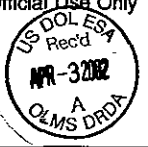



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

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.

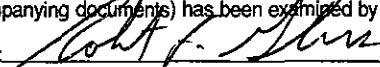
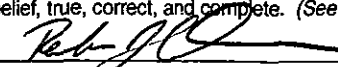
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER	2. PERIOD COVERED	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
	541-878	MO DAY YEAR From 01 01 2001 Through 12 31 2001	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
ROBERT OWENS (2) 541-678 TRANSPORT WORKERS AFL-CIO 130 LU 562 153-33 ROCKAWAY BLVD JAMAICA, NY 11434 12/2001 		8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME		6. DESIGNATION NUMBER	
TRANSPORT WORKERS UNION OF AMERICA AFL-CIO		562	
5. DESIGNATION (Local, Lodge, etc.)		7. UNIT NAME (if any)	
LOCAL		N/A	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

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: 	PRESIDENT (If other title, see instructions.)	77. SIGNED: 	TREASURER (If other title, see instructions.)
03 126 102	(718) 978-5590	3 126 102	(718) 978-5590
Date	Telephone Number	Date	Telephone Number

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"/>
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 checked="" type="checkbox"/>
12. Have a political action committee (PAC) fund?		<input checked="" type="checkbox"/>
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		<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"/>
15. Discover any loss or shortage of funds or other property? <i>(Answer "Yes" even if there has been repayment or recovery.)</i>		<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>
17. Liquidate or reduce any liabilities without disbursement of cash?		<input checked="" type="checkbox"/>

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 955

19. What is the date of your organization's next regular election of officers? MO YEAR
10 2002

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? \$ 30000

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	\$ <u>14⁰⁰</u> per <u>WEEKLY</u> <small>(Month, Year, etc.)</small>
(b) Initiation Fees	\$ <u>30⁰⁰</u>
(c) Transfer Fees	\$ <u>- 0 -</u>
(d) Work Permits	\$ <u>- 0 -</u> per _____ <small>(Month, Year, etc.)</small>

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 have changed, attach two new dated copies. If 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 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 541-878

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash		41 110	30 168
	26. Accounts Receivable			
	27. Loans Receivable	1		
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5		
	31. Other Assets	3		
	32. TOTAL ASSETS		41 110	30 168

LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4	9 615	4 417
	37. TOTAL LIABILITIES		9 615	4 417
	38. NET ASSETS (Item 32 less Item 37)		31 495	25 751

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 541-878

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			500 684	56. To Officers	9		114 538
40. Per Capita Tax				57. To Employees	10		117 601
41. Fees				58. Per Capita Tax			149 874
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		36 154
44. Work Permits				61. Educational & Publicity Expense ...			
45. Sale of Supplies				62. Professional Fees			16 810
46. Interest			1 450	63. Benefits	11		
47. Dividends				64. Contributions, Gifts & Grants	12		
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			19 262
50. Loans Obtained	8			67. Withholding Taxes			52 761
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14			71. To Affiliates of Funds Collected on Their Behalf			
				72. On Behalf of Individual Members ...			
				73. Other Disbursements	15		6 066
55. TOTAL RECEIPTS			502 134	74. TOTAL DISBURSEMENTS			513 066

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 541-878

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. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

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

FILE NUMBER: 541-878

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
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) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll Taxes	4417
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4417
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 541-878

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			0	
Enter the Total from Line 8, Column (D) 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.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 541-878

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
7. Less Reinvestments			
	8. Net Purchases		0
Enter the Total from Line 8 in			↑ Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in		↑ Item 34 Column (C)	Enter the Totals from Line 6 in		↑ Item 34 Column (D)
		↑ Item 50	Enter the Totals from Line 6 in		↑ Item 75 with Explanation
			↑ Item 70		

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 541-878

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</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)*					
Last Name 1. GLESS	First Name ROBERT Title PRESIDENT Status C	23 188		18 012		41 200
Last Name 2. DEANE	First Name LEVERE Title VICE PRESIDENT Status C	10 280		409		10 689
Last Name 3. OWENS	First Name ROBERT Title TREASURER Status C	28 514		2 911		31 425
Last Name 4. DEMARINIS	First Name FRANK Title RECORDING SECTY Status C	26 737		2 836		29 573
Last Name 5. VILLIANO	First Name JOSEPH Title EXECUTIVE DIRCC Status C	11 006		382		11 388
Last Name 6. GORMAN	First Name JAMES Title EXECUTIVE DIRCC Status C	16 474		10		16 484
Last Name 7. MAZZA	First Name JOHN Title EXECUTIVE DIRCC Status C	11 116		486		11 602
8. Totals from additional pages (if any)		—		—		
9. Totals of Lines 1 through 8		127 315		25 046		152 361
10. Less Deductions						37 823
Enter the Total from Line 11 in Item 56 →						114 538

*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 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 541 - 878

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</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>					
Last Name	First Name				
1. HOLOWCZYCK	PETER	14366		5839	20205
Position	DIRECTOR				
Name of Affiliated Organization					
2.					
Position					
Name of Affiliated Organization					
3.					
Position					
Name of Affiliated Organization					
4.					
Position					
Name of Affiliated Organization					
5.					
Position					
Name of Affiliated Organization					
6. Totals from additional pages <small>(if any)</small>	-				
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	104913		6799		111712
8. Totals of Lines 1 through 7	119279		12638		131917
			9. Less Deductions	14316	
Enter the Total from Line 10 in			10. Net Disbursements	117601	
Item 57 ⇨					

SCHEDULE 11 — BENEFITS

FILE NUMBER: 541-878

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		0
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Telephone	11501
2. RENT	12000
3. Supplies	11038
4. Postage	1615
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	36154
Enter the Total from Line 8 in ↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1.	
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	
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Conference Board/Committee MTGs	6066
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	6066
Enter the Total from Line 17 in  Item 73	