

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2004 calendar year, or tax year beginning **APR 1, 2004** and ending **MAR 31, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>DETROIT FEDERATION OF MUSICIANS, LOCAL 5</b> <b>A.F.M.</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>20833 SOUTHFIELD ROAD</b> City or town, state or country, and ZIP + 4 <b>SOUTHFIELD, MI 48075</b>	<b>D</b> Employer identification number <b>38-0478790</b> <b>E</b> Telephone number <b>(248) 569-5400</b> <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
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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?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website: **N/A**

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**I** Group Exemption Number **0122**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **630,363.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
		<b>a</b> Direct public support	<b>1a</b>	<b>2,500.</b>
		<b>b</b> Indirect public support	<b>1b</b>	
		<b>c</b> Government contributions (grants)	<b>1c</b>	
		<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,500.</b> noncash \$ _____ )	<b>1d</b>	<b>2,500.</b>
		<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>972.</b>
		<b>3</b> Membership dues and assessments	<b>3</b>	<b>551,668.</b>
		<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>7,067.</b>
		<b>5</b> Dividends and interest from securities	<b>5</b>	
		<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>53,688.</b>
		<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>38,002.</b>
		<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>15,686.</b>
	<b>7</b> Other investment income (describe _____ )	<b>7</b>		
	<b>8 a</b> Gross amount from sales of assets other than inventory	<b>(A) Securities</b>	<b>(B) Other</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>14,468.</b>	
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>592,361.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>243,541.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>157,756.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule) <b>SEE STATEMENT 3</b>	<b>16</b>	<b>125,388.</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>526,685.</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>65,676.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>458,225.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>523,901.</b>	

**DETROIT FEDERATION OF MUSICIANS, LOCAL 5**

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**Part II 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.

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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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24	43,844.	43,844.	STATEMENT 5
25	Compensation of officers, directors, etc.	25	82,506.	82,506.	0.
26	Other salaries and wages	26	59,165.	100.	59,065.
27	Pension plan contributions	27			
28	Other employee benefits	28	54,785.	31,928.	22,857.
29	Payroll taxes	29	13,224.	7,432.	5,792.
30	Professional fundraising fees	30			
31	Accounting fees	31	11,930.		11,930.
32	Legal fees	32	5,150.		5,150.
33	Supplies	33	6,318.		6,318.
34	Telephone	34	4,523.		4,523.
35	Postage and shipping	35	6,957.		6,957.
36	Occupancy	36	9,833.		9,833.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	9,499.	6,217.	3,282.
39	Travel	39			
40	Conferences, conventions, and meetings	40	6,642.	6,642.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	4,615.		4,615.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 4</b>	43e	82,306.	64,872.	17,434.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</b>	44	401,297.	243,541.	157,756.

**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**

What is the organization's primary exempt purpose? **LABOR UNION**

**LABOR UNION**

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) orgs., and 4947(a)(1) trusts; but optional for others.)

a	<b>ESTABLISHED AND MAINTAINED MINIMUM PRICES, ENFORCED PROPERLY FILE DCONTRACTS, PROMOTED AND STIMULATED A TRUE PATERNAL FEELING AMONG THEIR MEMBERSHIP. APPROXIMATELY 1,400 MEMBERS SERVED DURING THE YEAR.</b> (Grants and allocations \$ _____)	235,536.
b	<b>NEWSPAPERS ARE PUBLISHED QUARTERLY AND APPROXIMATELY 8,000 COPIES WERE DISTRIBUTED DURING THE FISCAL YEAR ENDED MARCH 31, 2005.</b> (Grants and allocations \$ _____)	8,005.
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) <b>STATEMENT 6</b> (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	243,541.

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**Part IV Balance Sheets**

**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
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing .....	74,130.	<b>45</b>	78,059.
	<b>46</b> Savings and temporary cash investments .....	319,969.	<b>46</b>	378,792.
	<b>47 a</b> Accounts receivable .....	12,181.		
	<b>47a</b> .....			
	<b>b</b> Less: allowance for doubtful accounts .....			
	<b>47b</b> .....			
		13,602.	<b>47c</b>	12,181.
	<b>48 a</b> Pledges receivable .....			
	<b>48a</b> .....			
	<b>b</b> Less: allowance for doubtful accounts .....			
	<b>48b</b> .....		<b>48c</b>	
	<b>49</b> Grants receivable .....			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees .....			<b>50</b>
	<b>51 a</b> Other notes and loans receivable .....			
<b>51a</b> .....				
<b>b</b> Less: allowance for doubtful accounts .....				
<b>51b</b> .....			<b>51c</b>	
<b>52</b> Inventories for sale or use .....			<b>52</b>	
<b>53</b> Prepaid expenses and deferred charges .....	4,750.	<b>53</b>	5,989.	
<b>54</b> Investments - securities .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
<b>55 a</b> Investments - land, buildings, and equipment: basis .....	307,514.			
<b>55a</b> .....				
<b>b</b> Less: accumulated depreciation .....	189,314.			
<b>55b</b> .....				
	119,356.	<b>55c</b>	118,200.	
<b>56</b> Investments - other .....			<b>56</b>	
<b>57 a</b> Land, buildings, and equipment: basis .....	192,083.			
<b>57a</b> .....				
<b>b</b> Less: accumulated depreciation .....	149,111.			
<b>57b</b> .....				
	43,286.	<b>57c</b>	42,972.	
<b>58</b> Other assets (describe ▶ .....			<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	575,093.	<b>59</b>	636,193.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses .....	30,635.	<b>60</b>	23,173.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....	83,098.	<b>62</b>	85,914.
	<b>63</b> Loans from officers, directors, trustees, and key employees .....		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ <b>TENANT SECURITY DEPOSITS</b> ) .....	3,135.	<b>65</b>	3,205.
<b>66 Total liabilities</b> (add lines 60 through 65) .....	116,868.	<b>66</b>	112,292.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	391,606.	<b>67</b>	455,947.
	<b>68</b> Temporarily restricted .....	66,619.	<b>68</b>	67,954.
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	458,225.	<b>73</b>	523,901.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....	575,093.	<b>74</b>	636,193.

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.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>630,363.</b>
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:	
(1) Net unrealized gains on investments	\$
(2) Donated services and use of facilities	\$
(3) Recoveries of prior year grants	\$
(4) Other (specify): <b>STMT 7</b>	\$ <b>38,002.</b>
Add amounts on lines (1) through (4)	<b>38,002.</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>592,361.</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :	
(1) Investment expenses not included on line 6b, Form 990	\$
(2) Other (specify):	\$
Add amounts on lines (1) and (2)	<b>0.</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>592,361.</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements	<b>564,687.</b>
<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:	
(1) Donated services and use of facilities	\$
(2) Prior year adjustments reported on line 20, Form 990	\$
(3) Losses reported on line 20, Form 990	\$
(4) Other (specify): <b>STMT 8</b>	\$ <b>38,002.</b>
Add amounts on lines (1) through (4)	<b>38,002.</b>
<b>c</b> Line <b>a</b> minus line <b>b</b>	<b>526,685.</b>
<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
(1) Investment expenses not included on line 6b, Form 990	\$
(2) Other (specify):	\$
Add amounts on lines (1) and (2)	<b>0.</b>
<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>526,685.</b>

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(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 & deferred compensation	(E) Expense account and other allowances
GORDON STUMP 22272 BELL ROAD NEW BOSTON MI 48164	PRESIDENT 40	42,120.	0.	2,984.
DOUGLAS CORNELSEN 23655 EDWARD DEARBORN MI 48128	VICE PRESIDENT .25	866.	0.	1,331.
SUSAN BARNA AYOUB 657 W MAPLEHURST FERNDAL MI 48220	SECRETARY-TREAS 40	39,520.	0.	621.
PATRICK ZELENAK 434 MORAN LINCOLN PARK MI 48146	DIRECTOR .25	0.	0.	1,331.
ROBERT LYMPERIS 28839 OAK POINT FARMINGTON MI 48331	DIRECTOR .25	0.	0.	1,331.
ROBERT CONWAY 8032 HUNTINGTON ROAD HUNTINGTON WOODS MI 48070	DIRECTOR .25	0.	0.	1,452.
THOMAS SAUNDERS 1158 BEDFORD ROAD GROSSE POINTE MI 48230	DIRECTOR .25	0.	0.	1,210.
GEORGE TROIA, JR 39268 SUPERIOR ROMULUS MI 48174	DIRECTOR .25	0.	0.	1,452.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

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<b>Part VI</b>	<b>Other Information</b>		<b>Yes</b>	<b>No</b>
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<b>X</b>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		<b>X</b>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<b>X</b>
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		<b>X</b>
b	If "Yes," enter the name of the organization <span style="float:right">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.</span>			
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a   0.</span>			
b	Did the organization file Form 1120-POL for this year?	81b		<b>X</b>
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?	82a		<b>X</b>
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.) <span style="float:right">82b   N/A</span>			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<b>X</b>	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b		
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	85a		<b>X</b>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	<b>X</b>	
c	Dues, assessments, and similar amounts from members <span style="float:right">85c   N/A</span>			
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d   N/A</span>			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e   N/A</span>			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f   N/A</span>			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g		
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? <span style="float:right">N/A</span>	85h		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a   N/A</span>			
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b   N/A</span>			
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <span style="float:right">87a   N/A</span>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b   N/A</span>			
88	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		<b>X</b>
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">N/A</span> ; section 4912 <span style="float:right">N/A</span> ; section 4955 <span style="float:right">N/A</span>			
b	<b>501(c)(3) and 501(c)(4) organizations.</b> 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 <span style="float:right">N/A</span>	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">N/A</span>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">N/A</span>			
90 a	List the states with which a copy of this return is filed <span style="float:right">MICHIGAN</span>			
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float:right">90b   5</span>			
91	The books are in care of <span style="float:right">SUSAN AYOUB</span> Telephone no. <span style="float:right">(248) 569-5400</span>			

Located at 20833 SOUTHFIELD ROAD., SOUTHFIELD, MI ZIP + 4 48075

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 | N/A

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**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> <b>MAGAZINE ADVERTISING</b>	<b>541800</b>	<b>972.</b>			
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					<b>551,668.</b>
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>7,067.</b>	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			<b>16</b>	<b>15,686.</b>	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> <b>REIMBURSEMENT OF EXP</b>					<b>14,468.</b>
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>972.</b>		<b>22,753.</b>	<b>566,136.</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>589,861.</b>

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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).
<b>94</b>	<b>DUES RECEIVED IN EXCHANGE FOR PROGRAM SERVICES AS DESCRIBED IN PART II</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of 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).

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 the taxpayer) is based on all information of which preparer has any knowledge.

**TAX PAYER COPY**

Please Sign Here: Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: **Paul Walter CPA** Date: **9-13-05** Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

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

EIN: \_\_\_\_\_ Phone no.: **248-559-4750**



FORM 990

PAYMENTS TO AFFILIATES

STATEMENT 3

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

MICHIGAN STATE AFL-CIO

419 WASHINGTON SQ SOUTH, #200,  
LANSING, MI 48933PURPOSE OF PAYMENTAMOUNT

PER CAPITA DUES

900.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

METROPOLITAN DETROIT AFL-CIO

600 W. LAFAYETTE, SUITE 200D,  
DETROIT, MI 48226PURPOSE OF PAYMENTAMOUNT

PER CAPITA DUES

2,160.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

AMERICAN FEDERATION OF MUSICIANS

1501 BROADWAY, SUITE 600, NEW YORK,  
NY 10036PURPOSE OF PAYMENTAMOUNT

PER CAPITA DUES

59,772.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

AMERICAN FEDERATION OF MUSICIANS

1501 BROADWAY, SUITE 600, NEW YORK,  
NY 10036PURPOSE OF PAYMENTAMOUNT

WORK DUES

59,121.

AFFILIATE'S NAMEAFFILIATE'S ADDRESS

AMERICAN FEDERATION OF MUSICIANS

1501 BROADWAY, SUITE 600, NEW YORK,  
NY 10036PURPOSE OF PAYMENTAMOUNT

INITIATION FEES

3,155.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
AMERICAN FEDERATION OF MUSICIANS LOCAL 784	1507 S TELEGRAPH ROAD, BLOOMFIELD HILLS, MI 48302	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
WORK DUES		174.

<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>	
ANN ARBOR FEDERATION OF MUSICIANS	1327 JONES DR., SUITE 102B, ANN ARBOR, MI 48105	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>
WORK DUES		106.

TOTAL TO FORM 990, PART I, LINE 16 125,388.

FORM 990 OTHER EXPENSES STATEMENT 4

<u>DESCRIPTION</u>	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING</u>
BANK CHARGES	1,072.		1,072.	
COMPUTER SERVICES	1,671.		1,671.	
INSURANCE- GENERAL	7,930.		7,930.	
NEGOTIATING COMMITTEES	46,343.	46,343.		
MISCELLANEOUS	9,266.	2,505.	6,761.	
30 YR AND HONOR MEMBER EXPENSE	4,312.	4,312.		
OFFICER'S EXPENSE ALLOWANCE	11,712.	11,712.		
<b>TOTAL TO FM 990, LN 43</b>	<b>82,306.</b>	<b>64,872.</b>	<b>17,434.</b>	

FORM 990 BENEFITS PAID TO OR FOR MEMBERS STATEMENT 5

DESCRIPTION	AMOUNT
GROUP LIFE INSURANCE	42,594.
NELSON MEMORIAL FUND PAYMENT	1,250.
TOTAL TO FORM 990, PART II, LINE 24	43,844.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ESTABLISHED AND MAINTAINED MINIMUM PRICES, ENFORCED PROPERLY FILED CONTRACTS NEWSPAPERS ARE PUBLISHED QUARTERLY AND APPROXIMATELY 8,000 COPIES WERE DISTR		
TOTAL TO FORM 990, PART III, LINE E		

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
RENTAL EXPENSES	38,002.
TOTAL TO FORM 990, PART IV-A	38,002.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
RENTAL EXPENSES	38,002.
TOTAL TO FORM 990, PART IV-B	38,002.

# 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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization <b>DETROIT FEDERATION OF MUSICIANS, LOCAL 5 A.F.M.</b>	Employer identification number <b>38-0478790</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>20833 SOUTHFIELD ROAD</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SOUTHFIELD, MI 48075</b>	

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 (sec. 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) \_\_\_\_\_. 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 Form 990-T corporation) extension of time until **NOVEMBER 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **APR 1, 2004**, and ending **MAR 31, 2005**

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 ..... \$ \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

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 ..... \$ **N/A**

**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.