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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

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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 copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning Jan 1, 2012, and ending Dec 31, 20 12

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

United Steelworkers Local 01241

Number and street (or P.O. box, if mail is not delivered to street address)

2785 Charlie Allen Rd

City or town, state or country, and ZIP + 4

Raywick, Ky 40060-7678

D Employer identification number

61-0713561

E Telephone number

270-692-4667

F Group Exemption

Number ▶ **0260**

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: ▶ _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **89,525**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	88,208
	4 Investment income	4	131
	5a Gross amount from sale of assets other than inventory	5a	0
	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	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ <u>0</u> 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	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	1,186	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	89,525	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	34,278
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	1,132
	15 Printing, publications, postage, and shipping	15	221
	16 Other expenses (describe in Schedule O)	16	30,298
17 Total expenses. Add lines 10 through 16	17	65,929	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,596
	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	63,264
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	1
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	86,860

For Paperwork Reduction Act Notice, see the separate instructions.

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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	63,264	86,860
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	840	840
25 Total assets	64,104	87,700
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,104	87,700

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? collective bargaining

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 <u>local union enforced collective bargaining agreement to better working conditions of the local union and providing representation.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	0

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
<u>Chris Ormes</u> 90 West Tophill Terrace, Elizabethtown, Ky 42701	President Part time	\$4,143		
<u>David Masterson</u> 444 Third St. New Haven, Ky 40051	Vice President Part time	4,612		
<u>Allen Hankins</u> 694 Logan Ridge Rd Gravel Switch, Ky 40328	Ch. Steward Part Time 6 months	1,990		
<u>Vincent Ballard</u> 295 Rosewood St., Lebanon, Ky 40033	Ch. Steward Part Time 6 months	4,071		
<u>Terry Davis</u> 2795 Charlie Allen Rd, Raywick, Ky 40060	Fin Sec Part Time	4,822		
<u>Jerome Spalding</u> 109 St rose/Lebanon Rd Springfield, Ky 40069	Rec Sec Part Time	2,906		
<u>Steve Mattingly</u> 204 Covington ave Springfield, Ky 40069	Guard Part Time	1,746		
<u>Ricky Newton</u> 275 Manton Rd Loretto, Ky 40037	Guard Part Time	2,308		
<u>Paul Boone</u> 119 Hill street Lebanon, Ky 40033	Trustee Part Time	1,639		
<u>John Craig</u> 119 Hood Ave Lebanon, Ky 40033	Trustee Part Time	2,165		
<u>Larry Downs</u> 1979 Stoner Rd Bardstown, Ky 40004	Trustee Part Time	1,639		
<u>Bill Whitson</u> 3805 Yates Cooney Neck Rd, Bloomfield, Ky 40008	Steward Part Time	990		

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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	Yes		No
				<input checked="" type="checkbox"/>

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

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	Yes		No
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 nine 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 paid more than \$100,000	(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

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	3-15-13 Date
	Terry Davis Fin-Sec Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes 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.

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

usw local 1241

Employer identification number

61-0713561

Part 1 Line 8 refunds, Reimbursements from Int. & Dist.

Part 1 Line 16 tax's, office Reimbursements, Affiliation fee's.

Part 2

Line 24 Laptop comp.

Part 4

Patricia Gilbert

204 North Palco Street, Bardstown, Ky 40004 Steward Part Time 1,079

Thomas Whitson

135 Olympic Dr Bardstown, Ky 40004 Steward Part Time 1,064

Gary Wilkerson

2147 McCauley Rd Raywick, Ky Steward Part Time 960

Scott Humphrey

1465 Clarktown Rd New Haven, Ky 40051 Steward Part Time 905

Francis O'Daniel Jr

2294 Plum Run Bardstown, Ky 40004 Steward Part Time 651