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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

OMB No 1545-1150

2010**Open to Public Inspection****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
AMERICAN FEDERATION OF MUSICIANS
LOCAL 45
519 E PAOLI ST
ALLENTOWN, PA 18103

D Employer identification number

23-0343086

E Telephone number

610-791-2921

F Group Exemption Number

► 0122

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► N/A**J** Tax-exempt status (ck 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** 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. ► \$ 155,398.**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	Contributions, gifts, grants, and similar amounts received	1	65,428.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	59,733.
4	Investment income	4	883.
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 exceed \$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	29,354.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	155,398.
10	Grants and similar amounts paid (list in Schedule O)	10	64,390.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	16,859.
13	Professional fees and other payments to independent contractors	13	2,400.
14	Occupancy, rent, utilities, and maintenance	14	6,075.
15	Printing, publications, postage, and shipping	15	931.
16	Other expenses (describe in Schedule O)	16	69,469.
17	Total expenses. Add lines 10 through 16	17	160,124.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,726.
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	53,377.
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	48,651.

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

Form 990-EZ (2010)

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		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 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?		
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
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 37a 0.		
b Did the organization file Form 1120-POL for this year?		
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
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/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 40b		
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.		
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 40e X		
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **MATTHEW CASCIOLI** Telephone no **610-791-2921**
 Located at **519 E PAOLI ST, ALLENTOWN, PA** ZIP + 4 **18103**

	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 42b		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: 42c		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 <input type="checkbox"/> N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a		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 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		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 44d		

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

	Yes	No
45		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 must be completed instead of Form 990-EZ

45a		X
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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		X
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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		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 <u>Matthew Cascioli</u>		Date <u>2-10-11</u>	
	Type or print name and title <u>MATTHEW CASCIOLI</u>		<u>TREASURER</u>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed PTIN
	BARRY J BRUNST	<u>BARRY J BRUNST</u>	2/02/11	N/A
	Firm's name <u>BRUNST & COMPANY, P.C.</u>	Firm's EIN <u>N/A</u>		
	Firm's address <u>833 N. 13TH ST - 1ST FLOOR</u>	Phone no <u>(610) 432-4413</u>		
	<u>ALLENTOWN, PA 18102</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

BAA

Form 990-EZ (2010)

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization **AMERICAN FEDERATION OF MUSICIANS
LOCAL 45**

Employer identification number
23-0343086

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THIS IS A SMALL LABOR ORGANIZATION WHICH PROVIDES SERVICES TO MEMBERS AS PROVIDED
IN THE BY-LAWS. ALL EXPENDITURES ARE MADE FOR THIS PURPOSE. THE ORGANIZATION IS
NOT INVOLVED IN ANY FUND RAISING OR UNRELATED BUSINESS ACTIVITIES.

**FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

HEALTH INS EXCHG	\$	29,313.
ADMIN FEES		41.
TOTAL	\$	29,354.

**FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CLASS OF ACTIVITY:	COMMUNITY RELATIONS	
DONEE'S NAME:	LEHIGH VALLEY ITALIAN BAND	
	ALLENTOWN, PA 18105	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 6,198.
 CLASS OF ACTIVITY:	 COMMUNITY RELATIONS	
DONEE'S NAME:	MUSIC PERFORMANCE FUND	
	ALLENTOWN, PA	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 29,536.

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	315.
AFL-CIO DUES PA		300.
CONFERENCES, CONVENTIONS, AND MEETINGS		5,142.
CONTRIBUTIONS		80.
HEALTH INSURANCE EXCHG		29,313.
INSURANCE		500.
OFFICE EXPENSES		2,244.
PER CAPITA TO INT'L		29,177.
SCHOLARSHIPS		1,500.
TELEPHONE		898.
TOTAL	\$	69,469.

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
1 SH LABOR ASSOC/2 SHR LABOR HERALD	\$ 10.	\$ 10.
FURNITURE AND FIXTURES	160.	160.
HEALTH INSURANCE EXCHANGE	1,896.	58.
TOTAL	\$ 2,066.	\$ 228.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,096.	\$ 1,107.
TOTAL	\$ 1,096.	\$ 1,107.

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KAREN EL-CHAAR 450 MOUNTAIN PARK ROAD ALLENTOWN, PA 18103	PRESIDENT 10.00	\$ 5,500.	\$ 0.	\$ 0.
WARREN WILSON 1923 HIGHLAND ST ALLENTOWN, PA 18109	VICE PRESIDENT 1.00	320.	0.	0.
TRUMAN ESCHBACH 1985 RAVENWOOD DR BETHLEHEM, PA 18018	2ND VICE PRESID 1.00	280.	0.	0.
MATTHEW CASCIOLI 319 E PAOLI ST ALLENTOWN, PA 18103	SEC/TREASURER 10.00	5,260.	0.	0.
ROBERT DANNER 1926 W CEDAR ST ALLENTOWN, PA 18104	DIRECTOR 1.00	240.	0.	0.
WARREN MOYER 3736 HIGHLAND RD, BOX 173 NEFFS, PA 18065	DIRECTOR 1.00	280.	0.	0.
AMANDA MARSTELLER 115 6TH STREET WHITEHALL, PA 18052	DIRECTOR 1.00	840.	0.	0.
MARION EGGE 880 SENSOR RD YARDLEY, PA 19067	DIRECTOR 1.00	240.	0.	0.
JOHN MIDDLECAMP 930 N 27TH STREET ALLENTOWN, PA 18104	DIRECTOR 1.00	240.	0.	0.
MARY PAINE 2725 JACKSONVILLE RD BETHLEHEM, PA 18017	DIRECTOR 1.00	260.	0.	0.

FORM 990-EZ, PART IV (CONTINUED)

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CAROL YALE 2712 OHIO ST EASTON, PA 18045	DIRECTOR 1.00	\$ 240.	\$ 0.	\$ 0.
DEBRA REILLY 1023 PORTER DR JIM THORPE, PA 18229	STEWARD 2.00	125.	0.	0.
KENNETH KRASLEY 1129 WEBSTER AVE ALLENTOWN, PA 18103	DIRECTOR 1.00	280.	0.	0.
	TOTAL	\$ 14,105.	\$ 0.	\$ 0.

IN OCTOBER 2001 AMERICAN FEDERATION OF MUSICIANS - LOCAL 411 MERGED INTO LOCAL 561. WITH APPROVAL FROM THE INTERNATIONAL ORGANIZATION, LOCAL 561 CHANGED IT'S NAME TO AMERICAN FEDERATION OF MUSICIANS - LOCAL 45 T/A LEHIGH VALLEY MUSICIANS ASSOCIATION. LOCAL 411 ENDED OPERATIONS ON SEPTEMBER 30, 2001, PAID ALL BILLS, COLLECTED ALL FEES AND FILED ALL FINAL TAX REPORTS REQUIRED BY THE DEPARTMENT OF LABOR AND THE INTERNAL REVENUE SERVICE. LOCAL 561 RECEIVED A NET ASSET TRANSFER OF \$3,445 IN OCTOBER 2001 WHICH WAS CREDITED TO NET EQUITY. NO LIABILITIES WERE ASSUMED.