

# Return of Organization Exempt From Income Tax

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

**2005**

**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 **2005** calendar year, or tax year beginning **2005**, 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 Machinists Lodge 2061**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **4440 Pine St**  
 City or town, state or country, and ZIP + 4: **Cocoa, FL 32926-2113**

**D** Employer identification number: **59:6151241**

**E** Telephone number: **(321) 636-2152**

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

**G** Website: ▶

**J** Organization type (check only one) ▶  501(c) ( ) ◀ (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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

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

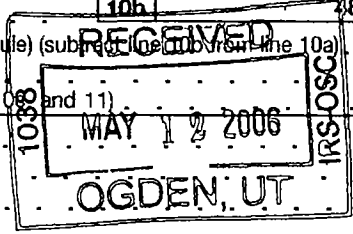
**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ .....  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate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

**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 the instructions.)**

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
a	Direct public support	1a 0
b	Indirect public support	1b 0
c	Government contributions (grants)	1c 0
d	Total (add lines 1a through 1c) (cash \$ 0 noncash \$ 0)	1d 0
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 0
3	Membership dues and assessments	3 576,467
4	Interest on savings and temporary cash investments	4 704
5	Dividends and interest from securities	5 0
6a	Gross rents	6a 0
b	Less rental expenses	6b 0
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c 0
7	Other investment income (describe ▶)	7 0
8a	Gross amount from sales of assets other than inventory	(A) Securities 0 8a 0
b	Less cost or other basis and sales expenses	0 8b 0
c	Gain or (loss) (attach schedule)	0 8c 0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 0
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>	
a	Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a 0
b	Less direct expenses other than fundraising expenses	9b 0
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c 0
10a	Gross sales of inventory, less returns and allowances	10a 480
b	Less cost of goods sold	10b 480
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c 0
11	Other revenue (from Part VII, line 103)	11 4,831
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, 10b, and 11)	12 582,002
13	Program services (from line 44, column (B))	13 0
14	Management and general (from line 44, column (C))	14 0
15	Fundraising (from line 44, column (D))	15 0
16	Payments to affiliates (attach schedule)	16 0
17	Total expenses (add lines 16 and 44, column (A))	17 620,849
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 -38,847
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 106,029
20	Other changes in net assets or fund balances (attach explanation)	20 0
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21 67,182

SCANNED JUN 17 2006



**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 the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>	0			
<b>23</b> Specific assistance to individuals (attach schedule) . . . . .	<b>23</b>	0			
<b>24</b> Benefits paid to or for members (attach schedule) . . . . .	<b>24</b>	0			
<b>25</b> Compensation of officers, directors, etc . . . . .	<b>25</b>	0			
<b>26</b> Other salaries and wages . . . . .	<b>26</b>	0			
<b>27</b> Pension plan contributions . . . . .	<b>27</b>	0			
<b>28</b> Other employee benefits . . . . .	<b>28</b>	0			
<b>29</b> Payroll taxes . . . . .	<b>29</b>	0			
<b>30</b> Professional fundraising fees . . . . .	<b>30</b>	0			
<b>31</b> Accounting fees . . . . .	<b>31</b>	0			
<b>32</b> Legal fees . . . . .	<b>32</b>	0			
<b>33</b> Supplies . . . . .	<b>33</b>	0			
<b>34</b> Telephone . . . . .	<b>34</b>	0			
<b>35</b> Postage and shipping . . . . .	<b>35</b>	0			
<b>36</b> Occupancy . . . . .	<b>36</b>	0			
<b>37</b> Equipment rental and maintenance . . . . .	<b>37</b>	0			
<b>38</b> Printing and publications . . . . .	<b>38</b>	0			
<b>39</b> Travel . . . . .	<b>39</b>	0			
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b>	0			
<b>41</b> Interest . . . . .	<b>41</b>	0			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	0			
<b>43</b> Other expenses not covered above (itemize)					
<b>a</b> SEE ATTACHED LM-2	<b>43a</b>	620,849			
<b>b</b> .....	<b>43b</b>	0			
<b>c</b> .....	<b>43c</b>	0			
<b>d</b> .....	<b>43d</b>	0			
<b>e</b> .....	<b>43e</b>	0			
<b>f</b> .....	<b>43f</b>	0			
<b>g</b> .....	<b>43g</b>	0			
<b>44</b> Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	620,849			

**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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> N/A ..... ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b> N/A ..... ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> N/A ..... ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> N/A ..... ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . ▶	

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	28188	45	19,118
	46 Savings and temporary cash investments . . . . .	74841	46	47,628
	47a Accounts receivable . . . . .	47a 0		
	b Less allowance for doubtful accounts . . . . .	47b 0	0	47c 0
	48a Pledges receivable . . . . .	48a 0		
	b Less allowance for doubtful accounts . . . . .	48b 0	0	48c 0
	49 Grants receivable . . . . .		0	49 0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50 0
	51a Other notes and loans receivable (attach schedule) . . . . .	51a 0		
	b Less allowance for doubtful accounts . . . . .	51b 0	0	51c 0
	52 Inventories for sale or use . . . . .		0	52 0
	53 Prepaid expenses and deferred charges . . . . .		0	53 0
	54 Investments—securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54 0
	55a Investments—land, buildings, and equipment basis . . . . .	55a 0		
	b Less accumulated depreciation (attach schedule) . . . . .	55b 0	0	55c 0
56 Investments—other (attach schedule) . . . . .		0	56 0	
57a Land, buildings, and equipment, basis . . . . .	57a 0			
b Less accumulated depreciation (attach schedule) . . . . .	57b 0	0	57c 0	
58 Other assets (describe ▶ OFFICE EQUIP . . . . .)		3000	58	2000
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58. . . . .		106,029	59	68,746
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	0	60	0
	61 Grants payable . . . . .	0	61	0
	62 Deferred revenue . . . . .	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63 0
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a 0
	b Mortgages and other notes payable (attach schedule) . . . . .		0	64b 0
65 Other liabilities (describe ▶ . . . . .)		0	65 0	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		0	66	0
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	0	67	0
	68 Temporarily restricted . . . . .	0	68	0
	69 Permanently restricted . . . . .	0	69	0
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .	106,029	70	68,746
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .	0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	0	72	0
73 <b>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) . . . . .	106,029	73	68,746	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	106,029	74	68,746	



**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)** Yes No

<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <span style="float: right;">▶ 8</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	✓
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	✓
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

**Part VI Other Information (See 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>76</b>	✓
<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>77</b>	✓
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	✓
<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>80a</b>	✓
<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) . . . . . <span style="float: right;">  81a   0</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	✓

**Part VII Other Information (continued)**

		Yes	No
<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?		<input checked="" type="checkbox"/>
<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)	<input checked="" type="checkbox"/>	
		<b>82b</b> _____	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input checked="" type="checkbox"/>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<input checked="" type="checkbox"/>	
<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	<input checked="" type="checkbox"/>	
<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>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>
<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> _____	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> _____	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders	<b>87a</b> _____	
<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> _____	
<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>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ _____, section 4955 ▶ _____		
<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>	<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ _____ <b>0</b>	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ _____ <b>0</b>	
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b> _____	
<b>91a</b>	The books are in care of ▶ <u>MURRAY HILL</u> Telephone no ▶ <u>(321) 636-2152</u> Located at ▶ <u>4440 PINE ST, COCOA, FL</u> ZIP + 4 ▶ <u>32926-2113</u>		
<b>b</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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	<b>91b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ _____	<b>91c</b>	<input checked="" type="checkbox"/>
<b>92</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ _____ <b>92</b> <input type="checkbox"/>		

**Part VII Analysis of Income-Producing Activities (See 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:					
a _____					0
b _____					0
c _____					0
d _____					0
e _____					0
f Medicare/Medicaid payments . . . . .					0
g Fees and contracts from government agencies					0
<b>94</b> Membership dues and assessments . . . . .					576,467
<b>95</b> Interest on savings and temporary cash investments					704
<b>96</b> Dividends and interest from securities . . . . .					0
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					0
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. a <b>CHECKS RETURNED TO C</b>					1,575
b <b>OVERPAYMENT, RETURNED CHECKS</b>					1,879
c <b>IRS REFUNDS</b>					913
d <b>TRAVEL REFUNDS</b>					464
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					582,002
<b>105</b> Total (add line 104, columns (B), (D), and (E))					

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 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 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: MURRAY HILL Date: 5/8/06

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: N/A EIN: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_

Phone no. ( ) \_\_\_\_\_



# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 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  E	1. FILE NUMBER  035-140	2. PERIOD COVERED MO DAY YEAR From 01/01/2005 Through 12/31/2005	3 (a) AMENDED - If this is an amended report, check here <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here <input type="checkbox"/>
	4. AFFILIATION OR ORGANIZATION NAME MACHINISTS AFL-CIO		8. MAILING ADDRESS (Type or print in capital letters)
5. DESIGNATION (Local, Lodge, etc) LODGE		6. DESIGNATION NUMBER 2061	First Name MURRAY
7. UNIT NAME (if any) BANANA RIVER		Last Name HILL	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69)  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		P.O. Box - Building and Room Number	
		Number and Street 4440 PINE ST	
		City COCOA	
		State FL	ZIP Code + 4 32926-2113
69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)			
<p>Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other 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.)</p>			
70 SIGNED <u>Barry L Beattie</u> <small>Digital signed by Barry L Beattie DN: cn=Barry L Beattie, c=US, o=DST Assoc Unaff, email=barry@lmsa.dhs.gov Reason: Date: 2009.03.25 10:59:49 -0500</small>		71 SIGNED <u>Charles M Hill</u> <small>Digital signed by Charles M Hill DN: cn=Charles M Hill, o=US, o=DST Assoc Unaff, email=charles@lmsa.dhs.gov Reason: Date: 2009.03.24 11:30:51 -0500</small>	
PRESIDENT (If other title, see instructions)		TREASURER (If other title, see instructions)	
Date	Telephone Number	Date	Telephone Number

**COMPLETE ITEMS 10 THROUGH 21**

FILE NUMBER.

035-140

10 During the reporting period did the labor organization 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

11 During the reporting period did the labor organization have a political action committee (PAC) fund? Yes  No

12 During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes  No

13 During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery ) Yes  No

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15 During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes  No

16 Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes  No

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes  No

18 During the reporting period did the labor 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

19 What is the date of the labor organization's next regular election of officers?

20 How many members did the labor organization have at the end of the reporting period? (Total from Line 8 of Schedule 13)

21 What are the labor 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				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	na	per MONTH	27.10	71.10
(b) Working Dues/Fees		per		
(c) Initiation Fees		per		
(d) Transfer Fees		per		
(e) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 69 (Additional Information) as explained in the instructions for each item.

**STATEMENT A - ASSETS AND LIABILITIES**

FILE NUMBER: 035-140

Complete Schedules 1 Through 20 Before Completing Statement A

**Assets**

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash		\$103,029	\$65,272
23. Accounts Receivable	1	\$0	\$0
24. Loans Receivable	2	\$0	\$0
25. U.S. Treasury Securities		\$0	\$0
26. Investments	5	\$0	\$0
27. Fixed Assets	6	\$0	\$512
28. Other Assets	7	\$3,000	\$3,000
<b>29. TOTAL ASSETS</b>		<b>\$106,029</b>	<b>\$68,784</b>

**Liabilities**

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8	\$0	\$0
31. Loans Payable	9	\$0	\$0
32. Mortgages Payable		\$0	\$0
33. Other Liabilities	10	\$0	\$0
<b>34. TOTAL LIABILITIES</b>		<b>\$0</b>	<b>\$0</b>

<b>35. NET ASSETS (Item 29 Less Item 34)</b>		<b>\$106,029</b>	<b>\$68,784</b>
--	--	------------------	-----------------

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**  
 Complete Schedules 1 Through 20 Before Completing Statement B

FILE NUMBER 035-140

Item	CASH RECEIPTS	SCH #	AMOUNT
36	Dues and Agency Fees		\$576,467
37	Per Capita Tax		\$0
38	Fees, Fines, Assessments, Work Permits		\$0
39	Sale of Supplies		\$480
40	Interest		\$704
41	Dividends		\$0
42	Rents		\$0
43	Sale of Investments and Fixed Assets	3	\$0
44	Loans Obtained	9	\$0
45	Repayments of Loans Made	2	\$0
46	On Behalf of Affiliates for Transmittal to Them		\$0
47	From Members for Disbursement on Their Behalf		\$0
48	Other Receipts	14	\$4,831
49	<b>TOTAL RECEIPTS</b>		<b>\$582,482</b>

Item	CASH DISBURSEMENTS	SCH #	AMOUNT
50	Representational Activities	15	\$47,587
51	Political Activities and Lobbying	16	\$22,022
52	Contributions, Gifts, and Grants	17	\$8,427
53	General Overhead	18	\$42,775
54	Union Administration	19	\$37,556
55	Benefits	20	\$0
56	Per Capita Tax		\$467,306
57	Strike Benefits		\$0
58	Fees, Fines, Assessments, etc.		\$0
59	Supplies for Resale		\$685
60	Purchase of Investments and Fixed Assets	4	\$512
61	Loans Made	2	\$0
62	Repayment of Loans Obtained	9	\$0
63	To Affiliates of Funds Collected on Their Behalf		\$0
64	On Behalf of Individual Members		\$0
65	Direct Taxes		\$979
66	Subtotal		\$627,849
67	Withholding Taxes and Payroll Deductions		
67a	Total Withheld		\$13,130
67b	Less Total Disbursed		\$5,500
67c	Total Withheld But Not Disbursed		\$7,630
68	<b>TOTAL DISBURSEMENTS (Line 66-Line 67c)</b>		<b>\$620,219</b>

**SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE**

FILE NUMBER

035-140

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25. Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0
26 Totals of Lines 1 through 25	\$0	\$0	\$0	\$0
27 Totals from all other accounts receivable				\$0
28 Totals of Lines 26 and 27 (Total from Line 28, Column(B) will be automatically entered in Item 23, Column(B) )	\$0	\$0	\$0	\$0

**SCHEDULE 2 - LOANS RECEIVABLE**

FILE NUMBER

035-140

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 Continuation pages (if any)	\$0	\$0	\$0	\$0	\$0
5 Totals of loans not listed above					\$0
6 Totals of Lines 1 through 5	\$0	\$0	\$0	\$0	\$0
The Totals from Line 6 will be automatically entered in					
	Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)

**SCHEDULE 3 - SALE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER.

035-140

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				
6				
7				
8				
9				
10				
11				
12 Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0
13 Totals of Lines 1 through 12	\$0	\$0	\$0	\$0
			14 Less Reinvestments	
			15 Net Sales	\$0

(The total from Line 15 will be automatically entered in Item 43 )

**SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS**

FILE NUMBER

035-140

	Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.	SONY CAMERA	\$353	\$353	\$353
2	UNINTERRUPTED POWER SUPPLY UNIT	\$74	\$74	\$74
3	COMPUTER KEYBOARD & MOUSE	\$85	\$85	\$85
4				
5				
6.				
7				
8.				
9.				
10.				
11				
12	Totals from Continuation pages (if any)	\$0	\$0	\$0
13	Totals of Lines 1 through 12	\$512	\$512	\$512
			14 Less Reinvestments	
			15 Net Purchases	\$512

(The Total from Line 15 will be automatically entered in Item 60 )



**SCHEDULE 5 - INVESTMENTS**

FILE NUMBER

035-140

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1 Total Cost	
2 Total Book Value	
3 List each marketable security which has a book value over \$5,000 and exceeds 5% of Line 2	
(a)	
(b)	
(c)	
(d) Total from Continuation pages (if any)	\$0
<b>Other Investments</b>	
4 Total Cost	
5 Total Book Value	
6 List each other investment which has a book value over \$5,000 and exceeds 5% of Line 5 Also, list each Trust which is an investment	
(a)	
(b)	
(c)	
(d)	
(e) Total from Continuation pages (if any)	\$0
7 Total of Lines 2 and 5 (The total from Line 7 will be automatically entered in Item 26, Column(B) )	\$0

**SCHEDULE 6 - FIXED ASSETS**

FILE NUMBER: 035-140

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
1 Land (give location)				
2 Totals from Continuation pages (if any)	\$0		\$0	\$0
3 Buildings (give location)				
4 Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0
5 Automobiles and Other Vehicles				
6 Office Furniture and Equipment	\$512	\$0	\$512	\$512
7 Other Fixed Assets				
8 Totals of Lines 1 through 7 (The Total from Line 8, Column(D) will be automatically entered in Item 27, Column(B).)	\$512	\$0	\$512	\$512

**SCHEDULE 7 - OTHER ASSETS**

FILE NUMBER

035-140

	Description (A)	Book Value (B)
1	OFFICE EQUIPMENT	\$3,000
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14	Total from Continuation pages (if any)	\$0
15	Total of Lines 1 through 14 (The Total from Line 15 will be automatically entered in Item 28, Column(B) )	\$3,000

**SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE**

FILE NUMBER

035-140

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
1				
2				
3.				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14.				
15				
16				
17				
18				
19				
20				
21				
22				
23.				
24				
25 Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0
26 Totals of Lines 1 through 25	\$0	\$0	\$0	\$0
27 Totals from all other accounts payable				\$0
28 Totals of Lines 26 and 27 (Line 28, Column(B) will be automatically entered in Item 30, Column(D) )	\$0	\$0	\$0	\$0

**SCHEDULE 9 - LOANS PAYABLE**

FILE NUMBER

035-140

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										
6										
7										
8										
9										
10										
11										
12 Totals from Continuation pages (if any)	\$0	\$0	\$0	\$0	\$0					
13 Totals of Lines 1 through 12	\$0	\$0	\$0	\$0	\$0					
The Totals from Line 13 will be automatically entered in <table style="width:100%; border:none;"> <tr> <td style="width:25%; border:none;">Item 31 Column (C)</td> <td style="width:25%; border:none;">Item 44</td> <td style="width:25%; border:none;">Item 62</td> <td style="width:25%; border:none;">Item 69 with Explanation</td> <td style="width:25%; border:none;">Item 31 Column (D)</td> </tr> </table>						Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)
Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)						

**SCHEDULE 10 - OTHER LIABILITIES**

FILE NUMBER: 035-140

Description (A)	Amount at End of Period (B)
1.	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13 Total from Continuation pages (if any)	\$0
14 Total of Lines 1 through 13 (The Total from Line 14 will be automatically entered in Item 33, Column (D).)	\$0

**SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

FILE NUMBER

035-140

(A) Name			(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
1	A	First Name BARRY	Middle Initial L	Last Name BEATTIE	\$5,238	\$1,530	\$350	\$0	\$7,118		
	B	PRESIDENT									
	C	C									
	I	Schedule 15 Representational Activities	2 %	Schedule 16 Political Activities and Lobbying	18 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	41 %	Schedule 19 Administration	39 %
2	A	First Name MURRAY	Middle Initial E	Last Name CALDWELL	\$4,871	\$431	\$0	\$0	\$5,302		
	B	VICE PRESIDENT									
	C	C									
	I	Schedule 15 Representational Activities	64 %	Schedule 16 Political Activities and Lobbying	0 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	0 %	Schedule 19 Administration	36 %
3	A	First Name WILLIS	Middle Initial E	Last Name JACKSON	\$3,417	\$1,104	\$125	\$0	\$4,646		
	B	RECORDING SECRETARY									
	C	C									
	I	Schedule 15 Representational Activities	3 %	Schedule 16 Political Activities and Lobbying	16 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	68 %	Schedule 19 Administration	13 %
4	A	First Name CHARLES	Middle Initial M	Last Name HILL	\$17,347	\$14,593	\$425	\$0	\$32,365		
	B	SECRETARY TREASURE									
	C	C									
	I	Schedule 15 Representational Activities	1 %	Schedule 16 Political Activities and Lobbying	25 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	35 %	Schedule 19 Administration	39 %
5	A	First Name LEW	Middle Initial P	Last Name JAMIESON	\$348	\$0	\$0	\$0	\$348		
	B	CONDUCTOR SENTINAL									
	C	C									
	I	Schedule 15 Representational Activities	31 %	Schedule 16 Political Activities and Lobbying	69 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	0 %	Schedule 19 Administration	0 %
6	TOTALS FROM CONTINUATION PAGES (if any)				\$3,728	\$923	\$150	\$0	\$4,801		
7	TOTAL OF LINES 1-6				\$34,949	\$18,581	\$1,050	\$0	\$54,580		
8	LESS DEDUCTIONS										
9	NET DISBURSEMENTS								\$54,580		

**SCHEDULE 12 — DISBURSEMENTS TO EMPLOYEES**

FILE NUMBER

035-140

(A) Name		(B) Title		(C) Other Payer		(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
1	A	First Name	Middle Initial	Last Name						\$0		
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
2	A	First Name	Middle Initial	Last Name						\$0		
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
3	A	First Name	Middle Initial	Last Name						\$0		
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
4	A	First Name	Middle Initial	Last Name						\$0		
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbyings		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
5	A	First Name	Middle Initial	Last Name						\$0		
	B											
	C											
I	Schedule 15 Representational Activities		%	Schedule 16 Political Activities and Lobbying		%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
6 TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS						\$37,436	\$0	\$4,957	\$0	\$42,393		
I	Schedule 15 Representational Activities		58 %	Schedule 16 Political Activities and Lobbying		3 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	0 %	Schedule 19 Administration	39 %
7 TOTALS FROM CONTINUATION PAGES (if any)						\$0	\$0	\$0	\$0	\$0		
8 TOTAL OF LINES 1-7						\$37,436	\$0	\$4,957	\$0	\$42,393		
9 LESS DEDUCTIONS												
10 NET DISBURSEMENTS										\$42,393		



**SCHEDULE 13 - MEMBERSHIP STATUS**

FILE NUMBER

035-140

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1 FULL DUES PAYING MEMBERS	1,490	Yes <input checked="" type="checkbox"/>
2. AGENCY FEE PAYER	1	Yes <input type="checkbox"/>
3		Yes <input type="checkbox"/>
4.		Yes <input type="checkbox"/>
5		Yes <input type="checkbox"/>
6		Yes <input type="checkbox"/>
7 Total from Continuation page(s)	0	
8 Members (Total of Lines 1 through 7, Enter the Total from Line 8 in Item 20 )	1,491	
9 Agency Fee Payers*	1	
10 Total Members/Fee Payers (Total of Lines 8 and 9)	1,492	
*Agency Fee Payers are not considered members of the labor organization		

Complete Itemization Pages BEFORE the Detailed Summary Page

<b>SCHEDULE 14</b> OTHER RECEIPTS	1 Named Payer Itemized Receipts	\$0	<b>Item 48</b>
	2 Named Payer Non-itemized Receipts	\$0	
	3 All Other Receipts	\$4,831	
	4 <b>Total Receipts</b> (add Lines 1 through 3)	\$4,831	

<b>SCHEDULE 15</b> REPRESENTATIONAL ACTIVITIES	1 Named Payee Itemized Disbursements	\$18,519	<b>Item 50</b>
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$4,480	
	4 To Employees	\$24,588	
	5 All Other Disbursements	\$0	
	6 <b>Total Disbursements</b> (add Lines 1 through 5)	\$47,587	

<b>SCHEDULE 16</b> POLITICAL ACTIVITIES AND LOBBYING	1 Named Payee Itemized Disbursements	\$5,170	<b>Item 51</b>
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$11,280	
	4 To Employees	\$1,272	
	5 All Other Disbursements	\$4,300	
	6 <b>Total Disbursements</b> (add Lines 1 through 5)	\$22,022	

<b>SCHEDULE 17</b> CONTRIBUTIONS, GIFTS, AND GRANTS	1 Named Payee Itemized Disbursements	\$0	<b>Item 52</b>
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$0	
	4 To Employees	\$0	
	5 All Other Disbursements	\$8,427	
	6 <b>Total Disbursements</b> (add Lines 1 through 5)	\$8,427	

<b>SCHEDULE 18</b> GENERAL OVERHEAD	1 Named Payee Itemized Disbursements	\$0	<b>Item 53</b>
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$17,795	
	4 To Employees	\$0	
	5 All Other Disbursements	\$24,980	
	6 <b>Total Disbursements</b> (add Lines 1 through 5)	\$42,775	

<b>SCHEDULE 19</b> UNION ADMINISTRATION	1 Named Payee Itemized Disbursements	\$0	<b>Item 54</b>
	2 Named Payee Non-itemized Disbursements	\$0	
	3 To Officers	\$21,023	
	4 To Employees	\$16,533	
	5 All Other Disbursements	\$0	
	6 <b>Total Disbursements</b> (add Lines 1 through 5)	\$37,556	

**SCHEDULE 14 - OTHER RECEIPTS**

FILE NUMBER

035-140

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P O Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
<b>(F) Total of Transactions Listed Above</b>			<b>\$0</b>
<b>(G) Total of All Transactions from Continuation Pages with this Payee/Payer</b>			<b>\$0</b>
<b>(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))</b>			<b>\$0</b>
<b>(I) Total of All Non-Itemized Transactions with this Payee/Payer</b>			
<b>(J) Total of All Transactions with This Payee/Payer for This Schedule (Sum of (H) and (I))</b>			<b>\$0</b>

**SCHEDULE 15 – REPRESENTATIONAL ACTIVITIES**

FILE NUMBER. 035-140

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name	HANSON, PERRY & JENSEN, PA	ARBITRATION OF UNJUST TERMINATION CASE	01/10/2005	\$978
P O Box	SUITE 207	ARBITRATION OF UNJUST TERMINATION CASE	02/04/2005	\$5
Street	400 EXECUTIVE CENTER DRIVE	ARBITRATION OF UNJUST TERMINATION CASE	03/09/2005	\$2,254
City	WEST PALM BEACH	ARBITRATION OF UNJUST TERMINATION CASE	04/04/2005	\$3,061
State	FL	ARBITRATION OF UNJUST TERMINATION CASE	05/19/2005	\$2,124
Zip Code	33401	ARBITRATION OF UNJUST TERMINATION CASE	06/16/2005	\$1,022
		ARBITRATION OF UNJUST TERMINATION CASE	07/04/2005	\$4,584
		ARBITRATION OF UNJUST TERMINATION CASE	08/04/2005	\$395
		ARBITRATION OF UNJUST TERMINATION CASE	09/13/2005	\$734
(B) Type or Classification		ARBITRATION OF UNJUST TERMINATION CASE	10/17/2005	\$285
LAW FIRM		ARBITRATION OF UNJUST TERMINATION CASE	10/30/2005	\$740
		ARBITRATION OF UNJUST TERMINATION CASE	11/28/2005	\$2,337
		(F) Total of Transactions Listed Above		\$18,519
		(G) Total of All Transactions from Continuation Pages with this Payee/Payer		\$0
		(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))		\$18,519
		(I) Total of All Non-Itemized Transactions with this Payee/Payer		
		(J) Total of All Transactions with This Payee/Payer for This Schedule (Sum of (H) and (I))		\$18,519

**SCHEDULE — 16 - POLITICAL ACTIVITIES AND LOBBYING**

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name International Association of Machinists P O Box Street 9000 Machinists Place City Upper Marlboro State MD Zip Code 20772	Get Out The Vote reimbursements	05/05/2005	\$5,170
(B) Type or Classification			
Grand Lodge of Machinists Union			
<b>(F) Total of Transactions Listed Above</b>			\$5,170
<b>(G) Total of All Transactions from Continuation Pages with this Payee/Payer</b>			\$0
<b>(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))</b>			\$5,170
<b>(I) Total of All Non-Itemized Transactions with this Payee/Payer</b>			
<b>(J) Total of All Transactions with This Payee/Payer for This Schedule (Sum of (H) and (I))</b>			\$5,170

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
<b>(B) Type or Classification</b>			
	<b>(F) Total of Transactions Listed Above</b>		<b>\$0</b>
	<b>(G) Total of All Transactions from Continuation Pages with this Payee/Payer</b>		<b>\$0</b>
	<b>(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))</b>		<b>\$0</b>
	<b>(I) Total of All Non-Itemized Transactions with this Payee/Payer</b>		
	<b>(J) Total of All Transactions with This Payee/Payer for This Schedule (Sum of (H) and (I))</b>		<b>\$0</b>

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P O Box			
Street			
City			
State			
Zip Code			
(B) Type or Classification			
(F) Total of Transactions Listed Above			\$0
(G) Total of All Transactions from Continuation Pages with this Payee/Payer			\$0
(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))			\$0
(I) Total of All Non-Itemized Transactions with this Payee/Payer			
(J) Total of All Transactions with This Payee/Payer for This Schedule (Sum of (H) and (I))			\$0

**Complete Itemization Pages BEFORE the Detailed Summary Page**

Name and Address (A)	Purpose (C)	Date (D)	Amount (E)
Name			
P.O. Box			
Street			
City			
State			
Zip Code			
<b>(B) Type or Classification</b>			
	<b>(F) Total of Transactions Listed Above</b>		\$0
	<b>(G) Total of All Transactions from Continuation Pages with this Payee/Payer</b>		\$0
	<b>(H) Total of All Itemized Transactions with this Payee/Payer (Sum of (F) and (G))</b>		\$0
	<b>(I) Total of All Non-Itemized Transactions with this Payee/Payer</b>		
	<b>(J) Total of All Transactions with This Payee/Payer for This Schedule (Sum of (H) and (I))</b>		\$0



**SCHEDULE 20 — BENEFITS**

FILE NUMBER.

035-140

Description (A)	To Whom Paid (B)	Amount (C)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22 Total of Continuation pages (if any)		\$0
23 Total of Lines 1 through 22 (The Total from Line 23 will be automatically entered in Item 55 )		\$0

**SCHEDULE 11 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

FILE NUMBER

035-140

(A) Name			(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL		
1	A	First Name GLENN	Middle Initial Last Name LEIB		\$1,101	\$313	\$0	\$0	\$1,414		
	B	TRUSTEE									
	C	C									
	I	Schedule 15 Representational Activities	0 %	Schedule 16 Political Activities and Lobbying	0 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	7 %	Schedule 19 Administration	93 %
2	A	First Name MICHEAL	Middle Initial K Last Name MAY		\$1,647	\$405	\$150	\$0	\$2,202		
	B	TRUSTEE									
	C	C									
	I	Schedule 15 Representational Activities	17 %	Schedule 16 Political Activities and Lobbying	42 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	10 %	Schedule 19 Administration	31 %
3	A	First Name MARK	Middle Initial E Last Name WEAVER		\$980	\$205	\$0	\$0	\$1,185		
	B	TRUSTEE									
	C	C									
	I	Schedule 15 Representational Activities	0 %	Schedule 16 Political Activities and Lobbying	0 %	Schedule 17 Contributions	0 %	Schedule 18 General Overhead	6 %	Schedule 19 Administration	94 %
4	A	First Name	Middle Initial Last Name						\$0		
	B										
	C										
	I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
5	A	First Name	Middle Initial Last Name						\$0		
	B										
	C										
	I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%	Schedule 19 Administration	%
6											
7	TOTAL OF LINES 1-6				\$3,728	\$923	\$150	\$0	\$4,801		

**69. ADDITIONAL INFORMATION SUMMARY**

FILE NUMBER

035-140

Question 11: LL2061 MACHINISTS ACTIVIST COMMITTEE

THIS IS A COMMITTEE PROPERLY REGISTERED AND UP TO DATE WITH THE STATE OF FLORIDA IT IS A SEPARATE AND SEGREGATED ACCOUNT NOT ASSOCIATED WITH DUES MONIES

Schedule 13 : FULL DUES PAYING MEMBERS

Schedule 13 : PAYS DUES AS CONDITION OF EMPLOYMENT

Schedule 13 : AGENCY FEE PAYER NOT CONSIDERED A MEMBER, PAYS DUES AS CONDITION OF EMPLOYMENT