

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

OMB No. 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 2006, and ending 20

B Check if applicable

- Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See Specific Instructions.

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 Canaveral, Fl. 32920

D Employer identification number

59 0839962

E Telephone number

( 321 ) 917-4765

F Group Exemption Number

0264

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

G Accounting method: Cash Accrual Other (specify)

I Website: www.iam610.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 38408. Expenses total: 32370. Net Assets total: 6037.

Part II Balance Sheets If total 2006 gross receipts of line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 46251, Total liabilities: 22, Net assets or fund balances: 52288.

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Part III Statement of Program Service Accomplishments (See page 51 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	<b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	<b>32</b>	<b>na</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 52 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 potions part time			
.....				
.....				
.....				
.....				

Part V Other Information (Note the statement requirement in General Instruction V.)		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. <input type="checkbox"/> 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	

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  $\triangleright$  \_\_\_\_\_ ; section 4912  $\triangleright$  \_\_\_\_\_ ; section 4955  $\triangleright$  \_\_\_\_\_

**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 . . .

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .  $\triangleright$  \_\_\_\_\_ **0**

**d** Enter amount of tax on line 40c reimbursed by the organization . . . . .  $\triangleright$  \_\_\_\_\_ **0**

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

	Yes	No
<b>40b</b>		✓
<b>40e</b>		

**41** List the states with which a copy of this return is filed.  $\triangleright$  \_\_\_\_\_

**42a** The books are in care of  $\triangleright$  Steven N Mosley Telephone no.  $\triangleright$  ( 321 ) 917-4765  
 Located at  $\triangleright$  271 Taylor Ave Cape Canaveral, Fl. 32920

**b** At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)? . . . . .

If "Yes," enter the name of the foreign country:  $\triangleright$  \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for

**c** At any time during the calendar year, did the organization maintain a financial account in a foreign country? . . . . .  
 If "Yes," enter the name of the foreign country:  $\triangleright$  \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: \_\_\_\_\_

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return and brief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer with respect to this return.

*Steven N Mosley*  
 Signature of officer

$\triangleright$  Steven N Mosley Secretary-Treasurer  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature  $\triangleright$  \_\_\_\_\_

self-employed  $\triangleright$

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

EIN  $\triangleright$  \_\_\_\_\_  
 Phone no.  $\triangleright$  ( ) \_\_\_\_\_

# 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

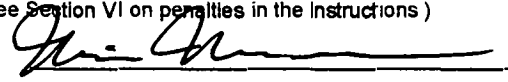
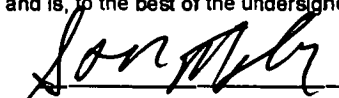
For Official Use Only  <b>E</b>	1 FILE NUMBER  <b>038-105</b>	2 PERIOD COVERED MON DAY YEAR From <b>01/01/2006</b> Through <b>12/31/2006</b>	3. (a) AMENDED – If this is an amended report correcting a previously filed report, check here <input type="checkbox"/> (b) TERMINAL – If your organization ceased 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 (Type or print in capital letters)	
5 DESIGNATION (Local, Lodge, etc ) <b>LODGE</b>		First Name <b>STEVEN</b>	Last Name <b>MOSLEY</b>
6. DESIGNATION NUMBER <b>610</b>		P O Box – Building and Room Number (if any)	
7 UNIT NAME (if any)		Number and Street <b>271 TAYLOR AVE</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"/>		City <b>CAPE CANAVERAL</b>	
		State <b>FL</b>	ZIP Code + 4 <b>32920-3025</b>

56. ADDITIONAL INFORMATION

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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></u>	PRESIDENT (If other title, see instructions)	58. SIGNED: <u></u>	TREASURER (If other title, see instructions.)
<u>4-11-07</u>	<u>321-455-3251</u>	<u>4-11-07</u>	<u>321-917-4765</u>
Date	Telephone Number	Date	Telephone Number

**COMPLETE ITEMS 10 THROUGH 23**

FILE NUMBER: 038-105

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 company 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 payment 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 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?

163

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?

\$32,000

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?

10/21/2009

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	54.75/46.50	per month		
(b) Initiation Fees	54.75/46.00	per month		
(c) Transfer Fees	0	per		
(d) Work Permits	0	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.

#### 4. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

038-105

1) 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)
2) Title (Enter title of officer, such as PRESIDENT or TREASURER.)		(C) Status *			
Last Name Mrdjnovich Jr.	First Name Nicholas	Middle Initial Middle Initial	\$3,381	\$2,215	\$5,596
Title President		Status C			
Last Name Lauver	First Name Kirk	Middle Initial D	\$27	\$0	\$27
Title Vice-President		Status C			
Last Name Burke	First Name Daniel	Middle Initial C	\$1,875	\$214	\$2,089
Title Recording-Secretary		Status C			
Last Name Mosley	First Name Steven	Middle Initial N	\$4,643	\$460	\$5,103
Title Secretary-Treasurer		Status C			
Last Name Lewis	First Name Gary	Middle Initial R	\$0	\$6	\$6
Title Conductor-Sentinel		Status C			
Last Name Parise	First Name James	Middle Initial A	\$28	\$0	\$28
Title Trustee		Status C			
Last Name Low	First Name Phyllis	Middle Initial D	\$27	\$0	\$27
Title Trustee		Status C			
Totals from additional pages (if any)			\$0	\$0	\$0
Totals of Lines 1 through 8			\$9,981	\$2,895	\$12,876

10. Less Deductions \$3,025

The Total from Line 11 will be entered in Item 45 11. Net Disbursements \$9,851

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.)

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER: 038-105

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	\$46,251	\$52,288	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	\$46,251	\$52,288	37. NET ASSETS (Item 31 less Item 36)	\$46,251	\$52,288

RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38 Dues	\$33,014	45. To Officers (from Item 24)	\$9,851
	39 Per Capita Tax	\$0	46 To Employees (less deductions)	\$10,961
	40 Fees, Fines, Assessments & Work Permits	\$170	47. Per Capita Tax	\$0
	41 Interest & Dividends	\$1,713	48. Office & Administrative Expense	\$4,140
	42. Sale of Investments & Fixed Assets	\$0	49. Professional Fees	\$2,571
	43 Other Receipts	\$3,511	50. Benefits	\$0
	44 TOTAL RECEIPTS	\$38,408	51. Contributions, Gifts & Grants	\$4,187
	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	\$660
			55 TOTAL DISBURSEMENTS	\$32,370

**4. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

038-105

1) 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)
2) Title (Enter title of officer, such as PRESIDENT or TREASURER.)		(C) Status *			
Last Name Houten	First Name Joseph	Middle Initial M	\$0	\$0	\$0
Title Trustee		Status C			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
<b>Totals of Lines 1 through 8</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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.)



**4. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

038-105

1) 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)
2) Title (Enter title of officer, such as PRESIDENT or TREASURER.)		(C) Status *			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
Last Name	First Name	Middle Initial			\$0
Title		Status			
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.)