


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  E	1. FILE NUMBER 541-704	2. PERIOD COVERED From: MO 01 DAY 01 YEAR 2003 Through: MO 12 DAY 31 YEAR 2003	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 COMMUTER RAIL EMPLOYEES, IND	B. MAILING ADDRESS First Name: JOSEPH Last Name: LINDENBERG P.O. Box - Building and Room Number (if any): PO BOX 230 Number and Street: City: BREWSTER State: NY ZIP Code + 4: 10509 - <input type="text"/>
5. DESIGNATION (Local, Lodge, etc.) LDIV	6. DESIGNATION NUMBER 9
7. UNIT NAME (if any)	
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input checked="" 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: <u><i>M.B. McCarty</i></u> Date: <u>3/16/04</u> Telephone Number: <u>201 8863494</u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u><i>[Signature]</i></u> Date: <u>3/10/04</u> Telephone Number: <u>845-278-7964</u>	TREASURER (If other title, see instructions.)
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04-098-032/541704

During the Reporting Period Did Your Organization:

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(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? 3 5 2
19. What is the date of your organization's next regular election of officers? MO: 1 2 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? \$ 2 2 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	\$ 80/78 per month <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 0
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per 0 <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?
-

24. Did your organization have any contingent liabilities at the end of the reporting period?
-
- (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 0 4

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.....	1	3 3 8 6 7	1 7 0 1 2
	26. Accounts Receivable.....		0	5 3 0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	0	0
	31. Other Assets.....	3	9 0 0 0	9 0 0 0
	32. TOTAL ASSETS.....		4 2 8 6 7	2 6 5 4 2
LIABILITIES	33. Accounts Payable.....	8	0	8 7 1
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
	37. TOTAL LIABILITIES.....		0	8 7 1
	38. NET ASSETS (Item 32 less Item 37).....		4 2 8 6 7	2 5 6 7 1

STATEMENT B - RECEIPTS AND DISBURSEMENTS

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

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

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

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

(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.	MCCARTHY MICHAEL PRESIDENT	C	8 3 0 7	0	0	0	8 3 0 7
2.	O'KEEFE DENNIS V-PRESIDENT	C	0	0	0	0	0
3.	COOPER TOMMY LOC CHAIRMAN	C	1 5 8 4 7	0	3 2 7 0	0	1 9 1 1 7
4.	LINDENBERG JOE SEC/TREAS	C	1 4 7 6 1	0	1 3 4 3	0	1 6 1 0 4
5.	GAINES JOHN LEG REP	C	1 1 8 8 5	0	0	0	1 1 8 8 5
6.	DOYLE MICHAEL GEN CHAIRMAN	C	4 2 9 4 1	0	9 9 2 7	0	5 2 8 6 8
7.	POTTHAST JOHN LOC CHAIRMAN	C	1 7 7 0 0	0	3 8 1 6	0	2 1 5 1 6
8. Totals from additional pages (if any)			4 2 1 4 1	0	1 5 7 1 3	0	5 7 8 5 4
9. Totals of Lines 1 through 8			1 5 3 5 8 2	0	3 4 0 6 9	0	1 8 7 6 5 1
					10. Less Deductions	2 5 9 2 6	
The total from Line 11 is entered in Item 56					11. Net Disbursements	1 6 1 7 2 5	

*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 11 - BENEFITS

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

Description (A)	Amount (B)
1. Cond Entertainment comm	1 8 5 0
2. Flowers-funeral/birth/get well	1 7 6 5
3. St Annas Churcu-IMO	1 0 0
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 7 1 5
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Division functions	9 4 9 9
2. Dues refund	8 8 0
3. Hall rental	2 8 9 4
4. Office equipment	4 0 3 1
5. Office supplies	4 5 6 9
6. Postage	2 7 2
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 2 1 4 5
The total from Line 8 is entered in Item 60	

ORGANIZATION NAME: COMMUTER RAIL EMPLOYEES, IND
ENDING DATE OF PERIOD COVERED: 12/31/2003

FILE NUMBER: 5 4 1 - 7 0 4

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)
DEANDRUS RONALD V GEN CHAIRMAN	C	2 0 2 8 8	0	9 1 9 7	0	2 9 4 8 5
GUNDERMAN RICHARD LOC CHAIRMAN	C	2 0 1 2 8	0	6 4 6 7	0	2 6 6 1 5
PACAPELLI GENE RELIEF	C	3 8 3	0	0	0	3 8 3
LANE TOMMY RELIEF	C	0	0	0	0	0
CERCHIARA VINCENT RELIEF	C	0	0	0	0	0
WILLIAMS DANIEL RELIEF	C	0	0	0	0	0
FLANAGAN VICKI COMM	C	6 3 9	0	0	0	6 3 9
SIERZPUTOWSK JOSEPH COMM	C	7 0 3	0	0	0	7 0 3

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Federal tax refund	2 3 8
2. Check reversal	1 0 0
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 3 8
The total from Line 17 is entered in Item 54	

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Utilities-cell phone service	6 6 6 5
2. Deposit correction	9
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	6 6 7 4
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
COMMUTER RAIL EMPLOYEES, IND

FILE NUMBER: 5 4 1 - 7 0 4

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION

Item Number	
9	1603 Eagles ridge road, brewster, ny 10509

ORGANIZATION NAME:
COMMUTER RAIL EMPLOYEES, IND

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 5 4 1 - 7 0 4

75. ADDITIONAL INFORMATION (continued)

Item Number	
14	Trustees

ORGANIZATION NAME:
COMMUTER RAIL EMPLOYEES, IND

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 5 4 1 - 7 0 4

75. ADDITIONAL INFORMATION (continued)

Item Number	
10	General Committe of Adjustment is included in this LM report

ORGANIZATION NAME:
COMMUTER RAIL EMPLOYEES, IND

ENDING DATE OF PERIOD COVERED:
12/31/2003

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

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: _____	TRUSTEE	Trustee Sign: _____	TRUSTEE
_____	_____	_____	_____
Date	Telephone Number	Date	Telephone Number

ORGANIZATION NAME:
COMMUTER RAIL EMPLOYEES, IND

ENDING DATE OF PERIOD COVERED:
12/31/2003

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

75. ADDITIONAL INFORMATION (continued)

Item Number	
23	Security deposit to ACRE Executive Board for office