

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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 _____, **and ending** _____

B Check if applicable	C Name of organization	D Employer identification number
<input checked="" type="checkbox"/> Address change	International Association of Machinists Local 2061	59-6151241
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number
<input type="checkbox"/> Initial return	5235 Florida Palm Ave	(321) 544-0213
<input type="checkbox"/> Terminated	City or town state or country ZIP + 4	F Group Exemption Number ▶
<input type="checkbox"/> Amended return	Cocoa FL 32927	0264
<input type="checkbox"/> Application pending		

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: ▶ NA

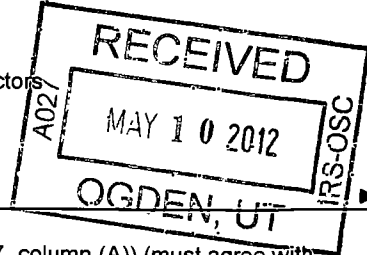
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization 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. ▶ \$ 164,083

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

	Description	Code	Amount
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	145,896
	4 Investment income	4	65
	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	0
	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	0	
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	0	
8 Other revenue (describe in Schedule O)	8	18,122	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164,083	
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	106,085
	13 Professional fees and other payments to independent contractors	13	18,567
	14 Occupancy, rent, utilities, and maintenance	14	556
	15 Printing, publications, postage, and shipping	15	4,237
	16 Other expenses (describe in Schedule O)	16	57,030
	17 Total expenses. Add lines 10 through 16	17	186,475
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-22,392
	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	107,734
	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	85,342



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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	107,734	85,342
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	107,734	85,342
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,734	85,342

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? for betterment of wages, hours and working conditions

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 and section 4947(a)(1) trusts, optional for others)

28 <u>provided overall supervision of the Collective Bargaining Units contracts and negotiations for betterment of wages condition of work and and hours</u>		
(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 address	(b) Title and 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
LEWIS P JAMIESON 1955 GOLF VISTA BLVD VIERA FL 32955	Title PRESIDENT Hr/WK 2 00	7,238		
MURRAY E CALDWELL 146 E PARK LANE COCOA BEACH FL 32931	Title VICE PRESIDENT Hr/WK 1 00	8,394		
KAREN HOUSTON 237 LEMON ST COCOA FL 32922	Title RECORDING SEC Hr/WK 3 00	5,088		
LINDA DONAHOE 5235 FLORIDA PALM AVE COCOA FL 32927	Title SECRETARY TRE Hr/WK 5 00	6,045		
MERI BETH CHEWUK 2405 PINE MEADOWS PL CHULUOTA FL 32766	Title TRUSTEE Hr/WK 50	5,907		
JAY SHAW 7090 Amesbury Av COCOA FL 32927	Title TRUSTEE Hr/WK 50	5,094		
MIKE MAY 2617 E Washington St ORLANDO FL 32803	Title TRUSTEE Hr/WK 50	3,910		
CARSON YATES 26531 Yates Rd CHRISTMAS FL 32709	Title CONDUCTOR SE Hr/WK 50	5,163		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

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		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)		X
35 a	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)?		X
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		
35 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		X
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		X
37 a	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?		X
38 a	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?		X
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		
40 a	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		
40 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 ▶ _____		
40 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		X
41	List the states with which a copy of this return is filed ▶ _____		
42 a	The organization's books are in care of ▶ Linda Donahoe Telephone no ▶ (321) 544-0213 Located at ▶ 5235 Florida Palm Ave City, Cocoa ST, FL ZIP + 4 ▶ 32927		
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
42 b			X
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 ▶ _____		X
42 c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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		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		X
c	Did the organization receive any payments for indoor tanning services during the year?		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		X
44 d			X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b	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)		X
45 b			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	Yes	No
			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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
			X
49b	If "Yes," was the related organization a section 527 organization?	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
Name None City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			
Name City ST ZIP	Title Hr/WK 00			

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
Name None City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

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) 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 furnished by taxpayer.

Sign Here 
Signature of officer
Linda Donahoe
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? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

International Association of Machinists Local 2061

59-6151241

Form 990-EZ, Part I, Line 8, Other Revenue reimbursements 1,968

Form 990-EZ, Part I, Line 8, Other Revenue Grand Lodge contributions 13,947

Form 990-EZ, Part I, Line 8, Other Revenue misc cash receipts 1,905

Form 990-EZ, Part I, Line 8, Other Revenue checks returned to cash 180

Form 990-EZ, Part I, Line 8, Other Revenue sale of supplies 122

Form 990-EZ, Part I, Line 16, Other Expenses Travel 2,782

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 2,445

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 13,163

Form 990-EZ, Part I, Line 16, Other Expenses Interest 173

Form 990-EZ, Part I, Line 16, Other Expenses direct federal taxes 20,960

Form 990-EZ, Part I, Line 16, Other Expenses unemployment taxes 1,037

Form 990-EZ, Part I, Line 16, Other Expenses retirement watches for end of contract

retirements 7,515

Form 990-EZ, Part I, Line 16, Other Expenses donations 5,423

Form 990-EZ, Part I, Line 16, Other Expenses refunds 1,957

Form 990-EZ, Part I, Line 16, Other Expenses registrations 1,575

Where to File (990-EZ)

FL Enter the state's abbreviation.

If the organization's principal business, office, or agency is located in:	Mail to this Address:
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Note The first line of the address should be Department of the Treasury
 Note The second line of the address should be Internal Revenue Service Center

Inside the United States	<input checked="" type="checkbox"/> Internal Revenue Service Center Ogden, UT 84201-0027
U S Possession or Foreign Country	<input type="checkbox"/> Internal Revenue Service Center P O Box 409101 Ogden, UT 84409