount. $221

Name of Person Filing Kevin Byrnes	File Number U-

Part B Continuation Page

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: NWQ Investment Mangement

Trade Name, if any:

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

Street: 15 South Fifth Street

City: Minneapolis

State: Minnesota ZIP Code + 4: 55402

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: Iron Workers Local 15 & 424 Pension Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

11.a. Nature of such dealing.

Investment manager

** Reference Form 5500 Schedule C

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

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

Golf Outing - December 2004

12.b. Amount. $160

Name of Person Filing Kevin Byrnes	File Number U-

Part B Continuation Page

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: Prudential Financial

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: P.O. Box 2975

Street: 280 Trumbull Street H06A

City: Hartford

State: Connecticut ZIP Code + 4: 06103

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: Iron Workers 15 & 424 Annuity Fund

Trade Name, if any:

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

Street: 300 Research Parkway, Suite 301

City: Meriden

State: Connecticut ZIP Code + 4: 06450

11.a. Nature of such dealing.

Investment Manager

** Reference Form 5500 Schedule C

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

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

Golf Outing - May 2004

12.b. Amount. $100