

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? _____ Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	na
29 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	na
30 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	na
31	Other program services (attach schedule) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	na
32 Total program service expenses (add lines 28a through 31a) _____		32	na

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attached LM3	All Positions Part Time			
.....				
.....				
.....				
.....				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a na		
b	Did the organization file Form 1120-POL for this year?	37b	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	501(c)(3) and (4) organizations. 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 an explanation.	40b	✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter amount of tax on line 40c reimbursed by the organization		0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. ▶ _____

42a The books are in care of ▶ Steven N Mosley Telephone no. ▶ (321) 269-2534
Located at ▶ 271 Taylor Ave Cape Canaveral, Fl. ZIP + 4 ▶ 32920

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

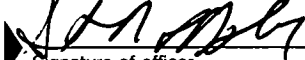
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year: _____

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer

Please Sign Here



Signature of officer

Steven N Mosley Secretary Treasurer

Type or print name and title

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 E	1 FILE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 3 8 - 1 0 5</div>	2. PERIOD COVERED MO DAY YEAR From <div style="display: inline-block; border: 1px solid black; padding: 2px;">0 1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">0 1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2 0 0 5</div> Through <div style="display: inline-block; border: 1px solid black; padding: 2px;">1 2</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">3 1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2 0 0 5</div>	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"/>
4 AFFILIATION OR ORGANIZATION NAME MACHINISTS AFL-CIO		8. MAILING ADDRESS First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">S T E V E N</div> Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">M O S L E Y</div> P.O. Box -Building and Room Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
5. DESIGNATION (Local, Lodge, etc.) LLG		6 DESIGNATION NUMBER 610	
7. UNIT NAME (if any) FLORIDA MISSILES SYSTEMS LODGE 610		Number and Street <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 7 1 T A Y L O R A V E</div> City <div style="border: 1px solid black; padding: 2px; display: inline-block;">C A P E C A N A V E R A L</div> State ZIP Code + 4 <div style="display: inline-block; border: 1px solid black; padding: 2px;">F L</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">3 2 9 2 0</div> - <div style="display: inline-block; border: 1px solid black; padding: 2px;">3 0 2 5</div>	
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"/>			

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: 3-15-2006 321-454-3251 Date Telephone Number	58. SIGNED: 3-15-2006 321-269-2534 Date Telephone Number
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PRESIDENT (If other title, see instructions.) TREASURER (If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <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 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 type="checkbox"/> | <input checked="" 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. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(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? 1 8 0

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? \$ 3 2 0 0 0

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 1 0 YEAR 2 0 0 6

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	\$ 51 00/46 00 per month <i>(Month, Year, etc.)</i>
(b) Initiation Fees	\$ 51.00/46 00
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per none <i>(Month, Year, etc.)</i>

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)		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)	Status (C)*			
1.	MRDJENOVICH PRESIDENT	NICHOLAS C	2 9 2 3	2 7 9 7	5 7 2 0
2.	PATE VICE PRESIDENT	RONALD P	0	4 0 9	4 0 9
3.	BURKE RECORDING SECRETARY	DANIEL C	1 1 6 5	1 8 2	1 3 4 7
4.	MOSLEY SECRETARY TREASURER	STEVEN C	3 0 2 2	4 6 6	3 4 8 8
5.	PARISE TRUSTEE	JAMES C	0	0	0
6.	NIEDERWERFER TRUSTEE	KEVIN P	0	0	0
7.	KIRBY TRUSTEE	GLEN P	0	0	0
8.	Totals from additional pages (if any)		5 2	6	5 8
9.	Totals of Lines 1 through 8		7 1 6 2	3 8 6 0	1 1 0 2 2
			10. Less Deductions		2 0 9 1
The Total from Line 11 inItem 45			11. Net Disbursements		8 9 3 1

* 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)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER 038 - 105

STATEMENT A ASSETS AND LIABILITIES	ASSETS		LIABILITIES			
	Item	Start of Reporting Period (A)	End of Reporting Period (B)	Item	Start of Reporting Period (C)	End of Reporting Period (D)
	25. Cash	5 6 3 2 6	4 6 2 5 1	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	5 6 3 2 6	4 6 2 5 1	37. NET ASSETS (Item 31 less Item 36)	5 6 3 2 6	4 6 2 5 1

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	4 6 4 6 5	45. To Officers(from Item 24)	8 9 3 1
	39. Per Capita Tax	0	46. To Employees(less deductions)	1 3 0 1 8
	40. Fees, Fines, Assessments & Work Permits	2 4 4	47. Per Capita Tax	0
	41. Interest & Dividends	8 8 7	48. Office & Administrative Expense	8 7 4 9
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	2 8 5 2 9
	43. Other Receipts	1 9 6 3	50. Benefits	0
	44. TOTAL RECEIPTS	4 9 5 5 9	51. Contributions, Gifts & Grants	4 0 7
<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	0
			55. TOTAL DISBURSEMENTS	5 9 6 3 4

ORGANIZATION NAME
MACHINISTS AFL-CIO

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

ENDING DATE OF PERIOD COVERED
12/31/2005

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>		(C) Status *	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>					
KIRK VICE PRESIDENT	LAUVER N		5 2	0	5 2
HOUTON TRUSTEE	JOSEPH N		0	0	0
LOW TRUSTEE	PHYLLIS N		0	0	0
LEWIS CONDUCTOR/SENTINAL	GARY C		0	6	6

ORGANIZATION NAME
MACHINISTS AFL-CIO

FILE NUMBER 038 - 105

ENDING DATE OF PERIOD COVERED
12/31/2005

56. ADDITIONAL INFORMATION *(continued)*

Item Number

24

Had Trustees Kirby and Niederwerfer resign because of lay-off.
Vice president Pate resigned because of lay-off.
Trustees Low and Houton nominated and elected by ballot cast by R/S to elect for remainder of term.
Vice President Lauver nominated and elected by ballot cast by R/S for remainder of term.
Bylaws Changed in July 2005 to use government per diem rates on travel.