


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 501-998	2. PERIOD COVERED MON DAY YEAR From 01/01/2005 Through 12/31/2005	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 GOVERNMENT EMPLOYEES AFGE AFL-CIO		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION	6. DESIGNATION NUMBER 2040	First Name AFGE	Last Name LOCAL 2040
7. UNIT NAME (if any) DOD		P.O. Box – Building and Room Number (if any) PO BOX 200157	
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Number and Street City DENVER	
State CO		ZIP Code + 4 80220-0157	
56. ADDITIONAL INFORMATION 			
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.)			
57. SIGNED: <u><i>[Signature]</i></u> 31 MARCH 06 (303) 676-6599 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u><i>[Signature]</i></u> 30 MAR 06 303-676-3007 Date Telephone Number	TREASURER (If other title, see instructions.)

COMPLETE ITEMS 10 THROUGH 23

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10. During the reporting period did the labor organization have a 'subsidiary organization' as defined in section X of the instructions?

Yes No

11. 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

12. During the reporting period did the labor organization have a political action committee (PAC) fund?

Yes No

13. 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

14. 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

15. 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

16. During the reporting period did the labor organization 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. During the reporting period did the labor organization pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

Yes No

18. During the reporting period did the labor organization have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

Yes No

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

301

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?

\$17,500

21. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than the rates of dues and fees, or in practices/procedures listed in the instructions? (If the constitution and bylaws or practices/procedures have changed, see the instructions.)

Yes No

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

Oct 2007

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				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	16.55	per Bi-weekly		
(b) Initiation Fees	N/A	per		
(c) Transfer Fees	N/A	per		
(d) Work Permits	N/A	per		

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

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

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(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.)		(C) Status *				
1.	Last Name MOLINA	First Name MIKE	Middle Initial C	\$0	\$8,920	\$8,920
	Title PRESIDENT		Status C			
2.	Last Name BOOKER	First Name KELVIN	Middle Initial C	\$0	\$6,117	\$6,117
	Title VICE PRESIDENT		Status C			
3.	Last Name LUBANG	First Name LORRAINE	Middle Initial V	\$0	\$395	\$395
	Title VICE PRESIDENT		Status N			
4.	Last Name PAPPAS	First Name DAVID	Middle Initial C	\$0	\$440	\$440
	Title VICE PRESIDENT		Status C			
5.	Last Name TERRONES	First Name FRANCISCO	Middle Initial N	\$0	\$4,881	\$4,881
	Title SECRETARY		Status C			
6.	Last Name NELSON	First Name JOHN	Middle Initial R	\$0	\$6,184	\$6,184
	Title TREASURER		Status C			
7.	Last Name WELLS	First Name MARIAN	Middle Initial C	\$0	\$300	\$300
	Title TRUSTEE		Status C			
8.	Totals from additional pages (if any)			\$0	\$0	\$0
9.	Totals of Lines 1 through 8			\$0	\$27,237	\$27,237
				10. Less Deductions		
The Total from Line 11 will be entered in Item 45				11. Net Disbursements		\$27,237
* Code for (C) Status: 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 on page 1.)		

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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	\$65,044	\$60,535	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 LIABILITITES	\$0	\$0
	30. Other Assets	\$0	\$0			
	31. TOTAL ASSETS	\$65,044	\$60,535	37. NET ASSETS (Item 31 less Item 36)	\$65,044	\$60,535

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	\$119,150	45. To Officers (from Item 24)	\$27,237
	39. Per Capita Tax	\$0	46. To Employees (less deductions)	\$0
	40. Fees, Fines, Assessments & Work Permits	\$0	47. Per Capita Tax	\$48,438
	41. Interest & Dividends	\$0	48. Office & Administrative Expense	\$13,649
	42. Sale of Investments & Fixed Assets	\$0	49. Professional Fees	\$9,980
	43. Other Receipts	\$0	50. Benefits	\$24,264
	44. TOTAL RECEIPTS	\$119,150	51. Contributions, Gifts & Grants	\$79
If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	\$0	
		53. Loans Made	\$0	
		54. Other Disbursements	\$0	
		55. TOTAL DISBURSEMENTS	\$123,647	

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(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.)			(C) Status *	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.	Last Name HUNT	First Name VICKIE	Middle Initial N	\$0	\$0	\$0
	Title TRUSTEE		Status C			
2.	Last Name	First Name	Middle Initial			\$0
	Title		Status			
3.	Last Name	First Name	Middle Initial			\$0
	Title		Status			
4.	Last Name	First Name	Middle Initial			\$0
	Title		Status			
5.	Last Name	First Name	Middle Initial			\$0
	Title		Status			
6.	Last Name	First Name	Middle Initial			\$0
	Title		Status			
7.	Last Name	First Name	Middle Initial			\$0
	Title		Status			
8.						
9.	Totals of Lines 1 through 8			\$0	\$0	\$0
* Code for (C) Status: 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 on page 1.)		

56. ADDITIONAL INFORMATION

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Address of Record: ITEM #9 -- Records kept at Defense Finance and Accounting Service (DFAS), 6760 E. Irvington Place, Denver, CO 80279 and electronically on the local's website.