

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2015

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 1/1/2015, 2015, and ending 12/31, 20 15

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
International Association of Machinists & Aerospace Workers LL610
 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 province, country, and ZIP or foreign postal code
Cape Canaveral, FL 32920

D Employer identification number
59-0839962

E Telephone number

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: ▶ _____

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

K Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **118337**

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	98729
	4	Investment income	4	52
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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		
c	Less: direct expenses from gaming and fundraising events	6c		
d	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		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	19833	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	118614
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	44950
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	52
	16	Other expenses (describe in Schedule O)	16	42057
	17	Total expenses. Add lines 10 through 16 ▶	17	87062
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31552
	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	218247
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-445
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	249355

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Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	217122	22 248675
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 680
25 Total assets	217122	25 249355
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	217122	27 249355

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) _____	32	0

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Mosley President	5	2257		
Greg Vargo Vice President	5	1013		
Anthony R Dickson Secretary Treasurer	5	5051		
Don Pierce Recording Secretary	5	2998		
Joe Falango Trustee	1	677		
Ron Sockrider Trustee	1	6774		
Chris Conley Trustee	1	539		
John MacFarlane Conductor Sentinel	1	904		

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes," was the related organization a section 527 organization? **49b**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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 title of each employee	(b) 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 **f**

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."

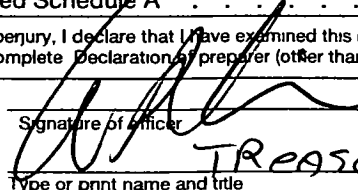
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving more than \$100,000 **d**

52 Did the organization complete Schedule A? **Note:** All completed Schedule A **52**

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 furnished by taxpayer.

Sign Here

Signature of officer	
Type or print name and title	Treasurer

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? See instructions.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

International Association of Machinist and Aerospace Workers LL610

Employer identification number

59-0839962

Form 990-EZ, Part I, Line 8, Misc. Cash Receipts, funds from LL815 merger : 9315

Form 990-EZ, Part I, Line 8, Reimbursements from company paying Negotiators lost time : 9489

Form 990-EZ, Part I, Line 8, Misc. Cash Receipts from raffle tickets: 800

Form 990-EZ, Part I, Line 8, Redeposit-protested Checks: 229

Form 990-EZ, Part I, Line 11, Business Rep expenses: 712

Form 990-EZ, Part I, Line 15, Office Supplies: 53

Form 990-EZ, Part I, Line 16, GL PCT and Supplies: 154

Form 990-EZ, Part I, Line 16, Other PCT: 12168

Form 990-EZ, Part I, Line 16, Committee Expenses: 12242

Form 990-EZ, Part I, Line 16, Federal Taxes: 8404

Form 990-EZ, Part I, Line 16, State Taxes: 207

Form 990-EZ, Part I, Line 16, Band Charge & Protested Checks: 2251

Form 990-EZ, Part I, Line 16, Voluntary Donations: 1895

Form 990-EZ, Part I, Line 16, Refunds: 1055

Form 990-EZ, Part I, Line 16, Social: 1183

Form 990-EZ, Part I, Line 16, Misc. Disbursements: 2498

Form 990-EZ, Part I, Line 20, Depreciation of assets: -445

Name of the organization

Employer identification number

Area containing horizontal dashed lines for providing organizational details.