

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning January 1, 2008, and ending December 31, 20 08

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization International Association of Machinist Lodge 610		D Employer identification number 59 0839962
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number (321) 917-4765
		271 Taylor Ave		F Group Exemption Number 0264
City or town, state or country, and ZIP + 4 Cape Canaveral, Fl. 32920				

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ www.iam610.org
J Organization type (check only one) — 501(c) () ◀ (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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	32069
	4	Investment income	4	804
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ Reimbursement of Expenses, Sale of Supplies)	8	1343	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	34216	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	3137
	12	Salaries, other compensation, and employee benefits	12	32091
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ Office and Administrative Expenses)	16	9895
	17	Total expenses. Add lines 10 through 16.	17	45123
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	(10907)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments 44417	22 33508
23	Land and buildings	23
24	Other assets (describe ▶)	24
25	Total assets	25
26	Total liabilities (describe ▶)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 44417	27 33508

SCANNED MAY 26 2009

RECEIVED
MAY 26 2009
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	

28 _____ _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	na
29 _____ _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	na
30 _____ _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	na
31 Other program services (attach schedule) _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	na
32 Total program service expenses (add lines 28a through 31a)	32	na

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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 LM-3				
All Positions are Part Time				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		✓
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		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a na		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	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?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	39 Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	b Section 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," complete Schedule L, Part I		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	41 List the states with which a copy of this return is filed. ▶		
42a	42a The books are in care of ▶ Steven N Mosley Telephone no. ▶ (321) 917-4765 Located at ▶ 271 Taylor Ave Cape Canaveral, Fl. ZIP + 4 ▶ 32920-3025		
42b	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

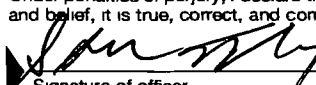
- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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 knowledge.

Sign Here	 Signature of officer Steven N Mosley Secretary Treasurer Type or print name and title
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

May the IRS discuss this return with the preparer shown above? Yes 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.

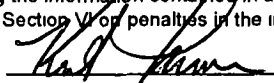
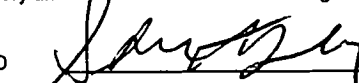
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only E	1 FILE NUMBER 038-105	2 PERIOD COVERED MON DAY YEAR From 01/01/2008 Through 12/31/2008	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

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 for penalties in the instructions)

57 SIGNED  Feb 17 2009 321-268-6981 Date Telephone Number	PRESIDENT (If other title, see instructions)	58 SIGNED  Feb 17, 2009 321-917-4765 Date Telephone Number	TREASURER (If other title, see instructions)
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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?

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?

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?

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	59.40/48. 18	per month	0	0
(b) Initiation Fees	59.40/48. 18	per month	0	0
(c) Transfer Fees	0	per	0	0
(d) Work Permits	0	per	0	0

-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.)			(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.)	First Name	Middle Initial				
1	Last Name Lauver	First Name Kirk	Middle Initial D	\$2,944	\$1,772	\$4,716
	Title President		Status C			
2.	Last Name Simmermaker	First Name Roger	Middle Initial D	\$2,333	\$1,155	\$3,488
	Title Vice President		Status C			
3.	Last Name Pierce	First Name Donald	Middle Initial W	\$1,869	\$66	\$1,935
	Title Recording Secretary		Status N			
4.	Last Name Burke	First Name Daniel	Middle Initial C	\$125	\$0	\$125
	Title Recording Secretary		Status P			
5.	Last Name Mosley	First Name Steven	Middle Initial N	\$2,707	\$1,384	\$4,091
	Title Secretary treasurer		Status C			
6.	Last Name Lewis	First Name Gary	Middle Initial R	\$0	\$0	\$0
	Title Conductor Sentinel		Status P			
7.	Last Name Vargo	First Name Gregory	Middle Initial S	\$396	\$0	\$396
	Title Conductor Sentinel		Status N			
8.	Totals from additional pages (if any)			\$604	\$530	\$1,134
9	Totals of Lines 1 through 8			\$10,978	\$4,907	\$15,885
					10. Less Deductions	\$5,823
The Total from Line 11 will be entered in Item 45					11. Net Disbursements	\$10,062
* 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		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	\$44,417	\$33,508	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	\$44,417	\$33,508	37. NET ASSETS (Item 31 less Item 36)	\$44,417	\$33,508	

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38 Dues	\$31,966	45. To Officers (from Item 24)	\$10,062
	39 Per Capita Tax	\$0	46 To Employees (less deductions)	\$22,029
	40 Fees, Fines, Assessments & Work Permits	\$103	47 Per Capita Tax	\$1,773
	41. Interest & Dividends	\$804	48 Office & Administrative Expense	\$9,895
	42 Sale of Investments & Fixed Assets	\$0	49 Professional Fees	\$0
	43 Other Receipts	\$1,343	50. Benefits	\$592
	44 TOTAL RECEIPTS	\$34,216	51. Contributions, Gifts & Grants	\$772
	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			\$45,123	

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 Parise	First Name James	Middle Initial A	\$91	\$530	\$621
	Title Trustee		Status C			
2.	Last Name Low	First Name Phylis	Middle Initial D	\$183	\$0	\$183
	Title Trustee		Status C			
3.	Last Name Houton	First Name Joseph	Middle Initial M	\$0	\$0	\$0
	Title Trustee		Status P			
4.	Last Name Conley	First Name Christopher	Middle Initial J	\$330	\$0	\$330
	Title Trustee		Status N			
5.	Last Name	First Name	Middle Initial	\$0	\$0	\$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			\$604	\$530	\$1,134
* 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

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Question 21: Parent organization filed new amendments in constitution
Gary Lewis resigned and was replaced by membership with Gregory Vargo
Joseph Houten retired and was replaced by membership with Christopher Conley

Cash Reconciliation: AN EXPLANATION FOR THIS ITEM HAS NOT YET BEEN ENTERED. You may provide an explanation for this item using the 'Cash Reconciliation Explanation' button located at the top of page 3. Please consult the form instructions if you are unsure of what information to provide

General Information: Form asked for additional information on cash reconciliation and I can find no reason for the comment.
It also states there is a button on page 3 that does not exist.