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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 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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
AMERICAN FEDERATION OF MUSICIANS
LOCAL 45
Number and street (or P O box, if mail is not delivered to street address)Room/suite
519 E PAOLI ST
City or town, state or province, country, and ZIP or foreign postal code
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) _____

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

I Website: ☒ N/A

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. **\$ 123,683**

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 <input checked="" type="checkbox"/>						
Revenue	1	Contributions, gifts, grants, and similar amounts received		1	61,855	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3	60,710	
	4	Investment income		4	94	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	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)		6b		0
	c	Less direct expenses from gaming and fundraising events	6c	0		
	d	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			
	b	Less cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
8	Other revenue (describe in Schedule O)		8	1,024		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	123,683		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	62,635	
	11	Benefits paid to or for members		11		
	12	Salaries, other compensation, and employee benefits		12	14,675	
	13	Professional fees and other payments to independent contractors		13	2,700	
	14	Occupancy, rent, utilities, and maintenance		14	3,600	
	15	Printing, publications, postage, and shipping		15	477	
	16	Other expenses (describe in Schedule O)		16	39,700	
	17	Total expenses. Add lines 10 through 16		17	123,787	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-104	
	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	49,066	
	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	48,962	

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	50,485	22	50,439
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	481	24	356
25 Total assets	50,966	25	50,795
26 Total liabilities (describe in Schedule O)	1,900	26	1,833
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,066	27	48,962

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?
LABOR ORGANIZATION

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

28

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.
(Grants \$) If this amount includes foreign grants, check here

28a

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)
(Grants \$) If this amount includes foreign grants, check here

31a

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
JANICE GALASSI President	5 00	2,880		180
DEBRA HEINEY Executive Dir	1 00	0		180
TRUMAN ESCHBACH Executive Dir	1 00	0		180
MATTHEW CASCIOLI Sec/Treasurer	25 00	7,080		180
KENT SEAGRAVES Executive Dir	1 00	0		180
ROBERT DANNER Executive Dir	1 00	0		180
HERBERT PAYUNG Executive Dir	1 00	0		180
ROBERT WILLIAMS Executive Dir	1 00	0		180
ERIC LUNDBERG ASST BUS AGENT	2 00	0		600
JOHN MIDDLECAMP Executive Dir	1 00	0		180
CAROL YALE Vice President	1 00	0		180

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	33	No
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)	34	No
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)?	35a	Yes
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
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? If "Yes," complete Schedule C, Part III	35c	No
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b		
39	Section 501(c)(7) organizations Enter <input type="checkbox"/>		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
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	40b	
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="checkbox"/>		
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="checkbox"/>		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> MATTHEW CASCIOLI Telephone no <input type="checkbox"/> (610) 791-2921 Located at <input type="checkbox"/> 519 E PAOLI ST ALLENTOWN, PA ZIP + 4 <input type="checkbox"/> 18103		
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="checkbox"/> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 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	44a	No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	No
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	No

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

		Yes	No
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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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 receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations 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	<div><div></div></div> <div>Signature of officer</div>			<div>2016-02-12</div> <div>Date</div>	
	<div>MATTHEW CASCIOLI Treasurer</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name Michael J Billowitch		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01035857
	Firm's name <div>Brunst & Company PC</div>				Firm's EIN <div></div>
	Firm's address <div>1129 N 17th St Allentown, PA 18104</div>				Phone no (610) 432-4413
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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 AMERICAN FEDERATION OF MUSICIANS LOCAL 45	Employer identification number 23-0343086
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - 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
Other Revenue 1	HEALTH INS EXCHG \$1024
Grants and Similar Amounts Paid In Excess of \$5,000 2	Class of Activity COMMUNITY RELATIONS Donee's Name ALLENTOWN BAND ALLENTOWN, PA 18103 Relationship of Donee NONE Cash Amount Given \$8100
Grants and Similar Amounts Paid In Excess of \$5,000 4	Class of Activity COMMUNITY RELATIONS Donee's Name MUNICIPAL BAND ALLENTOWN, PA Relationship of Donee NONE Cash Amount Given \$8905
Grants and Similar Amounts Paid In Excess of \$5,000 5	Class of Activity COMMUNITY RELATIONS Donee's Name MARINE BAND ALLENTOWN, PA Relationship of Donee NONE Cash Amount Given \$8755
Grants and Similar Amounts Paid In Excess of \$5,000 6	Class of Activity COMMUNITY RELATIONS Donee's Name PIONEER BAND ALLENTOWN, PA 18105 Relationship of Donee NONE Cash Amount Given \$9195
Grants and Similar Amounts Paid In Excess of \$5,000 7	Class of Activity COMMUNITY RELATIONS Donee's Name BETHLEHEM LEGION BAND BETHLEHEM, PA Relationship of Donee NONE Cash Amount Given \$8160
Grants and Similar Amounts Paid In Excess of \$5,000 8	Class of Activity COMMUNITY RELATIONS Donee's Name DAVE NEITH ORCHESTRA ALLENTOWN, PA Relationship of Donee NONE Cash Amount Given \$5800
Other Expenses 1002	Office Expenses \$1604
Other Expenses 1007	Conferences, Conventions, and Meetings \$1741
Other Expenses 1009	Depreciation \$125
Other Expenses 1	PER CAPITA TO INT'L \$33016
Other Expenses 2	HEALTH INSURANCE EXCHG \$1024
Other Expenses 3	SCHOLARSHIPS \$1000
Other Expenses 4	TELEPHONE \$862
Other Expenses 6	AFL-CIO DUES PA \$328
Other Assets 1002	Furniture and Fixtures - Beginning \$471 Furniture and Fixtures - Ending \$346
Other Assets 1	1 SH LABOR ASSOC/2 SHR LABOR HERALD - Beginning \$10 1 SH LABOR ASSOC/2 SHR LABOR HERALD - Ending \$10
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$967 Accounts Payable and Accrued Expenses - Ending \$968
Total Liabilities 1	HEALTH INS EXCHANGE - Beginning \$933 HEALTH INS EXCHANGE - Ending \$865

990 Schedule O, Supplemental Information

Return Reference	Explanation
Reason for Income Not Reported on Form 990-T	HEALTH INSURANCE PLAN SET UP FOR UNION MEMBERS MEMBERS PAY PREMIUM TO LOCAL AND LOCAL REMITS FUNDS MONTHLY TO INSURANCE PROVIDER