

2007

Open to Public Inspection

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.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

B Check if applicable:

- Address change
Name change
Initial return
Termination
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): 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: [X] Cash [ ] Accrual Other (specify)

I Website: www.iam610.org
J Organization type (check only one): [X] 501(c)(3) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

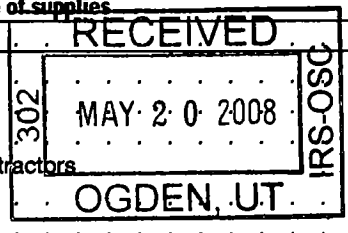
H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 55 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 35873. Expenses total: 43745. Net Assets total: (10524).



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

Table with 27 rows for Balance Sheets. Total assets: 52288. Total liabilities: 52288. Net assets: 44417.

SCANNED JUN 26 2008

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<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions.)	<b>Expenses</b> (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
<b>32 Total program service expenses.</b> Add lines 28a through 31a _____	<b>32</b>	<b>na</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 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
<b>See Attached LM3</b>				
<b>All Positions are Part Time</b>				

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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. <span style="float: right;">▶ 37a na</span>			
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 ▶ \_\_\_\_\_ ; 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 . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_
- d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ \_\_\_\_\_
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

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

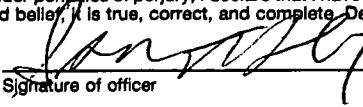
42a The books are in care of ▶ **Steven N Mosley** Telephone no. ▶ ( **321** ) **917-4765**  
 Located at ▶ **271 Taylor Ave Cape Canaveral, Fl. 32920** ZIP + 4 ▶ **32920**

- 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: ▶ \_\_\_\_\_  
 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: ▶ \_\_\_\_\_

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 believe it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

▶   
 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 ▶ \_\_\_\_\_

EIN ▶ \_\_\_\_\_

Phone no. ▶ ( ) \_\_\_\_\_

# 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  038-105	2. PERIOD COVERED MON DAY YEAR  From 01/01/2007  Through 12/31/2007	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 MACHINISTS AFL-CIO		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LODGE	6. DESIGNATION NUMBER 610	First Name STEVEN	Last Name MOSLEY
7. UNIT NAME (if any)		P.O. Box – Building and Room Number (if any)	
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"/>		Number and Street 271 TAYLOR AVE	
		City CAPE CANAVERAL	
		State FL	ZIP Code + 4 32920-3025

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>Kirk Power</u>	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>[Signature]</u>	TREASURER (If other title, see instructions.)
<u>3-15-08</u>	<u>321-783-2431</u>	<u>3-15-08</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 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?

178

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?

October 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	56.52/48.18	per Month		
(b) Initiation Fees	56.52/48.18	per Month		
(c) Transfer Fees		per		
(d) Work Permits		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:

038-105

(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 Mrdjenovich	First Name Nicholas	Middle Initial	\$5,454	\$2,939	\$8,393
	Title President		Status P			
2.	Last Name Lauver	First Name Kirk	Middle Initial D	\$696	\$483	\$1,179
	Title President		Status N			
3.	Last Name Simmermaker	First Name Roger	Middle Initial D	\$1,238	\$198	\$1,436
	Title Vice President		Status N			
4.	Last Name Burke	First Name Danial	Middle Initial C	\$1,500	\$304	\$1,804
	Title Recording Secretary		Status C			
5.	Last Name Mosley	First Name Steven	Middle Initial N	\$4,911	\$978	\$5,889
	Title Secretary Treasurer		Status C			
6.	Last Name Parise	First Name James	Middle Initial A	\$115		\$115
	Title Trustee		Status C			
7.	Last Name Low	First Name Phyllis	Middle Initial D	\$1,276	\$175	\$1,451
	Title Trustee		Status C			
8.	Totals from additional pages (if any)			\$101	\$44	\$145
9.	Totals of Lines 1 through 8			\$15,291	\$5,121	\$20,412
					10. Less Deductions	\$4,792
					11. Net Disbursements	\$15,620
The Total from Line 11 will be entered in Item 45						

\* 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

STATEMENT A ASSETS AND LIABILITIES	ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
	Item				Item			
	25. Cash		\$52,288	\$44,417	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		\$52,288	\$44,417	37. NET ASSETS (Item 31 less Item 36)		\$52,288	\$44,417	

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT
	Item			Item		
	38. Dues		\$33,117	45. To Officers (from Item 24)		\$15,620
	39. Per Capita Tax		\$0	46. To Employees (less deductions)		\$12,333
	40. Fees, Fines, Assessments & Work Permits		\$104	47. Per Capita Tax		\$0
	41. Interest & Dividends		\$2,086	48. Office & Administrative Expense		\$12,936
	42. Sale of Investments & Fixed Assets		\$0	49. Professional Fees		\$1,867
	43. Other Receipts		\$566	50. Benefits		\$0
	44. TOTAL RECEIPTS		\$35,873	51. Contributions, Gifts & Grants		\$914
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		\$75	
			55. TOTAL DISBURSEMENTS		\$43,745	

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

Enter Amounts in Dollars Only – Do Not Enter Cents

FILE NUMBER:

038-105

(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 Houten	First Name Joseph	Middle Initial M	\$101	\$0	\$101
	Title Trustee		Status C			
2.	Last Name Lewis	First Name Gary	Middle Initial R		\$44	\$44
	Title Conductor Sentinel		Status C			
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			\$101	\$44	\$145
* 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

FILE NUMBER:

038-105

General Information: Kirk Lauver replace Nicholas Mrdjenovich as president in June 2007.  
Roger Simmermaker was elected to the remainder of vice presidents term

Cash Begin Total: Found error in closing balance of 2006. I entered 52228 instead of 52288 for a 60 dollar difference.