


FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

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.

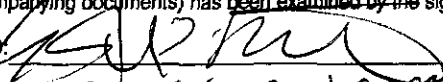
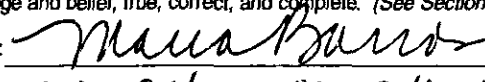
For Official Use Only 	1. FILE NUMBER <p style="font-size: 1.5em;">521-519</p>	2. PERIOD COVERED <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MO</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td>From 07</td> <td>01</td> <td>2003</td> </tr> <tr> <td>Through 06</td> <td>30</td> <td>2004</td> </tr> </table>	MO	DAY	YEAR	From 07	01	2003	Through 06	30	2004	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input checked="" type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section X of the instructions and check here:
MO	DAY	YEAR										
From 07	01	2003										
Through 06	30	2004										
<p style="text-align: center;">IMPORTANT</p> <p>MARIA BARROS 02A LU 0 JNESO ST MICHAELS 38 LIVINGSTON AVE KEARNY, NJ 07032-1809</p> <p style="text-align: right;">3 521519 ENG e 6/2004</p>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <p style="font-size: 1.2em;">MARIA</p> Last Name <p style="font-size: 1.2em;">BARRROS</p> P.O. Box • Building and Room Number (if any) Number and Street <p style="font-size: 1.2em;">38 LIVINGSTON</p> City <p style="font-size: 1.2em;">KEARNY</p> State ZIP Code + 4 <p style="font-size: 1.2em;">NJ 07032-1809</p>										
4. AFFILIATION OR ORGANIZATION NAME <p style="font-size: 1.2em;">District Council Jneso Local</p>												
5. DESIGNATION (Local, Lodge, etc.) <p style="font-size: 1.2em;">St. Michaels Medical Center</p>		6. DESIGNATION NUMBER <p style="font-size: 1.2em;">District Council</p>										
7. UNIT NAME (if any)												

04-258-024/521519

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

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.)

20. SIGNED:  <p style="font-size: 1.2em;">8/30/04 (201) 998-8730</p> <p style="text-align: center;">Date Telephone Number</p>	21. SIGNED:  <p style="font-size: 1.2em;">8/30/04 (201) 246-1015</p> <p style="text-align: center;">Date Telephone Number</p>
PRESIDENT (If other title, see instructions.)	TREASURER (If other title, see instructions.)

Complete Items 9 through 18.

9. 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?
 (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

10. Did your organization change its rates of dues and fees during the reporting period?
 (If "Yes," report the new rates in Item 19 on page 1.)

Yes No

11. Did your organization discover any loss or shortage of funds or property during the reporting period?
 (If "Yes," provide details in Item 19 on page 1. Answer "Yes" even if there has been repayment or recovery.)

Yes No

12. Was your organization insured by a fidelity bond during the reporting period?
 If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person. \$

Yes No

13. How many members did your organization have at the end of the reporting period? 00272

14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.). \$ 2707

15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.). \$ 00

16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). (If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.) \$ 8829

17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payments to officers, payments for office supplies, etc.). \$ 12259

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.). \$ 00

- Please be sure to:
- Enter your union's 6-digit file number in Item 1.
 - Report a time period of no more than one year in Item 2.
 - Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
 - **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.