

# Short Form Return of Organization Exempt From Income Tax

# 2014

**Open to Public Inspection**

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

- ▶ 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](http://www.irs.gov/form990).

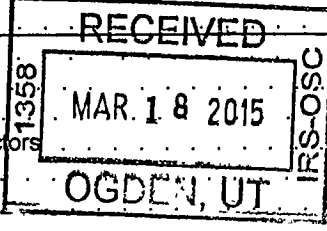
Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2014 calendar year, or tax year beginning _____, and ending _____	
<b>B</b> Check if applicable:	<b>C</b> Name of organization
<input type="checkbox"/> Address change	International Association of Machinists & Aerospace Workers Local 2061
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	5235 Florida Palm Ave.
<input type="checkbox"/> Final return/terminated	City or town State ZIP code
<input type="checkbox"/> Amended return	Cocoa FL 32927
<input type="checkbox"/> Application pending	Foreign country name Foreign province/state/county Foreign postal code
	<b>D</b> Employer identification number
	59-6151241
	<b>E</b> Telephone number
	<b>F</b> Group Exemption Number ▶ 0264
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ▶ N/A	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 . . . . . ▶ \$ 135,961

**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 Contributions, gifts, grants, and similar amounts received . . . . .		
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	129,858
	4 Investment income . . . . .	4	1
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>		0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
	<b>b</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) . . . . . <b>6b</b>		
	<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>		
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>		0
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>		
	<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>		0
	<b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>		6,102
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . <b>9</b>		135,961
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>		50,249
	<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b>		994
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		498
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		937
	<b>16</b> Other expenses (describe in Schedule O) . . . . . <b>16</b>		41,632
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . <b>17</b>		94,310
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		41,651
	<b>19</b> 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) . . . . . <b>19</b>		58,225
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . <b>21</b>		99,876



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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 . . . . .	58,225	22	99,876
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .		24	
25 Total assets . . . . .	58,225	25	99,876
26 Total liabilities (describe in Schedule O) . . . . .		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	58,225	27	99,876

**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 the 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, optional for others)

28 For the betterment of wages, hours and working conditions for the members . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ▶ <input type="checkbox"/>	28a		94,310
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		94,310

**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
Murray Caldwell President	Hr/WK 10.00	8,450		
Steve Ching Vice President	Hr/WK 10.00	1,646		
Linda Donahoe S/T	Hr/WK 10.00	8,496		
Meribeth Chewuk R/S	Hr/WK 10.00	3,983		
Jay Shaw Trustee	Hr/WK 5.00	1,765		
Edward Cox Trustee	Hr/WK 5.00	969		
Glenn Saltzman Trustee	Hr/WK 5.00	4,229		
Carson Yates C/S	Hr/WK 5.00	2,530		
Michael Polchlopek C/S	Hr/WK 5.00	324		
	Hr/WK			
	Hr/WK			
	Hr/WK			

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.

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.
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
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?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9.
39 b Gross receipts, included on line 9, for public use of club facilities.
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.
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?
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.
Located at 5235 Florida Palm Ave. City Cocoa ST FL ZIP + 4 32927
42 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)?
42 c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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.
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)?

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 X

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
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Yes No
49 a 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."

Table with 5 columns: (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. All entries are 'None'.

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

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 must complete 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 the 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**

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](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

International Association of Machinists & Aerospace Workers Local 2061

Employer identification number

59-6151241

Form 990-EZ, Part I, Line 8, Other Revenue: Reimbursements: 5,118

Form 990-EZ, Part I, Line 8, Other Revenue: Misc. Revenue: 577

Form 990-EZ, Part I, Line 8, Other Revenue: Redeposited checks: 407

Form 990-EZ, Part I, Line 16, Other Expenses: PCT: 17,073

Form 990-EZ, Part I, Line 16, Other Expenses: Taxes: 14,727

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Charges: 30

Form 990-EZ, Part I, Line 16, Other Expenses: Donations: 1,960

Form 990-EZ, Part I, Line 16, Other Expenses: Refunds: 842

Form 990-EZ, Part I, Line 16, Other Expenses: Social: 2,052

Form 990-EZ, Part I, Line 16, Other Expenses: Misc. Disbursements: 4,696

Form 990-EZ, Part I, Line 16, Other Expenses: Bond Insurance: 252