

Short Form Return of Organization Exempt From Income Tax

2011

**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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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
270 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**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ iam610.org

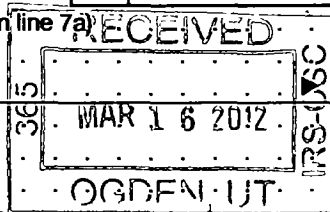
J Tax-exempt status (check only one) – 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 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.)
 Check if the organization used Schedule O to respond to any question in this 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	35884
	4	Investment income	4	42
	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)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8	342	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	1019
	12	Salaries, other compensation, and employee benefits	12	25369.
	13	Professional fees and other payments to independent contractors	13	30
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	4057
	17	Total expenses. Add lines 10 through 16 ▶	17	30775
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
	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 (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	



SCANNED APR 04 2012

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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		
b	Did the organization file Form 1120-POL for this year?		✓
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 outstanding at the end of the tax year covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 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		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T		✓
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>Steven N Mosley</u> Telephone no. ▶ <u>321-917-4765</u> Located at ▶ <u>270 Taylor Ave Cape Canaveral, FL</u> ZIP + 4 ▶ <u>32920</u>		
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
			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
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"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	Yes	No
		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	Yes	No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	Yes	No

b If "Yes," was the related organization a section 527 organization?

49b	Yes	No

50 Complete this table for the organization's 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

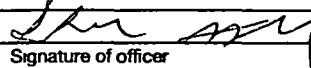
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each received ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) nonexempt charitable trusts must attach a completed Schedule A.

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 provided to the preparer.

Sign Here 
 Signature of officer
 Steven N Mosley, Secretary-Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____
 Firm's name: _____
 Firm's address: _____

May the IRS discuss this return with the preparer shown above? Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

International Association of Machinist Lodge 610

Employer identification number

59-0839962

See Attached LM-3 Report

Line 8 Reimbursement of Expenses from Parent Organization

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 MO DAY YEAR From 01/01/2011 Through 12/31/2011	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"/>
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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		P.O. Box - Building and Room Number (if any)	
6. DESIGNATION NUMBER 610		Number and Street 271 TAYLOR AVE	
7. UNIT NAME (if any)		City CAPE CANAVERAL	
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"/>		State FL	
		ZIP Code + 4 32920-3025	

56. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

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 Turner</u> Date: <u>1/18/12</u> Telephone Number: <u>321-720-8541</u> PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>[Signature]</u> Date: <u>1-17-12</u> Telephone Number: <u>321-917-4765</u> TREASURER (If other title, see instructions.)
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COMPLETE ITEMS 10 THROUGH 23

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

Yes No

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

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

Yes No

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

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 officer/representative?

Yes No

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

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

During the reporting period did the labor organization pay any employee salary, allowances, and other expenses which, together with any payments to 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 the labor organization have at the end of the reporting period?

172

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?

10,000

21. 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? (If the constitution and bylaws or practices/procedures have changed, see the instructions.)

Yes No

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

10/2012

23. 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	75.17/58.59	per month	75.17	58.59	
(b) Initiation Fees	75.17/58.59	per month	75.17	58.59	
(c) Transfer Fees	0	per 0	0	0	
(d) Work Permits	0	per 0	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

4. 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) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *					
Last Name	First Name	Middle Initial	\$1,516	\$207	\$1,723
Conley	Christopher	J			
Title			\$303	\$451	\$754
Trustee					
Last Name	First Name	Middle Initial	\$303	\$451	\$754
Lauver	Kirk	D			
Title			\$2,893	\$855	\$3,748
President					
Last Name	First Name	Middle Initial	\$2,893	\$855	\$3,748
Mosley	Steven	N			
Title			\$1,500	\$200	\$1,700
Secretary Treasurer					
Last Name	First Name	Middle Initial	\$1,500	\$200	\$1,700
Pierce	Donald	W			
Title			\$2,520	\$1,204	\$3,724
Recording Secretary					
Last Name	First Name	Middle Initial	\$2,520	\$1,204	\$3,724
Simmermaker	Roger	D			
Title			\$0	\$0	\$0
Vice President					
Last Name	First Name	Middle Initial	\$0	\$0	\$0
Vargo	Gregory	S			
Title			\$0	\$0	\$0
Conductor Sentinel					

4. 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)																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">First Name</td> <td style="width: 25%;">Middle Initial</td> <td style="width: 25%;">Status *</td> </tr> <tr> <td>Parise</td> <td>James</td> <td>A</td> <td></td> </tr> <tr> <td colspan="3">Title</td> <td></td> </tr> <tr> <td colspan="3">Trustee</td> <td>C</td> </tr> </table>	Last Name	First Name	Middle Initial	Status *	Parise	James	A		Title				Trustee			C	\$0	\$0	\$0
Last Name	First Name	Middle Initial	Status *																	
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Title																				
13.	Total of Lines 1-12.	\$8,732	\$2,917	\$11,649																
			14. Less Deductions	\$2,349																
			15. Net Disbursements	\$9,300																
The Total from Line 15 will be entered in Item 45																				

Code for (C) Status: past officer -P; continuing officer - C; new officer during the reporting period - N

(If the 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	\$61,229	\$66,695	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 LIABILITIES	\$0	\$0
	30. Other Assets	\$0	\$0			
31. TOTAL ASSETS	\$61,229	\$66,695	37. NET ASSETS (Item 31 Less Item 36)	\$61,229	\$66,695	

RECEIPT AND DISBURSEMENTS	CASH RECEIPTS		CASH DISBURSEMENTS	
	Item	AMOUNT	Item	AMOUNT
	38. Dues	\$35,884	45. To Officers (from Item 24)	\$9,300
	39. Per Capita Tax	\$0	46. To Employees (less deductions)	\$16,369
	40. Fees, Fines, Assessments & Work Permits	\$0	47. Per Capita Tax	\$0
	41. Interest & Dividends	\$42	48. Office & Administrative Expense	\$4,057
	42. Sale of Investments & Fixed Assets	\$0	49. Professional Fees	\$30
	43. Other Receipts	\$342	50. Benefits	\$497
	44. TOTAL RECEIPTS	\$36,268	51. Contributions, Gifts & Grants	\$522
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	\$30,775	