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SCANNED MAR 16 2018

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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 conv of this return to satisfy state reporting requirements.

► 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	r or tr	ne ∠u iu ca <u>iend</u>	lar year, or tax year beginning	, 2010, and ending	T.	<u> </u>	
В	Check	eck if applicable C			1		ntification number
\vdash		AMERICAN FEDERATION OF MUSICIANS				<u>23-034</u>	
\vdash	1 1200112 10					relephone nu	mber
-	Initial return Terminated Amended return Amended return Amended return Terminated Amended return Terminated Amended return						1-2921
┢							mation
		ation pending		Group Exe Number	► 0122		
G		unting Method	X Cash Accrual Other (specify) ►	H Chec			organization is not
ı		site: N/A	Cash Treetan Other (speets)		red to	attach S	chedule B (Form
'n		kempt status (ck o	only one) — 501(c)(3) X 501(c) (5) ◄ (insert no)	4947(a)(1) or 527 990,	990-E	Z, or 990-	PF)
	Check		organization is not a section 509(a)(3) supporting organization	····\-/(·/ ··	e nor	mally not	more than
ĸ		100 A Form 99	90-EZ or Form 990 return is not required though Form 990	-N (e-postcard) may be requi	red (s	ee instruc	tions) But if the
	organ	nization choose	es to file a return, be sure to file a complete return.	(0			,
_				ots are \$200,000 or more, or	ıf tota	İ	
	asset	s (Part II, line	nd 7b, to line 9 to determine gross receipts. If gross receip 25, column (B) below) are \$500,000 or more, file Form 99	0 instead of Form 990-EZ		▶\$	155,398.
	art I	Revenue,	Expenses, and Changes in Net Assets or Fu	nd Balances (See the i	instr	uctions f	for Part I.)
		Check if the	organization used Schedule O to respond to any question	in this Part I			X
_	1	Contributions	, gifts, grants, and similar amounts received	-//		1	65,428.
	2	Program serv	rice revenue including government fees and contracts			2	
	3	Membership o	dues and assessments			3	59,733.
	4	Investment in	come			4	883.
_	1 .		t from sale of assets other than inventory	5a			
	1		other basis and sales expenses	5b		1	
3	1		m sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
			fundraising events				
i R	1	•	e from gaming (attach Schedule G if greater than \$15,000)	6a		1	
E				of contributions		-	
REVENUE	P		e from fundraising events (not including \$				
Ü	İ	of such gross	ing events reported on line 1) (attach Schedule G if the su income and contributions exceed \$15,000)	"'' 6ь			
_	ے ا	=	expenses from gaming and fundraising events	6c		7 1	
						7 1	
	d	Net income of 6b and subtra	r (loss) from gaming and fundraising events (add lines 6a act line 6c)	and		6d	
	7 a		of inventory, less returns and allowances	7a			
		Less, cost of	• •	7b		7 1	
			or (loss) from sales of inventory (Subtract line 7b from line			7c	
	8			SEE SCHEDULE O		8	29,354.
	9		e. Add lines 1, 2, 3, 4, 5;, 6d, 7c, and 8			9	155,398.
_	┼		remier amounts paid (list in Schedule O)	SEE SCHEDULE O		10	64,390.
	10		to or for members FEB 1 6 2011			11	04,000.
F	11					12	16,859.
EXPENSES	12		er compensation, and employee benefits			13	2,400.
Ē	13	Professional	fees and other payments to independent contractors				6,075.
Š	14	Occupancy, i	Citt, attitude and maintenance			14	931.
S	15	• • •	lications, postage, and shipping	CEE COURDINE O		15	
	16		ses (describe in Schedule O)	SEE SCHEDULE O		16	69,469.
	17		es. Add lines 10 through 16		-	17	160,124.
, A	18	Excess or (de	eficit) 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		E2 277
N E		figure reported on prior year's return).				19	53,377.
Ţ	20	-	es in net assets or fund balances (explain in Schedule O)			20	40.555
_	21		fund balances at end of year Combine lines 18 through	20	_	21	48,651.
BA	A Fo	r Paperwork R	eduction Act Notice, see the separate instructions.				Form 990-EZ (2010)

	990-EZ (2010) AMERICAN FEDERA			23	-034	43086 Page :
Par	til Balance Sheets. (see the in Check if the organization used Scho	Structions for Part II.) edule O to respond to any qui	estion in this Part II			X
	. Order in the organization used Sen	edule o to respond to any qui		A) Beginning of yea	ar	(B) End of year
22	Cash, savings, and investments		'	52,407		49,530.
	Land and buildings				23	
24	Other assets (describe in Schedule O)	SEE SCHEDULE O) [2,066	. 24	228.
25	Total assets			54,473	. 25	49,758.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE O)	1,096	. 26	1,107.
27	Net assets or fund balances (line 27 of c	column (B) must agree with lin	ne 21)	53,377	. 27	48,651.
Par	t III Statement of Program Ser	vice Accomplishments	(see the instrs for Par			Expenses
	Check if the organization used So		uestion in this Part III	X		uired for section
What i	s the organization's primary exempt purpose? LA	BOR ORGANIZATION				c)(3) and 501(c)(4) nizations and section
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purp	oses In a clear and con	ncise manner,	4947	(a)(1) trusts, optional
progr	am title.	persons benefited, and other	relevant information to	eacii		thers.)
28	SEE SCHEDULE O					
]		
	(Grants \$) If th	is amount includes foreign gr	ants, check here	-	28 a	
29						
				<u>-</u> 1		
				<u>-</u> -1		
	(Grants \$) If th	is amount includes foreign gr	ants, check here		29 a	
30						
				<u></u>]		
	(Grants \$) If th	is amount includes foreign gr	ants, check here	-	30 a	
31	Other program services (describe in Sch	edule O)				
	(Grants \$) If th	is amount includes foreign gr	ants, check <u>here</u>	▶ □	31 a	
32	Total program service expenses (add lin	es 28a through 31a)		<u> </u>	32	
Par	t IV List of Officers, Directors,			even if not compensated	(see t	the instructions for Part IV
	Check if the organization used So	hadula O to respond to any o	uestion in this Part IV			1
				·		
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address			(d) Contributions employee benefit plan deferred compensal	s and	(e) Expense account and other allowances
SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If	employee benefit plan	s and	
SEE		(b) Title and average hours per week devoted	(c) Compensation (If	employee benefit plan	s and	
SEE.	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If	employee benefit plan	s and	
SEE 	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE.	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE 	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE.	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
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SEF.	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE.	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
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SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
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SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances
SEE.	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	employee benefit plan	s and tion	and other allowances

Check if the organization used Schedule O to respond to any question in this Part V and Dat the organization engage in any activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule O, and the organization are set to be reporting a givering desimiled by the schedule of the organization and the provided of the schedule of th		990-EZ (2010) AMERICAN FEDERATION OF MUSICIANS 23-0343	086	F	age :
33 In the arganization engage in any activity not previously reported to the instructions and activity in Schedule O (as established previously reported to the instructions) and the analysis of the organization area (therwise, upban the charge or Schedule O (as established to the analysis of the analysis of the organization that makes sativities, such as these reported on the size, and 3 (among others), but not reported on Form 99.1, and the organization has make unrelated suchans processing the size of the organization has unrelated suchans gross income of \$1,000 or mine or was at a sechon \$01(x)0, 501(x)(5), or 510 (x)(5), or 510 (x)(6), or	Par	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		1. -	
a charge to the organization's name Otherwise, opthan the charge on Schedule () (see startoches) 35 If the organization had income from the subsesses activeles, so as a table septored in heat 2, 8, and 2 (arong others), but not reported on from 99-1, optian in Schedule O with the organization did not report the income or form 99-1. a bid the organization had under grow the income or form 99-1. bit If ves, I has it field a lax return on Form 99-1 for this year (see instructions) 35 In the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If If ves, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 but the organization (in Form 1129-Pol, for this year? 39 a bid the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory year and shill outstanding at the end of the tax year covered by this return? bit (ves, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year or winder and application of the section 4911 — N/A, section 4912 — N/A, section 4918 — N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction and uring the year ord did engage in an excess benefit transaction and uring the year ord did engage in an excess benefit transaction or a prory year, that has not been reported on any of its pror Forms 990 or 990-E27 if Yes, complete Schedule L, Part II c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in proceed on organization managers or disqualified persons during the year ord did engage in an excess benefit transaction in prory year, that has not been reported on any of	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 Q	33	Yes	No X
explain in Schedie 0 why the expanization did not report the income in Form 190-1 a Did the organization have unrelated business gross income or 151,000 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? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of nel assets during the year? If "Yes," complete sprincible parts of Schedule N 36 Did the organization bit Form 1120-POL for this year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 38 but the organization before when year or the variation of the organization before when year? If "Yes," complete Schedule L, Part II and enter the total amount involved 38 bection 501(c)(7) organizations. Enter a intriation fees and capital contributions included on line 9 39 Section 501(c)(7) organizations. Enter a intriation fees and capital contributions included on line 9 30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 491) N/A, section 4915 N/A section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Both the organization engage in any section 4956 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-E27 if "Yes," complete 500-644 40 a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or discussified persons during the year under sections 4912, 4955, and 4958 0 a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or discussified persons during the year under sections 4912, 4955, and 4958 1 b At any time during the calendar year, did the organization maintain any dono	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 0 (see instructions)	t 34	<u> </u>	Х
551 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 551 bit 1'ves', has it fied a lax return on Form 990-FD for this year (see instructions)? 552 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 1'ves', complete applicable parts of Schedule N 563 bit the organization bit of Form 1120-POL for this year? 574 a Did the organization bit Form 1120-POL for this year? 575 bit 1'ves', complete split of the year of the total amount involved of the organization bit of the tax year covered by this return? 575 bit 1'ves', complete Schedule L, Part II and enter the total amount involved of the tax year covered by this return? 577 a School Sol (c)(7) organizations Enter an outility of the total amount involved of the tax year covered by this return? 578 bit 1'ves', complete Schedule L, Part II and enter the total amount involved of the tax year covered by this return? 579 a Section 501(c)(7) organizations Enter an outility of the tax in the tax year covered by this return? 570 bit 1'ves', complete Schedule L, Part II and enter the total amount involved on the sea and capital contributions included on line 9 570 bit 1'ves', complete Schedule L, Part II and enter the total amount involved on the sea of capital contributions included on line 9 570 bit 1'ves', complete Schedule L, Part II and enter the total amount of tax imposed on the organization during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction or any of its prior forms 90 of 900-922 I'ves', complete Schedule L, Part II 570 bit 1'ves', complete Schedule L, Part II'ves', complete Schedule	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 0 why the organization did not report the income on Form 990-T			
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the yea? If Yes, complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 5 Did the organization for from 1120-POL for this year? 38 bid the organization for from 1120-POL for this year? 38 bid the organization from from, or make any loans to, any officer, director, frustee, 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 bif Yes, complete Schedule L, Part II and enter the total amount involved 38 Section 501(c/7) organizations Enter and initiation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities 39 a N/A 30 a Rectice 100(c)(3) and 501(c)(4) organizations be respectively an excess benefit transaction and prometal and	а	Did the organization have unrelated business gross income of $1,000$ or more or was it a section $501(c)(4)$, $501(c)(5)$, o $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements?	r 35a		
year? If Yes, complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such floans made in a prior year and still oblistanding at the end of the tax year covered by this return? 37b Section 501(c)(7) organizations Enter amount or tax imposed on the organization during the year under section 4911 - N/A, section 4915 - N/A b Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 - N/A, section 4915 - N/A b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 - N/A b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4956 excess benefit transaction during the year or did it engage in an excess shertlit transaction in a prior year, that has not been reported on any of its prior forms 990 or 990-EZ? If Yes, 'complete Schedule I., Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and section of the organization and the organization approach or disqual time the section 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. e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete form 886-T 10 List the states with which a copy of this return is filed in NONE 42a The organizations and filing requirements for form 10 F 90-221, Report of a foreign Bank and Financial Accounts of Yes, enter the name of the foreign country Yes, enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing	b	If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
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? bit "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(^{\begin{array}{c} N/A\)}, section 4925 \(^{\begin{array}{c} N/A\)}, and 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 \(^{\begin{array}{c} N/A\)}, section 4955 \(^{\begin{array}{c} N/A\)}, section 4955 \(^{\begin{array}{c} N/A\)}, section 4955 \(^{\begin{array}{c} N/A\)}, 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 engages in an excess benefit transaction in a prior year. That has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I and the section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualinted persons during the year under sections 4912, 4955, and 4938 0. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the properties of the sections 4912, 4955, and 4958 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction; If "Yes," complete Form 8886-T and the organization and the section of the sec	36	year? If 'Yes,' complete applicable parts of Schedule N			Х
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 bif Yes; complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities. 39 b M./A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 > M./A, section 4912 > M./A, section 4955 > M./A b Section 501(c)(3) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction of a prior year, that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Part II c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualished persons during the year under sections 4912, 4955, and 4958 5 considering the section of the section of the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T books are in care of > MATTHEW CASCIOLI List the states with which a copy of this return is filled > NONE 5 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)? 6 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 7 If Yes, enter the name of the foreign country. 8 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 99				1	
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a M/A 38b M/A 38b M/A 38b M/A 39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 39a M/A 39b		•	37 b	 	
amount involved 3 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 8 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 during the year or did it engage in any secsion 4918 excess benefit transaction during the year or did it engage in an excess benefit transaction of the organization of the organization organization and 501(c)(4) organizations. Enter amount of tax imposed on organization c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If theys, complete flow year, was the organization a party to a prohibited tax sheller transaction? If theys, complete flow year, was the organization a party to a prohibited tax belief transaction? If they so, complete flow year, was the organization and party to a prohibited tax belief transaction? If they so, complete flow year, was the organization and party to a prohibited tax belief transaction? If they so, complete flow year, was the organization and party to a prohibited tax belief transaction? 1 Telephone no 610-791-2921 1 Located at 619 F PAOLT ST, ALLENTOWN, PA 7 Telephone no 610-791-2921 1 Located at 7 19 F PAOLT ST, ALLENTOWN, PA 7 Telephone no 610-791-2921 2 Telephone no 610-791-2921 3 See the instructions for exceptions and filling requirements for Form TO F 90-221, Report of a Foreign Bank and Financial Accounts 4		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	-	X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A 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 4915 * 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 or prory year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part I 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. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 886c-T 1 List the states with which a copy of this return is filed * NONE 42a The organization's books are in care of * MATTHEW CASCIOLI	b		/A		
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	Ł	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 6		х
	c				Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in		If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44		
Schedule Q 44d BAA TEEA0812L 10/26/10 Form 990-EZ	- A A				(2017

FOITH 990-1	EZ (2010) AME	RICAN FEDERALION	OF MUSICIANS			23-0343	086		age 4
45 le an	w retated proppi	zation a controlled entity o	of the erganization within	a tha maaning	of cooking 512/	'h\/12\2	45	Yes	No_X
	-	receive any payment from	-	_		•	45		
of se	ction 512(b)(13)?	? If 'Yes,' Form 990 and S	chedule R must be com	npleted instead	d of Form 990-E	Z	45a		X
46 Did ti	he organization e	engage, directly or indirec office? If 'Yes,' complete	tly, in political campaigi	n activities on l	behalf of or in o	opposition to	46		Х
Part VI		1(c)(3) organizations						ection	
t	501(c)(3) o	rganizations and sec	tion 4947(a)(1) no	nexempt ch	aritable trus	sts must answer	questic	ns	
	4/-49b and	52, and complete the	ne tables for lines 5	50 and 51.					
	Check if the oi	rganization used Schedule	O to respond to any q	uestion in this	Part VI				\Box
4=				 -				Yes	No
	-	engage in lobbying activiti	•				47 48		
	-	school as described in se make any transfers to an o		•			46 49 a		
	-	ed organization a section	•	ciated organiz	411011		49b	-	
		or the organization's five h	•	nployees (othe	er than officers,	directors, trustees a	and key		
		received more than \$100	0,000 of compensation f	rom the organ	ization If there	is none, enter 'Non	e '		
(a)) Name and address of	of each employee paid \$100,000	(b) Title and average hours per week devoted to position	(c) Compens	l'í b	erred compensation	(e) Exp account other allo	nt and	
	more than	\$100,000	devoted to position		dele	arred compensation	Other and	uwances	
- -	-	·- -							
									
		·							
	-								
f Total	number of other	r employees paid over \$10	00,000						
51 Comp	plete this table fo	or the organization's five h	nighest compensated in	dependent con	tractors who ea	ach received more th	nan \$100,	000 of	
comp		ne organization If there is			do Torr		(1) (1)		
	(a) Name and a	ddress of each independent contr	actor paid more than \$100,000	<u></u>	(6) typ	e of service	(c) Comp	ensation	
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	<u> </u>			 .	 				
	-	· 	-		1				
d Total	number of other	r independent contractors	each receiving over \$1	00,000	>				
52 Did th	he organization o	complete Schedule A? No	te. All section 501(c)(3)	organizations	and 4947(a)(1)	nonexempt			¬
		t attach a completed Sche		dulas and statema	nto and to the back	of my knowledge and hole	Yes		<u>No</u>
true, correct,	and complete Declar	e that I have examined this return ration of preparer (other than offic	i, including accompanying screer) is based on all information	of which preparer b	nts, and to the best nas any knowledge	of my knowledge and bell	er, it is		
	- Mai	there case	<u></u>		براایر	1 2-10-11			
Sign	Signature of off				Da				
Here	Type or print n	7 CASCIOLI ame and title			1 REA	ASURER			
	Print/Type preparer		Preparer's signature) Da	nte	Check if PTIN			
Paid	BARRY J B		BARRY OF ERUNSA	m	2/02/11	self employed N/	A		
Preparer	Firm's name ►	BRUNST & COMPANY	/ -/// ////					-	
Use Only	Firm's address ►		- 1ST FLOOR				/A		
		ALLENTOWN, PA 1				Phone no (610)			
	RS discuss this re	eturn with the preparer sho	own above? See instruc	tions			X Yes		No (2010)
BAA							Form 990	U-E.Z (<u>(UIU)</u>

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

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. Department of the Treasury Internal Revenue Service

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 AC	COMPLISHMENTS
THIS IS A SMALL LABOR ORGANIZATION WHICH PROVIDES SERVICE	S_TO_MEMBERS_AS_PROVIDED
IN THE BY-LAWS. ALL EXPENDITURES ARE MADE FOR THIS PURPOS	E. THE ORGANIZATION IS
NOT_INVOLVED_IN_ANY_FUND_RAISING_OR_UNRELATED_BUSINESS_AC	TIVITIES.
	

FORM 990-EZ, PART I, LINE 8 OTHER REVENUE HEALTH INS EXCHG ADMIN FEES 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: RELATIONSHIP OF DONEE: CRASH AMOUNT GIVEN: CLASS OF ACTIVITY: COMMUNITY RELATIONS DONEE'S NAME: ALLENTOWN, PA 18105 NONE CLASS OF ACTIVITY: COMMUNITY RELATIONS DONEE'S NAME: MUSIC PERFORMANCE FUND ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA ALLENTOWN, PA CONFERENCES, CONVENTIONS, AND MEETINGS CONTRIBUTIONS HEALTH INSURANCE EXCHG INSURANCE OFFICE EXPENSES PER CAPITA TO INT'L SCHOLARSHIPS TELEPHONE FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENI	PAGE		RMATION	SUPPLEMENTAL INFOR		2010
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FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION AFL-CIO DUES PA CONFERENCES, CONVENTIONS, AND MEETINGS CONTRIBUTIONS HEALTH INSURANCE EXCHG INSURANCE OFFICE EXPENSES PER CAPITA TO INT'L SCHOLARSHIPS TELEPHONE FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENI				MUSIC PERFORMANCE FUND ALLENTOWN, PA	NAME:	DONEE'S NAME
ADVERTISING AND PROMOTION AFL-CIO DUES PA CONFERENCES, CONVENTIONS, AND MEETINGS CONTRIBUTIONS HEALTH INSURANCE EXCHG INSURANCE OFFICE EXPENSES PER CAPITA TO INT'L SCHOLARSHIPS TELEPHONE FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENI	29,536	\$		NONE		
AFL-CIO DUES PA CONFERENCES, CONVENTIONS, AND MEETINGS CONTRIBUTIONS HEALTH INSURANCE EXCHG INSURANCE OFFICE EXPENSES PER CAPITA TO INT'L SCHOLARSHIPS TELEPHONE FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENI					-EZ, PART I, LINE 16 (PENSES	FORM 990-EZ, OTHER EXPEN
CONTRIBUTIONS HEALTH INSURANCE EXCHG INSURANCE OFFICE EXPENSES PER CAPITA TO INT'L SCHOLARSHIPS TELEPHONE TOTAL \$ 6 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	315. 300.	\$	\$	THE TWO	DUES PA	AFL-CIO DUES
OFFICE EXPENSES PER CAPITA TO INT'L SCHOLARSHIPS TELEPHONE TOTAL \$ 6 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENI	5,142. 80. 29,313. 500.			ETINGS	TIONS NSURANCE EXCHG	CONTRIBUTION HEALTH INSUF
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING ENI	2,244. 29,177. 1,500.				XPENSES TA TO INT'L HIPS	OFFICE EXPEN PER CAPITA T SCHOLARSHIPS
OTHER ASSETS BEGINNING ENI	898. 69,469.	\$	TOTAL §		E	TELEPHONE
BEGINNINGENI						
4 011 TABOD AGGOG/O GUD TABOD UEDATD	NDING					
FURNITURE AND FIXTURES 160. HEALTH INSURANCE EXCHANGE 1,896.	10 160 58). 5.	1,896.	-		FURNITURE AN
TOTAL <u>\$ 2,066.</u> \$	228	<u>\$</u>	\$ 2,066.	TOTAL		

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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AMERICAN FEDERATION OF MUSICIANS LOCAL 45

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

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

BEGINNING ENDING

\$ 1,096. \$ 1,107.
\$ 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.

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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	<u>\$ 14,105.</u>	<u>\$ 0.</u>	\$ 0.

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FEDERAL SUPPLEMENTAL INFORMATION

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AMERICAN FEDERATION OF MUSICIANS LOCAL 45

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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.