


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.

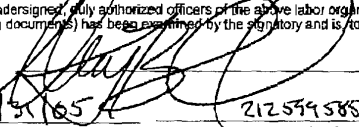
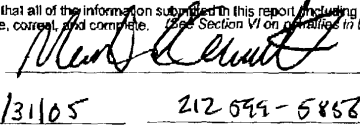
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Office Use Only  E	1. FILE NUMBER 5 4 1 - 7 7 0	2. PERIOD COVERED 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"/>
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4. AFFILIATION OR ORGANIZATION NAME ASSOC. OF COMMUTER RAIL EMPLOYEES	8. MAILING ADDRESS First Name MARK Last Name AMORELLO P.O. Box - Building and Room Number (if any) SUITE 215 Number and Street 420 LEXINGTON AVE City NEW YORK State ZIP Code + 4 NY 10017 -
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
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	

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:  3/31/05 Date	PRESIDENT (If other title, see instructions.) 212 599 5858 Telephone Number	77. SIGNED:  3/31/05 Date	TREASURER (If other title, see instructions.) 212 599-5858 Telephone Number
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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?
- 19. What is the date of your organization's next regular election of officers? MO: YEAR:
- 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? \$

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	\$ <input type="text" value="20"/> per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ <input type="text" value="NONE"/>
(c) Transfer Fees	\$ <input type="text" value="NONE"/>
(d) Work Permits	\$ <input type="text" value="NONE"/> per <input type="text" value="NONE"/> (Month, Year, etc.)

- 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: 5 4 1 - 7 7 0

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

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

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STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER 541-770

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

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SCHEDULE 2 - INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: **5 4 1 - 7 7 0**

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. RENT SECURITY DEPOSIT	5 9 1 4 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	5 9 1 4 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. RENT SECURITY DUE TO LOCALS	2 3 0 7 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 3 0 7 0
The total from Line 7 is entered in Item 36, Column (D)	

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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: **5 4 1 - 7 7 0**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	5 6 2 5 1	3 4 2 9 4	2 1 9 5 7	2 1 9 5 7
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	5 6 2 5 1	3 4 2 9 4	2 1 9 5 7	2 1 9 5 7
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. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in Item 49				

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: **5 4 1 - 7 7 0**

(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>							
1.	FAHEY JAMES GEN CHAIRMAN	C	0	0	0	0	0
2.	GAINES JOHN LEGAL REP	C	3 3 4 1 9	0	0	0	3 3 4 1 9
3.	AMORELLO MARK SEC/ TRES	C	2 2 5 4 2	0	0	0	2 2 5 4 2
4.	SHAW MICHAEL TRUSTEE	C	3 2 5 1	0	0	0	3 2 5 1
5.							
6.							
7.							
8. Totals from additional pages (if any)							
9. Totals of Lines 1 through 8			5 9 2 1 2	0	0	0	5 9 2 1 2
10. Less Deductions					0		
The total from Line 11 is entered in Item 56					11. Net Disbursements		
					5 9 2 1 2		

*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.)

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 4 1 - 7 7 0

(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.					
2.					
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	2 9 6 6	0	0	0	2 9 6 6
8. Totals of Lines 1 through 7	2 9 6 6	0	0	0	2 9 6 6
			9. Less Deductions		0
The total from Line 10 is entered in			Item 57		10. Net Disbursements
					2 9 6 6

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 4 1 - 7 7 0

Description (A)	To Whom Paid (B)	Amount (C)
1. None	None	0
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. CONDUCTORS ENTERTAINMENT	2 6 2 5
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 6 2 5
The total from Line 8 is entered in Item 64	

Description (A)	Amount (B)
1. INSURANCE	3 0 3 8
2. PRINTING & REPRODUCTION	5 6 0 0
3. RENT	1 0 0 2 8 8
4. REPAIRS	6 2 6 5
5. TELEPHONE	3 1 0 8 0
6. WATER	6 9 9
7. Total from additional pages (if any)	6 9 0 8 9
8. Total of Lines 1 through 7	2 1 6 0 5 9
The total from Line 8 is entered in Item 80	

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ORGANIZATION NAME:
ASSOC. OF COMMUTER RAIL EMPLOYEES

ENDING DATE OF PERIOD COVERED:
12/31/2004

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description (A)	Amount (B)
NEGOIATIONS	1 4 7 4 8
CABLE	7 8 7
POSTAGE METER	3 1 8
COMPUTER	1 5 4 5
SEMINARS	8 6 5
EQUIPMENT LEASE	1 5 2 0 5
BANK CHARGE	1 1 3
FUNERAL FLOWERS	1 6 3
CONVENTIONS	4 2 6 1
MISC	2 4 6 6
REIMBURSED EXP	6 8 8 0
PROMOTIONAL MERCHANDISE	6 7 0 1
ORGANIZING	1 0 4 3
SUPPLIES AND OFFICE	1 1 8 3 7
POSTAGE & DEL	2 1 5 7

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ORGANIZATION NAME:
ASSOC. OF COMMUTER RAIL EMPLOYEES

FILE NUMBER: 541 - 770

ENDING DATE OF PERIOD COVERED:
12/31/2004

75. ADDITIONAL INFORMATION

Item Number	THE AUDIT WAS PERFORMED BY OUTSIDE ACCOUNTANT
14	

ORGANIZATION NAME:
ASSOC. OF COMMUTER RAIL EMPLOYEES

FILE NUMBER: 541 - 770

ENDING DATE OF PERIOD COVERED:
12/31/2004

TRUSTEE SIGNATURES

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.)

Trustee Sign: <u>Peter Paglia</u>	TRUSTEE	Trustee Sign: _____	TRUSTEE
<u>3/31/05</u>	<u>(212) 599-5856</u>	_____	_____
Date	Telephone Number	Date	Telephone Number

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