

# 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**

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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  5 4 1 - 7 0 4	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 1 Through 1 2 3 1 2 0 0 1	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 ASSOCIATION OF COMMUTER RAIL EMPLS		8. MAILING ADDRESS First Name JOSEPH Last Name LINDENBERG P.O. Box - Building and Room Number (if any)  Number and Street P O BOX 230 City BREWSTER State ZIP Code + 4 NY 10509 -	
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER		
7. UNIT NAME (if any) LOCAL/DIVISION 9			
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 IV on penalties in the instructions.)

76. SIGNED: <u>Michael R. McCarty</u> PRESIDENT	77. SIGNED: <u>JR Lindberg</u> TREASURER
<u>3/28/02</u> Date	<u>3/28/02</u> Date
<u>201 886 3797</u> Telephone Number	<u>845-278-7964</u> Telephone Number

*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? 3 2 4
- 19. What is the date of your organization's next regular election of officers? MO: 1 2    YEAR: 2 0 0 2
- 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	\$ 80.00 per month <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 0
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per n/a <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: 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 #		
<b>ASSETS</b>	25. Cash.....		3 2 7 6 5	4 6 8 1 3
	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	0	0
	31. Other Assets.....	3	9 0 0 0	9 0 0 0
	32. TOTAL ASSETS.....		4 1 7 6 5	5 5 8 1 3
<b>LIABILITIES</b>	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
	Item	From SCH #		
	33. Accounts Payable.....		0	0
	34. Loans Payable.....	8	0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	0	0
37. TOTAL LIABILITIES.....		0	0	
38. NET ASSETS (Item 32 less Item 37).....		4 1 7 6 5	5 5 8 1 3	

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

# SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 4 1 - 7 0 4

# SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
<b>Marketable Securities</b>	
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) _____	
<b>Other Investments</b>	
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. Due from Executive Board -securi	9 0 0 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	9 0 0 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. 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 36, Column (D)	

# 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.	DOYLE MICHAEL GENERAL CHAIRMA	C	4 1 6 6 2	0	0	0	4 1 6 6 2
2.	GUNDERMAN RICHARD LOCAL CHAIRMAN	C	1 7 1 7 4	0	4 9 0 6	0	2 2 0 8 0
3.	POTTHAST JOHN LOCAL CHAIRMAN	C	1 8 3 5 3	0	3 0 6 6	0	2 1 4 1 9
4.	COOPER TOMMY LOCAL CHAIRMAN	C	1 6 3 4 0	0	2 6 0 6	0	1 8 9 4 6
5.	DEANDRUS RONALD LOCAL CHAIRMAN	C	1 9 5 8 3	0	1 0 1 3 3	0	2 9 7 1 6
6.	LINDENBERG JOSEPH SECRETARY/TREAS	C	1 4 5 1 7	0	9 8 6	0	1 5 5 0 3
7.	GAINES JOHN LEGISLATIVE REP	C	1 0 7 0 2	0	0	0	1 0 7 0 2
8. Totals from additional pages (if any)			7 9 7 2	0	5 3 3	0	8 5 0 5
9. Totals of Lines 1 through 8			1 4 6 3 0 3	0	2 2 2 3 0	0	1 6 8 5 3 3
					10. Less Deductions	2 3 7 1 3	
The total from Line 11 is entered in ..... Item 56					11. Net Disbursements	1 4 4 8 2 0	

\*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.)*

ORGANIZATION NAME:  
ASSOCIATION OF COMMUTER RAIL EMPLS

FILE NUMBER: 5 4 1 - 7 0 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

**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>							
MCCARTHY	MICHAEL		6 5 4 5	0	0	0	6 5 4 5
PRESIDENT		C					
FLANAGAN	VICKI		1 1 7 9	0	0	0	1 1 7 9
COMM REP		C					
MANLEY-HARRI	ANGELA		2 4 8	0	0	0	2 4 8
COMM REP		C					
PACAPELLI	EUGENE		0	0	1 9 8	0	1 9 8
RELIEF		C					
SULLIVAN	JOHN		0	0	1 2 8	0	1 2 8
RELIEF		C					
SPRENG	JOSEPH		0	0	2 0 7	0	2 0 7
BOA		C					
O'KEEFE	DENNIS		0	0	0	0	0
TRUSTEE		C					
HANLON	CHARLES		0	0	0	0	0
TRUSTEE		C					

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 4 1 - 7 0 4

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. Flowers-Funeral & birth	1 4 8 5
2. AMFAR-In memory of	1 0 0
3. Archway Foundation	1 9 7 0
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 5 5 5
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

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

### SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. Federal tax refund	1 4 7
2. HP product rebate	5 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	1 9 7
The total from Line 17 is entered in ..... Item 54	

### SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. None	0
2.	
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	0
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
ASSOCIATION OF COMMUTER RAIL EMTPLS

FILE NUMBER: 5 4 1 - 7 0 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

### 75. ADDITIONAL INFORMATION

Item Number	
9	1603 Eagles Ridge, Brewster, NY 10509

ORGANIZATION NAME:  
ASSOCIATION OF COMMUTER RAIL EMPLS

FILE NUMBER: 5 4 1 - 7 0 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
14	Division trustees

ORGANIZATION NAME:  
ASSOCIATION OF COMMUTER RAIL EMPLS

FILE NUMBER: 5 4 1 - 7 0 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

**75. ADDITIONAL INFORMATION (continued)**

Item Number	
22	New by-laws submitted to OLMS