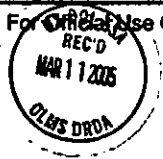


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 2 4 - 8 4 5</div>	2. PERIOD COVERED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;">From 0 1</td> <td style="text-align: center;">0 1</td> <td style="text-align: center;">2 0 0 4</td> </tr> <tr> <td style="text-align: center;">Through 1 2</td> <td style="text-align: center;">3 1</td> <td style="text-align: center;">2 0 0 4</td> </tr> </table>	MO	DAY	YEAR	From 0 1	0 1	2 0 0 4	Through 1 2	3 1	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"/>
MO	DAY	YEAR										
From 0 1	0 1	2 0 0 4										
Through 1 2	3 1	2 0 0 4										
"ROBERT HORST ENGINEERS, OPERATING, AFL-CIO LU 77 4546 BRITANIA WAY SUITLAND MD 20746-4209 12/2004		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">R O B E R T</div> Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">H O R S T</div> P.O. Box - Building and Room Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Number and Street <div style="border: 1px solid black; padding: 2px; display: inline-block;">4 5 4 6 B R I T T A N I A W A Y</div> City <div style="border: 1px solid black; padding: 2px; display: inline-block;">S U I T L A N D</div> State ZIP Code + 4 <div style="border: 1px solid black; padding: 2px; display: inline-block;">M D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 0 7 4 6</div> - <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>										
4. AFFILIATION OR ORGANIZATION NAME ENGINEERS, OPERATING, AFL-CIO		5. DESIGNATION (Local, Lodge, etc.) LU										
6. DESIGNATION NUMBER 77		7. UNIT NAME (if any)										
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <u>L. Steve Beach</u> PRESIDENT Date: <u>3/4/05</u> Telephone Number: <u>(301) 899-6900</u> (If other title, see instructions.)	77. SIGNED: <u>Thomas J. Nolan</u> TREASURER Date: <u>3/4/05</u> Telephone Number: <u>(301) 899-6900</u> (If other title, see instructions.)
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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? Yes No
- 12. Have a political action committee (PAC) fund? Yes No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No
- 15. Discover any loss or shortage of funds or other property? Yes No
(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? Yes No
- 17. Liquidate or reduce any liabilities without disbursement of cash? Yes No

(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? 1 4 8 1
- 19. What is the date of your organization's next regular election of officers? MO: 0 9 YEAR: 2 0 0 5
- 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? \$ 1 8 0 0 0 0

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	\$ 11.00 - 20.00 per MONTH <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 80.00 - 250.00
(c) Transfer Fees	\$ 99.00 - 170.00
(d) Work Permits	\$ 5.00 per WEEK <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? Yes No
- 24. Did your organization have any contingent liabilities at the end of the reporting period? Yes No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: **0 2 4 - 8 4 5**

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 #	Period (A)	Period (B)	
ASSETS	25. Cash.....		9 5 7 4 7 5	1 0 3 8 3 8 4	
	26. Accounts Receivable.....		0	0	
	27. Loans Receivable.....	1	0	0	
	28. U.S. Treasury Securities.....		0	0	
	29. Investments.....	2	0	0	
	30. Fixed Assets.....	5	6 4 9 7 8 9	6 2 0 8 0 9	
	31. Other Assets.....	3	0	0	
	32. TOTAL ASSETS.....		1 6 0 7 2 6 4	1 6 5 9 1 9 3	
LIABILITIES	LIABILITIES		From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)	
	33. Accounts Payable.....		0	0	
	34. Loans Payable.....	8	0	0	
	35. Mortgages Payable.....		0	0	
	36. Other Liabilities.....	4	3 9 8 2	2 7 8 7	
	37. TOTAL LIABILITIES.....		3 9 8 2	2 7 8 7	
38. NET ASSETS (Item 32 less Item 37).....		1 6 0 3 2 8 2	1 6 5 6 4 0 6		

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: **0 2 4 - 8 4 5**

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

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 4 - 8 4 5

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b) _____	
(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	0
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (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 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. EPEC W/H	1 7 5
2. ADMINISTRATIVE DUES W/H	8 6 5
3. VIRGINIA W/H	1 2 5 0
4. FICAMED W/H	1 4 2
5. 401K W/H	3 5 5
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 7 8 7
The total from Line 7 is entered in Item 38, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 2 4 - 8 4 5

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 4546 BRITANIA WAY SUITLAND, MD	1 9 4 4 9 2		1 9 4 4 9 2	1 9 4 4 9 2
2. Totals from additional pages (if any)				
3. Buildings (give location): SAME AS ABOVE	8 8 5 9 9 4	5 6 9 1 0 8	3 1 6 8 8 6	3 1 6 8 8 6
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	1 4 6 1 3 3	7 9 8 0 1	6 6 3 3 2	6 6 3 3 2
6. Office Furniture and Equipment	1 1 9 8 5 2	7 6 7 5 3	4 3 0 9 9	4 3 0 9 9
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 3 4 6 4 7 1	7 2 5 6 6 2	6 2 0 8 0 9	6 2 0 8 0 9
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. 2001 BUICK LESABRE	2 2 3 8 4	1 2 4 4	7 5 0 0	7 5 0 0
2. 2002 FORD ESCAPE	2 3 4 9 0	0	5 5 0 0	5 5 0 0
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	4 5 8 7 4	1 2 4 4	1 3 0 0 0	1 3 0 0 0
	7. Less Reinvestments			0
	8. Net Sales			1 3 0 0 0
The total from Line 8 is entered in				Item 49

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: **0 2 4 - 8 4 5**

(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.	HORST ROBERT BUSINESS MGR	8 2 0 1 4	0	7 3 2 8	0	8 9 3 4 2	
2.	JOHNSON THOMAS BUSINESS REP	7 4 5 5 9	0	4 8 1 8	0	7 9 3 7 7	
3.	MCPARTLAN THOMAS BUSINESS REP	7 4 5 5 9	0	5 4 0 7	0	7 9 9 6 6	
4.	BALDWIN THOMAS BUSINESS REP	7 4 5 5 9	0	3 9 8 8	0	7 8 5 4 7	
5.	HANBURY LEWIS BUSINESS REP	7 4 5 5 9	0	4 3 1 1	0	7 8 8 7 0	
6.	POWELL WALTER ORGANIZER	8 3 5 5 8	0	4 7 5 3	0	8 8 3 1 1	
7.	VAN DYKE JOSH ORGANIZER	8 3 5 5 8	0	4 4 8 4	0	8 8 0 4 2	
8.	Totals from additional pages (if any)		0	0	4 4 0 0	0	4 4 0 0
9.	Totals of Lines 1 through 8		5 4 7 3 6 6	0	3 9 4 8 9	0	5 8 6 8 5 5
				10. Less Deductions	1 4 9 9 5 4		
The total from Line 11 is entered in Item 56				11. Net Disbursements	4 3 6 9 0 1		

*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 4 - 8 4 5

(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>					
1. FOGLE KAREN OFFICE MANAGER	4 8 7 9 1	0	0	0	4 8 7 9 1
2. ANNAN LAURA SECRETARY	3 0 7 4 3	0	0	0	3 0 7 4 3
3.					
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	7 9 5 3 4	0	0	0	7 9 5 3 4
			9. Less Deductions	2 0 9 6 0	
The total from Line 10 is entered in Item 57			10. Net Disbursements	5 8 5 7 4	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 2 4 - 8 4 5

Description (A)	To Whom Paid (B)	Amount (C)
1. DUES PAID FOR MEMBERS	RETIRED MEMBERS	3 3 5 2 4
2. LOCAL PENSION FUND	OE LOCAL 77 BENEFIT FUNDS	2 6 6 4 0
3. GENERAL PENSION FUND	OE INT'L PENSION FUND	5 4 3 8 2
4. APPRENTICESHIP FUND	OE LOCAL 77 BENEFIT FUNDS	6 1 1 5
5. Total from additional pages (if any)		6 3 8 5 8
6. Total of Lines 1 through 5		1 8 4 5 1 9
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. FRIENDS OF JOANNE BENSON	2 5
2. THE COMMITTEE EXUM	2 5
3. FRIENDS OF CAROLYN HOWARD	2 5
4. CITIZENS FOR PAUL PINSKY	2 5
5. FRIENDS OF JUSTIN ROSS	2 5
6. MONT CTY DEM CTRL COMMITTEE	9 0
7. Total from additional pages (if any)	6 0 3 8
8. Total of Lines 1 through 7	6 2 5 3
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. BOOKS, DUES & SUBSCRIPTIONS	8 0 3 4
2. INSURANCE	4 0 1 4 4
3. OFFICE MAINTANENCE	4 7 7 6
4. RENT	4 0 0
5. REPAIRS & MAINTANENCE	1 2 1 8 2
6. PRINTING	4 2 4 2
7. Total from additional pages (if any)	6 2 0 2 5
8. Total of Lines 1 through 7	1 3 1 8 0 3
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. COOP ORGANIZING GRANT PROGRAM	8 4 9 0 0
2. POSTAGE & PHONE REIMBURSEMENT	4 6 4
3. PARENT BODY BOOK	6 9 8
4. WITHDRAWAL CARDS	1 5
5. ANNIVERSARY GIFT	6 0
6. BULL ROAST GIFT	2 7 5
7. SECRETARIAL REIMBURSEMENT	2 0 6 0 1
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 0 7 0 1 3
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MEMBERSHIP PINS	1 9 7 8
2. BULL ROAST	2 0 1 2 8
3. PICNIC	4 0 5 0
4. CHRISTMAS PARTY	4 8 8
5. REGISTRATION FOR AUTO	2 0 2
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 6 8 4 6
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 4 - 8 4 5**

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>		Status (C)*	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>							
BEACH	LLOYD	C	0	0	1 1 0 0	0	1 1 0 0
EXEC BOARD/PRES							
WAYMON	ROY	C	0	0	1 1 0 0	0	1 1 0 0
EXEC BOARD							
NOLAN	THOMAS	C	0	0	1 1 0 0	0	1 1 0 0
EXEC BOARD							
BLAKELY	THOMAS	C	0	0	1 1 0 0	0	1 1 0 0
EXEC BOARD							

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 2 4 - 8 4 5

ENDING DATE OF PERIOD COVERED:
12/31/2004

SCHEDULE 12 – CONTRIBUTIONS, GIFTS & GRANTS (continued)

Description (A)	Amount (B)
CHILDREN'S WISH FOUNDATION	2 5 0
IUOE LOCAL 37 16TH ANNUAL BULL	3 5 0
SPECIAL OLYMPICS OF MARYLAND	7 5 0
FRATERNAL ORDER OF POLICE	3 6 5
UNITED MEMORIAL BIBLE SERVICES	7 3 3
NATIONAL CHILDREN CANCER SOCIE	3 5 0
FREINDS OF DOUG DUNCAN	2 0 0
NOVA CLC COPE DINNER	3 4 0
CHARLES CTY DEM CTRL COMMITTEE	3 5 0
DOLLARS AGAINST DIABETES	2 0 0 0
49TH WASH CONTRACTORS AWARD PR	3 5 0

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: **0 2 4 - 8 4 5**

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION

Item Number	
11	OPERATING ENGINEERS HEALTH & WELFARE FUND, W86958, EIN 52-6038508, PLAN #501 OPERATING ENGINEERS PENSION TRUST FUND, WP157787, EIN 52-6038506, PLAN #001 OPERATING ENGINEERS APPRENTICESHIP FUND, EIN 52-6035812 OPERATING ENGINEERS ANNUITY FUND, EIN 52-2241121, PLAN #002

ORGANIZATION NAME:
ENGINEERS, OPERATING, AFL-CIO

FILE NUMBER: 0 2 4 - 8 4 5

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION(continued)

Item Number	
14	ANNUAL AUDIT PERFORMED BY SALTER & COMPANY, PLLC.