

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

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 2016 calendar year, or tax year beginning Jan 1, 2016, and ending Dec 31, 2016

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization INTE
International Association of Machinery LL
2061
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
5235 FLORIDA PALM AVE
City or town, state or province, country, and ZIP or foreign postal code
COLO, FLORIDA 32927

D Employer identification number 59-651241

E Telephone number 321-544-0213

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)(5) (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.

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		1	
2	Program service revenue including government fees and contracts		2	
3	Membership dues and assessments		3	92,244.00
4	Investment income		4	1.00
5a	Gross amount from sale of assets other than inventory	5a		
5b	Less: cost or other basis and sales expenses	5b		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
6	Gaming and fundraising events			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
6b	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		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)		8	3,550.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	95,794.00
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	60,489.00
13	Professional fees and other payments to independent contractors		13	5,077.00
14	Occupancy, rent, utilities, and maintenance		14	606.00
15	Printing, publications, postage, and shipping		15	219.00
16	Other expenses (describe in Schedule O)		16	52,306.00
17	Total expenses. Add lines 10 through 16		17	120,657.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-24,862.00
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	
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	

9/05

F 0.000000 JUN 20 2017
SCANNED JUL 06 2017

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JUN 23 2017
OP's 1 Dept BB
IRS OGDEN, UTAH

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MAY 11 2017
OGDEN, UT

Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2016)

Handwritten signature/initials

Handwritten number 76

59-6157241

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	87,825.00	70,897.00
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	87,825.00	70,897.00
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,825.00	70,897.00

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, working cond.

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 of the members		
29 (Grants \$) If this amount includes foreign grants, check here		29a
30 (Grants \$) If this amount includes foreign grants, check here		30a
31 Other program services (describe in Schedule O)		
32 Total program service expenses (add lines 28a through 31a)		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 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	7405.00		
Steve Chris VICE PRESIDENT	HR/WK 10	2400.00		
LINDA Sec. TREASURER	HR/WK 10	7,581.00		
MERL Beth Rec. Sec	HR/WK 10	7159.00		
JAY SHAW TRUSTEE	HR/WK 5	840.00		
Eddie Cox TRUSTEE	HR/WK 5	1054.00		
RICHARD HULSE SENIOR CONDUCTOR	HR/WK 5	11680.00		
JEFF ESTES TRUSTEE	HR/WK 5	4365.00		

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
35a	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
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35c	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
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <input type="text" value="37a"/>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	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
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter:		
39a	a Inflation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39b	b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <input type="text"/> ; section 4912 ▶ <input type="text"/> ; section 4955 ▶ <input type="text"/>		
40b	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? If "Yes," complete Schedule L, Part I		X
40c	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 ▶ <input type="text"/>		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <input type="text"/>		
40e	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 ▶ <input type="text"/>		
42a	The organization's books are in care of ▶ <input type="text"/> Telephone no. ▶ <input type="text"/> Located at ▶ <input type="text"/> ZIP + 4 ▶ <input type="text"/>		
42b	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: ▶ <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ <input type="text"/>		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 ▶ <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	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
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	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
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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

59-6151241

INTERNATIONAL ASSOCIATION of MACHINIST LH 2060

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
46		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

	Yes	No
47		X

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

	Yes	No
48		X

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

	Yes	No
49a		X

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

	Yes	No
49b		X

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
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each received

52 Did the organization complete Schedule A? Note: 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 information furnished by taxpayer.

Sign Here

Signature of officer	<i>[Signature]</i>
Type or print name and title	Laura M. Elencor

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?

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

International Association of Machinist Local Lodge 2061

59-615241

Form 990 ez-line 8- reimbursements \$485.00

Form 990 ez-line 8- Misc cash receipts \$716.00

Form 990 ez-line 8- redeposited protested checks \$1892.00

Form 990 ez-line 8- sale of supplies \$457.00

Form 990 ez-line 16- other per cap tax- \$13,787.00

Form 990 ez-line 16- taxes \$14,457.00

Form 990 ez-line 16- bonds, preminums, insurance \$1.00

Form 990 ez-line 16- voluntary donations \$6,171.00

Form 990 ez-line 18- misc disbursements \$ 12,444.00

Form 990 ez-line 16-GL, pct, supplies \$ 439.00

Form 990 ez-line 16- committee expense - \$ 5007.00

