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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2010**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 2010 calendar year, or tax year beginning , 2010, and ending ,

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

C Name of organization: **AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES, LOCAL 624**
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1202 PENNSYLVANIA NE
City or town, state or country, and ZIP + 4
ALBUQUERQUE NM 87107

D Employer identification number: **85-0223797**

E Telephone number: **(505) 266-2505**

F Group Exemption Number: **►**

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: **► N/A**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$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. **► \$ 98,398.**

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 ☒

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
REVENUE	1																													
	2																													
	3			98,333.																										
	4			65.																										
	5a																													
	5b																													
	5c																													
	6																													
	6a																													
	6b																													
EXPENSES	7a																													
	7b																													
	7c																													
	8																													
	9			98,398.																										
	10																													
	11																													
	12			12,784.																										
	13			10,150.																										
	14																													
ASSETS	15			942.																										
	16			90,826.																										
	17			114,702.																										
	18			-16,304.																										
	19			25,958.																										
20																														
21			9,654.																											

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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	27,655.	11,251.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	11,783.	6,813.
25 Total assets	39,438.	18,064.
26 Total liabilities (describe in Schedule O) <u>See L-26 Stmt</u>	13,480.	8,410.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,958.	9,654.

Part III Statement of Program Service Accomplishments (see the instrs 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? LABOR UNION

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, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 ORGANIZATION OPERATES AS A LABOR UNION FOR PROMOTING LABOR AND INTELLECTUAL WELFARE OF ITS MEMBERS WITHIN THE AFSCME LABOR ORGANIZATION. (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a
29 ----- ----- (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a
30 ----- ----- (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
STEVE GRIEGO 4908 GUADALUPE TR NW ALBUQUERQUE, NM 87107	PRES. 3.00	0.	0.	0.
ROBERT MONTOYA 1202 PENNSYLVANIA ST NE ALBUQUERQUE NM 87107	VICE PRESIDENT 1.00	0.	0.	0.
KIM HITE 1202 PENNSYLVANIA ST NE ALBUQUERQUE NM 87107	SECT/TREAS 1.00	0.	0.	0.
BRENDA SHELTON 1202 PENNSYLVANIA ST NE ALBUQUERQUE NM 87107	RECORDING SECT 1.00	0.	0.	0.
PAUL FROONJIAN 1202 PENNSYLVANIA ALBUQUERQUE NM 87110	EXEC. BOARD 1.00	0.	0.	0.
CASEY PADILLA 1202 PENNSYLVANIA ALBUQUERQUE NM 87107	EXEC BOARD 1.00	0.	0.	0.
ADRIAN ARMIJO 1202 PENNSYLVANIA NE ALBUQUERQUE NM 87107	EXEC BOARD 1.00	0.	0.	0.
TOM DENTON 1202 PENNSYLVANIA ALBUQUERQUE NM 87107	TRUSTEE 1.00	0.	0.	0.
ALBERT JARAMILLO 1202 PENNSYLVANIA ST NE ALBUQUERQUE NM 87107	TRUSTEE 1.00	0.	0.	0.
----- ----- -----				

Part V Other Information (Note the 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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
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)	34	X
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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b	
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	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.	37 a	
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b	38 b	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39 a	39 a	
b Gross receipts, included on line 9, for public use of club facilities 39 b	39 b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 40 a , section 4912 40 a , section 4955 40 a		
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 40 b	40 b	
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 40 c	40 c	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40 d	40 d	
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 40 e	40 e	X
41 List the states with which a copy of this return is filed 41		

42 a The organization's books are in care of **AFSCME LOCAL 624 OFFICERS** Telephone no. **(505) 507-0720**
 Located at **1202 PENNSYLVANIA** **ALBUQUERQUE** **NM** ZIP + 4 **87107**

	Yes	No
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 42 b	42 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
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 42 c	42 c	X

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**

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 a	44 a	X
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 44 b	44 b	X
c Did the organization receive any payments for indoor tanning services during the year? 44 c	44 c	X
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 44 d	44 d	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

Yes No

45 Yes X

a 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 inst)

45a Yes X

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 X

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? If 'Yes,' complete Schedule C, Part II

Yes No

47 Yes

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

48 Yes

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

49a Yes

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

49b Yes

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) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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 receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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 any knowledge.

Sign Here

Signature of officer

Date

06/13/11 4/19/12

STEVE GRIECO
Type or print name and title

PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

MAX FINDELL

findeLL II

06/10/11

P00121421

Firm's name ▶ FINDELL & CO., PC

Firm's address ▶ 6605 UPTOWN BLVD NE STE 320

ALBUQUERQUE

NM 87110-4230

Firm's EIN

95-0357326

Phone no

(505) 889-9104

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

BAA

Form 990-EZ (2010)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public Inspection

Employer identification number

AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES, LOCAL 624 85-0223797

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TEEA4901 10/26/10

Schedule O (Form 990 or 990-EZ) 2010

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545 0172

2010Attachment
Sequence No **67**

Name(s) shown on return

AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES, LOCAL 624

Identifying number

85-0223797

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,970.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	4,970.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 10/29/10

Form 4562 (2010)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completely 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A — Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24 a Do you have evidence to support the business/investment use claimed?		Yes	No	24 b If 'Yes,' is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

Section B — Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

AUTO EXPENSES	5,773.
BANK FEES	10.
BOND	342.
CELL PHONE	9,878.
DONATIONS	450.
DUES & SUBSCRIPTIONS	665.
LOAN INTEREST	1,101.
MEMBER SERVICES	17,125.
OFFICE SUPPLIES	1,619.
PER CAPITA	48,726.
TAXES	167.
Depreciation	4,970.
Total	90,826.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
EQUIPMENT- NET OF ACCUM DEPREC	11,783.	6,813.
Total	11,783.	6,813.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
NOTE PAYABLE- VEHICLE	13,480.	8,410.
Total	13,480.	8,410.

AFSCME LOCAL UNION NO. 624
Depreciation Schedule by Category
For the 12 Months Ended 12/31/10

06/10/11

04:12PM

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/10	Current Depreciation	Accum Depr 12/31/10
AUTO EQUIPMENT									
4	07 CHEVROLET UPLANDER	05/26/07	ST LINE	05/00	N	24,231 80	12,613 81	4,846.36	17,460 17
	Total for (AUTO EQUIPMENT)					24,231 80	12,613 81	4,846.36	17,460 17
FURNITURE & EQUIPMENT									
2	OFFICE FURNITURE	12/31/02	ST LINE	05/00	N	1,506 30	1,506 30	0 00	1,506 30
3	COMPUTER	04/22/06	ST LINE	05/00	N	619 12	454 01	123 82	577 83
	Total for (FURNITURE & EQUIPMENT)					2,125 42	1,960 31	123 82	2,084 13
Client Subtotal Before Sales						26,357 22	14,574 12	4,970.18	19,544 30
Less Assets Sold						0.00			0 00
Total						26,357.22	14,574.12	4,970 18	19,544.30