

**Return of Organization Exempt From Income Tax**

**2004**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning** , 2004, and ending , 20

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C Name of organization**  
International Association of Machinist Lodge 610

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
271 Taylor Ave

City or town, state or country, and ZIP + 4  
Cape Canveral, Fl. 32920

**D Employer identification number**  
59 : 0839962

**E Telephone number**  
( 321 ) 269-2534

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations.**
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I Group Exemption Number** ▶ 0264

**G Website:** ▶

**J Organization type** (check only one) ▶  501(c) ( 5 ) ◀ (insert no.)  4947(a)(1) or  527

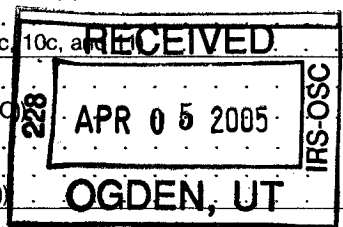
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>			
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>			0
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			0
<b>3</b>	Membership dues and assessments	<b>3</b>			235389
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			429
<b>5</b>	Dividends and interest from securities	<b>5</b>			0
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			0
<b>7</b>	Other investment income (describe ▶)	<b>7</b>			0
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>		<b>8d</b>			0
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			0
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			0
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			9296
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			245114
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>			
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>			
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>			264131
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			(19017)
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			75343
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			0
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			56326



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a	43a			
b	.....	43b			
c	see attach LM3	43c	264131		
d	.....	43d			
e	.....	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	264131		

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> _____	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a n/a	
..... (Grants and allocations \$ _____)	
b	
..... (Grants and allocations \$ _____)	
c	
..... (Grants and allocations \$ _____)	
d	
..... (Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	1352	<b>45</b>	11122
	<b>46</b> Savings and temporary cash investments . . . . .	73991	<b>46</b>	45204
	<b>47a</b> Accounts receivable . . . . .			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	<b>47c</b>	0
	<b>48a</b> Pledges receivable . . . . .			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .	0	<b>49</b>	0
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .	0	<b>52</b>	0
	<b>53</b> Prepaid expenses and deferred charges . . . . .	0	<b>53</b>	0
	<b>54</b> Investments—securities (attach schedule) . . . . .	00	<b>54</b>	0
		▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	0	<b>55c</b>	0
	<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0
	<b>57a</b> Land, buildings, and equipment: basis . . . . .			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	0	<b>57c</b>	0
<b>58</b> Other assets (describe ▶ _____ )	0	<b>58</b>	0	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	75343	<b>59</b>	56326	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	0	<b>60</b>	0
	<b>61</b> Grants payable . . . . .	0	<b>61</b>	0
	<b>62</b> Deferred revenue . . . . .	0	<b>62</b>	0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe ▶ _____ )	0	<b>65</b>	0
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	0	<b>66</b>	0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	0	<b>67</b>	0
	<b>68</b> Temporarily restricted . . . . .	0	<b>68</b>	0
	<b>69</b> Permanently restricted . . . . .	0	<b>69</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .	75343	<b>70</b>	56326
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .	0	<b>71</b>	0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>72</b>	0
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	75343	<b>73</b>	56326	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	75343	<b>74</b>	56326	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



<b>Part VI Other Information</b> (See page 28 of the instructions.)		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		✓
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . If "Yes," attach a conformed copy of the changes.		✓
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		✓
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		✓
<b>80a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .		✓
<b>b</b>	If "Yes," enter the name of the organization ▶ . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b>	Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>   none		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	✓
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	<b>82a</b>	✓
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . . <b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	✓
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	✓
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	✓
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	✓
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	✓
<b>c</b>	Dues, assessments, and similar amounts from members. . . . . <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures. . . . . <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . . <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12. . . . . <b>86a</b>   n/a		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>   n/a		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b>   n/a		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>87b</b>   n/a		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	<b>88</b>	✓
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ n/a ; section 4912 ▶ n/a ; section 4955 ▶ n/a		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	<b>89b</b>	
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ n/a		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ n/a		
<b>90a</b>	List the states with which a copy of this return is filed ▶ none		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>   18		
<b>91</b>	The books are in care of ▶ Steven N Mosley Telephone no. ▶ ( 321 ) 269-2534 Located at ▶ 890 Cleveland St. Titusville, Fl. ZIP + 4 ▶ 32780-6466		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					0
<b>a</b> _____					0
<b>b</b> _____					0
<b>c</b> _____					0
<b>d</b> _____					0
<b>e</b> _____					0
<b>f</b> Medicare/Medicaid payments . . . . .					0
<b>g</b> Fees and contracts from government agencies					0
<b>94</b> Membership dues and assessments . . . . .					235389
<b>95</b> Interest on savings and temporary cash investments					429
<b>96</b> Dividends and interest from securities . . . . .					0
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					0
<b>b</b> not debt-financed property . . . . .					0
<b>98</b> Net rental income or (loss) from personal property					0
<b>99</b> Other investment income . . . . .					0
<b>100</b> Gain or (loss) from sales of assets other than inventory					0
<b>101</b> Net income or (loss) from special events . . . . .					0
<b>102</b> Gross profit or (loss) from sales of inventory					0
<b>103</b> Other revenue: <b>a</b> sale of supplies					2128
<b>b</b> return of expenses					507
<b>c</b> redeposited checks					6661
<b>d</b> _____					0
<b>e</b> _____					0
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .					245114
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					245114

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
105	for the betterment of wages, hours of service and working conditions

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
n/a	%			
	%			
	%			
	%			

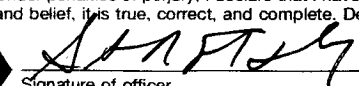
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: 

Steven Mosley Secretary - Treasurer

Type or print name and title.

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**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 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.

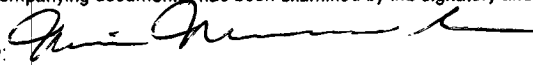
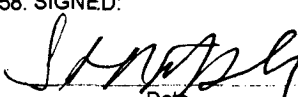
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  <b>E</b>	1. FILE NUMBER  0 3 8 - 1 0 5	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 <b>MACHINISTS AFL-CIO</b>	8. MAILING ADDRESS		
	First Name <b>STEVEN</b> Last Name <b>MOSLEY</b> P.O. Box • Building and Room Number (if any)  Number and Street <b>271 TAYLOR AVE</b> City <b>CAPE CANAVERAL</b> State ZIP Code + 4 <b>FL 32920 -</b>		
5. DESIGNATION (Local, Lodge, etc.) <b>LLG</b>	6. DESIGNATION NUMBER <b>610</b>	9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7. UNIT NAME (if any)			

56. 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.)

57. SIGNED: 	PRESIDENT	58. SIGNED: 	TREASURER
<u>3-24-2005</u>	(If other title, see instructions.)	<u>3-23-05</u>	(If other title, see instructions.)
Date	Telephone Number <u>321-454-3251</u>	Date	Telephone Number <u>321-269-2534</u>

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. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?  Yes  No
- 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?  Yes  No

*(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)*

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

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. 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.)*

22. What is the date of your organization's next regular election of officers? MO:  YEAR:

23. 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	\$ 38.00/46.00 per Month <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 38.00/46.00
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per n/a <i>(Month, Year, etc.)</i>



Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 038 - 105

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

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues .....	2 3 5 3 5 7	45. To Officers(from Item 24) .....	1 8 8 6 7
	39. Per Capita Tax .....	0	46. To Employees(less deductions) .....	1 2 5 3 5
	40. Fees, Fines, Assessments & Work Permits .....	3 2	47. Per Capita Tax .....	1 9 0 3 5 5
	41. Interest & Dividends .....	4 2 9	48. Office & Administrative Expense .....	1 6 3 2 4
	42. Sale of Investments & Fixed Assets .....	0	49. Professional Fees .....	1 5 5 9 3
	43. Other Receipts .....	9 2 9 6	50. Benefits .....	0
	44. TOTAL RECEIPTS .....	2 4 5 1 1 4	51. Contributions, Gifts & Grants .....	2 0 2 2
	<p>If total receipts reported in Item 44 are \$250,000 or more (\$200,000 or more for fiscal years beginning before July 1, 2004), your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets .....	0
			53. Loans Made .....	0
			54. Other Disbursements .....	8 4 3 5
			55. TOTAL DISBURSEMENTS .....	2 6 4 1 3 1

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 0 3 8 - 1 0 5

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)				
1.	MRDJENOVICH PRESIDENT	NICHOLAS C	5 5 0 8	4 1 1 0	9 6 1 8
2.	PATE VICE PRESIDENT	RON C	0	4 3 3	4 3 3
3.	BURKE RECORDING SECRETARY	DANIEL N	1 1 4 0	1 9 7	1 3 3 7
4.	OUELLETTE RECORDING SECRETARY	DAVID P	8 4 4	1 8 9	1 0 3 3
5.	MOSLEY SECRETARY TREASURER	STEVEN C	7 3 3 0	2 1 2 1	9 4 5 1
6.	LEWIS CONDUCTOR SENTINAL	GARY C	7 9	1 2	9 1
7.	KIRBY TRUSTEE	GLEN C	7 9 7	8 6 3	1 6 6 0
8.	Totals from additional pages (if any)		0	0	0
9.	Totals of Lines 1 through 8		1 5 6 9 8	7 9 2 5	2 3 6 2 3
				10. Less Deductions	4 7 5 6
The Total from Line 11 in .....Item 45				11. Net Disbursements	1 8 8 6 7

\* 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 56.)

ORGANIZATION NAME:  
**MACHINISTS AFL-CIO**

FILE NUMBER: **0 3 8 - 1 0 5**

ENDING DATE OF PERIOD COVERED:  
**12/31/2004**

**24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name	<i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Title	<i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	(C) Status *			
NEIDERWERFER TRUSTEE	KEVIN C		0	0	0
PARISE TRUSTEE	JAMES C		0	0	0

ORGANIZATION NAME:  
MACHINISTS AFL-CIO

FILE NUMBER: 038 - 105

ENDING DATE OF PERIOD COVERED:  
12/31/2004

**56. ADDITIONAL INFORMATION (continued)**

Item Number	
24	Daniel Burke Nominated and Elected in May 2004. Previous Recording Secretary elected steward