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Form 990-EZ**Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

- 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.

**Open to Public
Inspection****A For the 2013 calendar year, or tax year beginning**

01/01

, 2013, and ending

12/31

, 2013

B Check if applicable

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

C Name of organization**USW International Union Local 4**

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

P.O. Box 584

D Employer identification number

03-02255794

E Telephone number

(802) 476-3181

**F Group Exemption
Number ► 0260****G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ► USWLocal4@live.com**H Check ►** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 ► \$ 98437

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 91307
	4 Investment income	4 21
	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 \$ 0 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 7109
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 98437
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 82979
	13 Professional fees and other payments to independent contractors	13 3396
	14 Occupancy, rent, utilities, and maintenance	14 8594
	15 Printing, publications, postage, and shipping	15 633
	16 Other expenses (describe in Schedule O)	16 6372
	17 Total expenses. Add lines 10 through 16 ►	17 101974
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (3537)
	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 125991
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 3296
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 125750

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2013)

21

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	25839	22 25304
23 Land and buildings	100000	23 100000
24 Other assets (describe in Schedule O)	3000	24 3000
25 Total assets	128839	25 128304
26 Total liabilities (describe in Schedule O)	2848	26 2554
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	125991	27 125750

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 Local union enforced collective bargaining agreement to better working conditions of the Local Union and provide representation to its members
 (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
Ronald A. Christie President	50	61382	4753	0
Dennis R. Labounty Treasurer	2	900	0	0
Donna C. McNally Financial Secretary	2	1500	0	0
Joseph Trumbly Vice President	2	0	0	0
Bryan G. White Trustee	1	0	0	0
Greg Donahue Trustee	1	0	0	0
Charles Savard Trustee	1	0	0	0
Charles Seede Inside Guard	1	0	0	0
Karen Pike Outside Guard	1	0	0	0

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		X
34		Y
35a		
35b		
35c		
36		Y
37a	37a	0
b	Did the organization file Form 1120-POL for this year?	
38a	38a	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	
39	39a	N/A
a	Initiation fees and capital contributions included on line 9	
b	Gross receipts, included on line 9, for public use of club facilities	
40a	39b	N/A
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► N/A	section 4912 ► N/A	section 4955 ► N/A
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction 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.	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	
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	
41	41	Vermont
42a	The organization's books are in care of ► Donna McNally	Telephone no. ► (802) 476-3181
b	Located at ► 790 East Barre Rd Barre VT ZIP + 4 ► 05641-0584	
c	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: ►	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
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: ►	
43	43	► <input type="checkbox"/>
44a	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
c	Did the organization receive any payments for indoor tanning services during the year?	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	45a	Y
45b	45b	

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

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."	

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

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	 <u>Donna McNally</u> Signature of officer	<u>04/28/14</u> Date
	 <u>Donna McNally - Financial Secretary</u> 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

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

2013

Open to Public
Inspection

Name of the organization

USW International Union Local 4

Employer identification number

03-0225594

line 8 - christmas sick leave fund, insurance payment for damaged
sign, 940 refund, dues reimbursement

line 16 - workers comp ins, business ins, water leak repairs,
christmas sick leave pay-outs

line 20 - insurance refund, dues reimbursements

line 24 - computer, printers, copier/fax, chairs, tables, desks, files,
cabinets, office supplies

line 26 - withholding taxes, dues