

Return of Organization Exempt From Income Tax

2006

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning Apr 1, 2006, and ending Mar 31, 2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: DETROIT FEDERATION OF MUSICIANS LOCAL 5. Number and street: 20833 SOUTHFIELD ROAD. City, town or country: SOUTHFIELD. State: MI. ZIP code + 4: 48075

D Employer Identification Number: 38-0478790. E Telephone number: (248) 569-5400. F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: N/A

J Organization type (check only one): 501(c) 5 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number: 0122

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,022,100.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning/end of year.

Part III Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23 1,000.	1,000.		
24 Benefits paid to or for members (attach schedule)	24 251,006.	251,006.		
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 97,051.	97,051.		
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 61,762.		61,762.	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 54,508.	38,820.	15,688.	
29 Payroll taxes	29 14,614.	8,228.	6,386.	
30 Professional fundraising fees	30			
31 Accounting fees	31 15,863.		15,863.	
32 Legal fees	32 9,886.		9,886.	
33 Supplies	33 4,986.		4,986.	
34 Telephone	34 5,640.		5,640.	
35 Postage and shipping	35 7,466.		7,466.	
36 Occupancy	36 9,876.		9,876.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 11,622.	11,622.		
39 Travel	39			
40 Conferences, conventions, and meetings	40 4,092.	4,092.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 4,362.		4,362.	
43 Other expenses not covered above (itemize):				
a <u>NEGOTIATION COMMITTEES</u>	43a 104,874.	104,874.		
b <u>KEYNOTE EXPENSE</u>	43b 1,960.	1,960.		
c <u>INSURANCE GENERAL</u>	43c 7,857.		7,857.	
d <u>ADVERTISING EXPENSES</u>	43d 4,126.	4,126.		
e <u>OTHER PROFESSIONAL SERVICES</u>	43e 5,457.		5,457.	
f <u>EXPENSES FOR RESTRICTED FUNDS</u>	43f 251,553.	251,553.		
g <u>See Other Expenses Stmt</u>	43g 7,438.	4,450.	2,988.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 936,999.	778,782.	158,217.	

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <u>LABOR UNION</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<p>a ESTABLISHED AND MAINTAINED MINIMUM PRICES, ENFORCED PROPERLY FILED CONTRACTS, PROMOTED AND STIMULATED A TRUE FRATERNAL FEELING AMONG THEIR MEMBERSHIP. APPROXIMATELY 1250 MEMBERS SERVED DURING THE YEAR.</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>b NEWSPAPERS ARE PUBLISHED QUARTERLY AND APPROXIMATELY 5,000 COPIES WERE DISTRIBUTED DURING THE FISCAL YEAR ENDED MARCH 31, 2007</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c _____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d _____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services _____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) _____</p>	

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	107,591.	45	127,902.
	46 Savings and temporary cash investments	451,033.	46	365,236.
	47a Accounts receivable	47a 9,083.		
	b Less: allowance for doubtful accounts	47b	47c	9,083.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,958.	53	6,514.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55a Investments — land, buildings, & equipment: basis	55a 307,515.			
b Less: accumulated depreciation (attach schedule)	L-55 Stmt 55b 207,588.	109,058.	55c 99,927.	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 183,633.			
b Less: accumulated depreciation (attach schedule)	L-57 Stmt 57b 144,901.	41,675.	57c 38,732.	
58 Other assets, including program-related investments (describe ▶		58		
59 Total assets (must equal line 74). Add lines 45 through 58		733,953.	59 647,394.	
LIABILITIES	60 Accounts payable and accrued expenses	27,336.	60	24,976.
	61 Grants payable		61	
	62 Deferred revenue	87,158.	62	85,914.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ .. <u>TENANT SECURITY DEPOSITS</u> ..)	3,105.	65	4,430.
66 Total liabilities. Add lines 60 through 65		117,599.	66 115,320.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	546,536.	67	532,074.
	68 Temporarily restricted	69,818.	68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		616,354.	73 532,074.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		733,953.	74 647,394.	

Part IVA Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	812,237.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>RENTAL EXPENSES</u>	b4	38,168.
	Add lines b1 through b4	b	38,168.
c	Subtract line b from line a	c	774,069.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>MEMBERSHIP PAYMENTS FOR HEALTH INSURANCE</u>	d2	209,863.
	Add lines d1 and d2	d	209,863.
e	Total revenue (Part I, line 12). Add lines c and d	e	983,932.

Part IVB Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	896,517.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>RENTAL EXPENSES</u>	b4	38,168.
	Add lines b1 through b4	b	38,168.
c	Subtract line b from line a	c	858,349.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>MEMBERSHIP PAYMENTS FOR HEALTH INSURANCE</u>	d2	209,863.
	Add lines d1 and d2	d	209,863.
e	Total expenses (Part I, line 17). Add lines c and d	e	1,068,212.

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
GORDON STUMP 22272 BELL ROAD NEW BOSTON, MI 48164	PRESIDENT 40	44,720.	0.	769.
DOUGLAS CORNELSON 23655 EDWARD DEARBORN, MI 48128	VICE PRESIDENT .25	1,171.	0.	1,331.
SUSAN AYOUB 657 W MAPLEHUARST FERNDALE, MI 48146	SECRETARY-TREASURER 40	42,109.	0.	175.
GEORGE TROIA 39268 SUPERIOR ROMULUS, MI 48174	DIRECTOR .25	0.	0.	1,331.
PATRCK ZELENAK 434 MORAN LINCOLN PARK, MI 48331	DIRECTOR .25	0.	0.	1,210.
See List of Officers, Etc. Statement				

Part VII Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	X
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	X
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85 c	N/A
	d Section 162(e) lobbying and political expenditures	85 d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88 a	X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
	b 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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b	5
91 a	The books are in care of ▶ <u>SUSAN AYOUB</u> Telephone number ▶ <u>(248) 569-5400</u> Located at ▶ <u>20833 SOUTHFIELD ROAD, SOUTHFIELD, MI</u> ZIP + 4 ▶ <u>48075</u>		
	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)?	91 b	X
	If 'Yes,' enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year: **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a MAGAZINE ADVERTISING	541800	375.			
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					766,218.
95 Interest on savings & temporary cash invmnts			14	25,548.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	10,113.	
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISC INCOME					7,274.
c FUND DONATIONS					173,454.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		375.		35,661.	946,946.
105 Total (add line 104, columns (B), (D), and (E))					982,982.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	DUES RECEIVED IN EXCHANGE FOR PROGRAM SERVICES AS DESCRIBED IN PART II
103 A	MISC INCOME FROM ACTIVITIES ANCILLIARY TO EXEMPT PURPOSE
103 B	DONATION TO ESTABLISH NON-PROFIT ORGANIZATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part X Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

				N/A	
				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Susan Barna Ayoub Date: 10/2/07

Type or print name and title: Susan Barna Ayoub, Secretary-Treasurer

Paid Preparer's Use Only

Preparer's signature: Paul Walts CPA Date: 9-27-07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WALTER, BOESKY & ASSOCIATES P.C.
17320 WEST 12 MILE ROAD STE 200
SOUTHFIELD MI 48076-2105

EIN: Preparer's SSN or PTIN (See General Instruction W):
 Phone no.: (248) 559-4750

BAA

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
COMPUTER SERVICES	409.		409.	
MISC. EXPENSES	2,616.	37.	2,579.	
30 YR AND HONOR MEMBER EXPENSES	4,413.	4,413.		
Total	<u>7,438.</u>	<u>4,450.</u>	<u>2,988.</u>	

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
THOMAS SAUNDERS 1158 BEDFORD ROAD GROSS POINTE, MI 48230	DIRECTOR .25	0.	0.	1,331.
ROBERT LYMPERIS 28839 OAKPOINT FARMINGTON, MI 48331	DIRECTOR .25	0.	0.	1,452.
ROBERT CONWAY 8032 HUNTINGTON ROAD HUNTINGTON WOODS, MI 48070	DIRECTOR .25	0.	0.	1,331.
PHIL GRAMENO 7648 MELVIN AVE WESTLAND, MI 48185	DIRECTOR .25	0.	0.	121.

Form 990, Page 4, Part IV, Lines 55a & 55b

Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	37,310.	0.	37,310.
BUILDING	194,012.	158,713.	35,299.
IMPROVEMENTS	76,193.	48,875.	27,318.
Total	<u>307,515.</u>	<u>207,588.</u>	<u>99,927.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	12,690.	0.	12,690.
BUILDING	65,988.	53,982.	12,006.
IMPROVEMENTS	25,915.	16,624.	9,291.
OFFICE FURNITURE AND EQUIPMENTS	68,436.	67,279.	1,157.
COMPUTER HARDWARE	10,604.	7,016.	3,588.
Total	<u>183,633.</u>	<u>144,901.</u>	<u>38,732.</u>

Supporting Statement of:

Form 990 p 1/Line 6b

Description	Amount
RENTAL EXPENSES	29,037.
DEPRECIATION	9,131.
Total	<u>38,168.</u>

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
AMERICAN FEDERATION OF MUSICIANS WORK DUES, INITIATION FEES AND PER CAPITAL DUES	128,475.
MI STATE AFL-CIO PER CAPITA TAXES	2,580.
OTHER LOCALS	158.
Total	<u>131,213.</u>

Supporting Statement of:

Form 990 p 2/Line 23 column (B)

Description	Amount
SCHOLARSHIP	1,000.
Total	<u>1,000.</u>

Supporting Statement of:

Form 990 p 2/Line 24 column (B)

Description	Amount
GROUP LIFE INSURANCE	41,143.
MEMBER PAID HEALTH INSURANCE	209,863.
Total	<u>251,006.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
UTILITIES AND MAINTENANCE	29,037.
DEPRECIATION	9,131.
Total	<u>38,168.</u>

Supporting Statement of:

Form 990 p 8/Line 94(E)

Description	Amount
MEMBERSHIP DUES	556,355.
MEMBERSHIP PAYMENTS FOR HEALTH INSURANCE	209,863.
Total	<u>766,218.</u>

Supporting Statement of:

Form 990 p 8/Line 103(E)-1

Description	Amount
BLUE CARE HANDLING FEES	4,113.
MERCHANDISE SALES	175.
MISC INCOME	2,528.
HOSPITALITY ROOM INCOME	458.
Total	<u>7,274.</u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization DETROIT FEDERATION OF MUSICIANS LOCAL 5	Employer identification number 38-0478790
	Number, street, and room or suite number. If a P.O. box, see instructions. 20833 SOUTHFIELD ROAD	
	City, town or post office. For a foreign address, see instructions. SOUTHFIELD	state ZIP code MI 48075

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SUSAN AYOUB**

Telephone No. ▶ **(248) 569-5400**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0122**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **Nov 15**, 20 **07**, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning **Apr 1**, 20 **06**, and ending **Mar 31**, 20 **07**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.