

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

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

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 January 1, 2015, and ending December 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 Machinist & Aerospace Workers Local 2061

Number and street (or P O box, if mail is not delivered to street address)

5235 Florida Palm Ave

City or town, state or province, country, and ZIP or foreign postal code

Cocoa, Florida 32927

D Employer identification number

59-6151241

E Telephone number

3215440213

F Group Exemption

Number ▶ **0264**

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

I Website: ▶ _____

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

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

K Form of organization: Corporation Trust Association Other

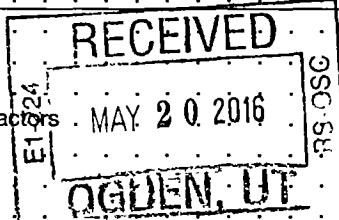
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **120,777.**

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	Contributions, gifts, grants, and similar amounts received																								0			
	2	Program service revenue including government fees and contracts																								0			
	3	Membership dues and assessments																								116,245.			
	4	Investment income																								1.00			
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																								0			
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
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)																												
c	Less: direct expenses from gaming and fundraising events																												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																								0				
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								0				
8	Other revenue (describe in Schedule O)																								4531.				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								120,777				
Expenses	10	Grants and similar amounts paid (list in Schedule O)																								0			
	11	Benefits paid to or for members																								0			
	12	Salaries, other compensation, and employee benefits																								7498.			
	13	Professional fees and other payments to independent contractors																								3754.			
	14	Occupancy, rent, utilities, and maintenance																								500.			
	15	Printing, publications, postage, and shipping																								1013.			
	16	Other expenses (describe in Schedule O)																								55,569.			
17	Total expenses. Add lines 10 through 16																								148,334.				
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								27,557.			
	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)																								0			
	20	Other changes in net assets or fund balances (explain in Schedule O)																								0			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								0			



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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	99,876.	87,825.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	99,876.	87,825.
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99,876	87,825.

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, 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, working conditions of the members (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 148,334.
29 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
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)	32 148,334

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
<u>Murray Caldwell</u> President	10	12,149		
<u>Steve Ching</u> Vice President	10	6,418.		
<u>Linda Donahoe</u> Sec Tres	10	7,742.		
<u>Meri Beth Chewuk</u> Rec Sec	10	10,485		
<u>Jaw Shaw</u> Trustee	5	7,741.		
<u>Eddie Cox</u> Trustee	5	1,228.		
<u>Michael Polchlapek</u> Trustee	5	2,994.		
<u>Glenn Saltsman</u> Trustee	5	895.		

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 checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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 [check]

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
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."

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. Row 1 contains '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. Row 1 contains 'none'.

d Total number of other independent contractors each receiving

52 Did the organization complete Schedule A? Note: All se 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 to preparer.

Sign Here [Signature of Linda M. Deaishere] Signature of officer
[Linda M. Deaishere] 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)

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 Machinists & Aerospace Workers Local 2061

Employer identification number

59-6151241

Form 990-ez Line 8, reimbursements 1731.00

Form 990-ez Line 8, Misc cash receipts 704.00

Form 990-ez Line 8, redeposited protested checks 1964.00

Form 990-ez Line 8, sale of supplies 132.00

Form 990-ez Line 16, other per cap tax- 16,285.00

Form 990-ez Line 16, committee expense 3124.00

Form 990-ez Line 16, taxes 24,239.00

Form 990-ez Line 16, bonds premiums, insurance 1.00

Form 990-ez Line 16, voluntary donations 5336.00

Form 990-ez Line 16, refunds 536.00

Form 990-ez Line 16, social 975.00

Form 990-ez Line 16, resale of supplies 500.00

Form 990-ez Line 16, misc disbursements 4573.00

