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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

# 2013

**Open to Public Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization USWU LOCAL 74 WELFARE FUND LOCAL 74 WELFARE FUND Doing Business As <hr/> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 36-36 33RD STREET SUITE 202 ROOM/SUITE 202 <hr/> City or town, state or province, country, and ZIP or foreign postal code LONG ISLAND CITY, NY 11106	<b>D</b> Employer identification number 13-1912506 <hr/> <b>E</b> Telephone number (718) 729-7400 <hr/> <b>G</b> Gross receipts \$ 120,606,040
<b>F</b> Name and address of principal officer SAL ALLADEEN 36-36 33RD STREET STE 202 LONG ISLAND CITY, NY 11106		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 9 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ N/A		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1962 <b>M</b> State of legal domicile NY

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities <u>TO PROVIDE HEALTH AND WELFARE BENEFITS TO MEMBERS</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	4
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	14
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)		0
<b>9</b>	Program service revenue (Part VIII, line 2g)	42,938,165	48,800,415
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	894,713	4,260,270
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,832,878	53,060,685
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	43,738,906	46,048,730
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	691,602	716,132
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	857,314	1,024,728
<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	45,287,822	47,789,590
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	-1,454,944	5,271,095
		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	26,472,142	30,629,776
<b>21</b>	Total liabilities (Part X, line 26)	5,932,636	5,277,859
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	20,539,506	25,351,917

**Part II Signature Block**

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.

<b>Sign Here</b>	***** Signature of officer	2014-11-06 Date			
	SAL ALLADEEN TRUSTEE Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID J FITZSIMMONS	Preparer's signature	Date 2014-11-07	Check <input type="checkbox"/> if self-employed	PTIN P01242338
	Firm's name ▶ FITZSIMMONS KRANTZ AND ABRAMS LLP			Firm's EIN ▶ 13-2858927	
	Firm's address ▶ 59 E 54TH ST RM 82 NEW YORK, NY 100229207			Phone no (212) 759-4949	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission  
TO PROVIDE HEALTH AND WELFARE BENEFITS TO MEMBERS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
THE FUND PROVIDES HEALTH BENEFITS (HOSPITALIZATION, SURGICAL AND MAJOR MEDICAL, DENTAL, OPTICAL, DISABILITY, PRESCRIPTION DRUG, LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE) TO PARTICIPANTS HAVING ACHIEVED THE REQUIRED MINIMUM HOURS OF SERVICE IN COVERED EMPLOYMENT

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses**

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		No
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/> . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/> . . . . .		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/> . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/> . . . . .		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/> . . . . .		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/> . . . . .		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/> . . . . .	Yes	
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/> . . . . .		No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . .</i>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . .</i>	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . .</i>	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . .</i>	<b>25a</b>		
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . .</i>	<b>25b</b>		
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . .</i>	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . .</i>	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . .</i>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . .</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . .</i>	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . .</i>	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . .</i>	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . .</i>	<b>36</b>		
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . .</i>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</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)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (2), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 12a (Yes), 12b (No), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>	<b>2a</b>	EMPLOYERS' CONTRIBUTIONS	900099	48,607,006	48,607,006		
	<b>b</b>	COBRA CONTRIBUTIONS	900099	193,409	193,409		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		48,800,415			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		531,252		531,252	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	71,274,373			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	67,545,355			
			<b>c</b> Gain or (loss)	3,729,018			
	<b>d</b>	Net gain or (loss) . . . . .		3,729,018	3,729,018		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		53,060,685	52,529,433		531,252	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
<b>4</b>	Benefits paid to or for members	46,048,730			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	98,827			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages	264,333			
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	234,862			
<b>9</b>	Other employee benefits	81,575			
<b>10</b>	Payroll taxes	36,535			
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal	366,823			
<b>c</b>	Accounting	100,820			
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees	52,850			
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	93,742			
<b>12</b>	Advertising and promotion				
<b>13</b>	Office expenses	56,617			
<b>14</b>	Information technology				
<b>15</b>	Royalties				
<b>16</b>	Occupancy	51,240			
<b>17</b>	Travel	5,836			
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	12,944			
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization	1,885			
<b>23</b>	Insurance	60,963			
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	DATA PROCESSING	211,816			
<b>b</b>	EXCISE TAX & FEES	9,192			
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	47,789,590	0	0	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,766,763	<b>1</b>	1,673,958
	<b>2</b> Savings and temporary cash investments . . . . .	788,995	<b>2</b>	22,791,679
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	4,725,155	<b>4</b>	4,785,229
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	39,019	<b>9</b>	40,871
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 599,314		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 593,834	7,364	<b>10c</b> 5,480
	<b>11</b> Investments—publicly traded securities . . . . .	10,926,675	<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	8,113,262	<b>12</b>	1,207,277
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	104,909	<b>15</b>	125,282
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	26,472,142	<b>16</b>	30,629,776	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	179,119	<b>17</b>	123,762
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	5,753,517	<b>25</b>	5,154,097
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,932,636	<b>26</b>	5,277,859
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	20,539,506	<b>32</b>	25,351,917
<b>33</b> Total net assets or fund balances . . . . .	20,539,506	<b>33</b>	25,351,917	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	26,472,142	<b>34</b>	30,629,776	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	53,060,685
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	47,789,590
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	5,271,095
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	20,539,506
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,658,684
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,200,000
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	25,351,917

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization USWU LOCAL 74 WELFARE FUND LOCAL 74 WELFARE FUND

Employer identification number 13-1912506

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and historic structures.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		599,314	593,834	5,480
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				5,480



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	51,349,151
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-1,658,684
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,658,684
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	53,007,835
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	52,850
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	52,850
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	53,060,685

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	47,136,740
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	47,136,740
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	52,850
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	600,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	652,850
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	47,789,590

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	NOTE 10 TAX STATUS THE INTERNAL REVENUE SERVICE HAS RULED THAT THE FUND IS AN EXEMPT ORGANIZATION UNDER SECTION 501 (C) (9) OF THE INTERNAL REVENUE CODE AND IS THEREFORE NOT SUBJECT TO FEDERAL INCOME TAXES THE FUND IS REQUIRED TO OPERATE IN CONFORMITY WITH THE IRC TO MAINTAIN ITS QUALIFICATION THE BOARD IS NOT AWARE OF ANY COURSE OF ACTION OR SERIES OF EVENTS THAT HAVE OCCURRED THAT MIGHT ADVERSELY AFFECT THE FUND'S QUALIFIED STATUS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES FUND MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FUND AND RECOGNIZE A TAX LIABILITY OR ASSET IF THE FUND HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS THE FUND'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FUND, AND HAS CONCLUDED THAT AT DECEMBER 31, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR ASSET OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FUND IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS THE FUND ADMINISTRATOR BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010
SCHEDULE D, PAGE 4, PART XII, LINE 4B	CHANGE IN PROVISION FOR ESTIMATED CLAIMS 600,000



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
USWU LOCAL 74 WELFARE FUND  
LOCAL 74 WELFARE FUND

Employer identification number

13-1912506

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)SAL ALLADEEN TRUSTEE	(i)							
	(ii)	277,158			12,297		289,455	
(2)CHARLES POEKEL FUND ADMINISTRATOR	(i)	94,798			4,029		98,827	
	(ii)	63,312			3,416		66,728	

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Return Reference****Explanation**

**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 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](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Name of the organization  
USWU LOCAL 74 WELFARE FUND  
LOCAL 74 WELFARE FUND

**Employer identification number**

13-1912506

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	
FORM 990, PAGE 6, PART VI, LINE 12C	DISCUSSED IN MONTHLY BOARD MEETINGS
FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION OF THE ORGANIZATION'S PLAN ADMINISTRATOR IS DETERMINED BY THE PLAN'S BOARD OF TRUSTEES
FORM 990, PAGE 6, PART VI, LINE 19	IT IS THE ORGANIZATION'S POLICY TO FULLY COMPLY WITH THE FEDERAL PUBLIC DISCLOSURE REQUIREMENTS WITH RESPECT TO THE IRS FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS. OUR ORGANIZATION WILL FULFILL ALL REQUESTS FOR THE FORMS MADE IN WRITING OR IN PERSON, OR SOME COMBINATION OF THOSE AVENUES IN ORDER TO COMPLY WITH THE FEDERAL PUBLIC DISCLOSURE REQUIREMENTS.
FORM 990, PART XI, LINE 9	CHANGE IN PROVISION FOR ESTIMATED CLAIMS 600,000
FORM 990, PART XI, LINE 9	CHANGE IN PROVISION FOR ESTIMATED CLAIMS 600,000

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
USWU LOCAL 74 WELFARE FUND  
LOCAL 74 WELFARE FUND

Employer identification number

13-1912506

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SEE ATTACHED SCHEDULE			N/A						No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>	Yes	
<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> USWU JOINT COUNCIL 1217	P	99,378	FMV OF AMOUNT PAID
<b>(2)</b> LOCAL USWU 74 PENSION FUND	R	230,172	FMV OF AMOUNT PAID
<b>(3)</b> USWU JOINT COUNCIL 1217	O	152,602	FMV OF AMOUNT PAID
<b>(4)</b> USWU LOCAL 74 LEGAL SERVICES FUND	O	54,423	FMV OF AMOUNT PAID
<b>(5)</b> USWU LOCAL 74 TRAINING SCHOLARSHIP	O	54,423	FMV OF AMOUNT PAID



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R	SEE ATTACHED SCHEDULE FOR LIST OF EMPLOYERS WHO ARE CONSIDERED RELATED ORGANIZATIONS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1912506  
**Name:** USWU LOCAL 74 WELFARE FUND  
 LOCAL 74 WELFARE FUND

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) USWU LOCAL 74  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 20-5808568	LABOR ORGA	NY	501C5		N/A		No
(1) JOINT COUNCIL 1217 USWU  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 26-2718175	LABOR ORGA	NY	501C5		N/A		No
(2) USWU LOCAL 74 LEGAL SERVICES FUND  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 11-2651874	LEGAL BENE	NY	501C9		N/A		No
(3) LOCAL USWU 74 PENSION FUND  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 27-1247066	RETIREMENT	NY	401A		N/A		No
(4) CEMETERY WORKERS SUPPLEMENTAL PENSI  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 11-2416101	RETIREMENT	NY	401A		N/A		No
(5) METAL SPINNERS RETIREMENT PLAN  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 13-6608708	RETIREMENT	NY	401A		N/A		No
(6) USWU LOCAL 74 TRAINING & SCHOLARSHI  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 11-2651721	TRAINING C	NY	501C9		N/A		No
(7) LOCAL 74 USWU 401(K) PLAN  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 27-2570808	RETIRMENT	NY	401K		N/A		No
(8) LOCAL 811 USWU IUJAT  36-36 33RD STREET SUITE 202 LONG ISLAND CITY, NY 11106 26-4156995	LABOR ORGA	NY	501C5		N/A		No

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172  
**2013**  
 Attachment  
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return USWU LOCAL 74 WELFARE FUND LOCAL 74 WELFARE FUND	Business or activity to which this form relates INDIRECT DEPRECIATION	<b>Identifying number</b>  13-1912506
--	--	---

**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

<b>1</b> Maximum amount (see instructions)	<b>1</b>	500,000
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	2,000,000
<b>4</b> Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	

<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	<b>13</b>	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	1,885

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2013	<b>17</b>	
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs		S/L	
<b>h</b> Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs		S/L	
<b>c</b> 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions.)**

<b>21</b> Listed property Enter amount from line 28	<b>21</b>	
<b>22 Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	<b>22</b>	1,885
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2013 tax year (see instructions) 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

U S W U LOCAL 74 WELFARE FUND  
 36-36 33RD STREET, SUITE 202  
 LONG ISLAND CITY, NY 11106  
 EIN 13-1912506  
 2013 FORM 990 ATTACHMENT

**Schedule R - Part IV**

Name	Address	City	State	Zip
Empire Manufacturing	6520 New Utrecht Avenue	Brooklyn	NY	11219
Quality Dental	211 W 79th St	New York	NY	10024
Westchester Dental	47 Mamaroneck Avenue	White Plains	NY	10601
All Faiths Cemetery	67-29 Metropolitan Ave	Middle Village	NY	11379
Ampeco Systems Parking	1459 Hamilton Avenue	Cleveland	OH	44144
Airport Parking Accountants, Inc	108 Marcia Drive	Altamonte Springs	FL	32714
Arlington Cemetery	748 Schuyler Ave	Kearny	NJ	7032
Archdiocese Of Ny Security Guards-em	231 West 44th Street Ste 701	New York	NY	10036
Ascension Cemetery	1011 First Ave	New York	NY	10022
Asig Non-union				
Baumann Bus	Uswu 138-50 Queens Blvd	Briarwood	NY	11435
Age Wise Inc	9313 Airport Blvd	Orlando	FL	32827
Bauman Bus Mechanics	Uswu 138-50 Queens Blvd	Briarwood	NY	11435
Baumann Bus Yorktown Heights	Uswu 138-50 Queens Blvd	Briarwood	NY	11435
Beth David Cemetery	Elmont Road	Elmont	NY	11003
Bg Service Solutions Iss	1225 E 18th Street	Kansas City	MO	64108-1605
Bishop Ford H s	500 19th Street	Brooklyn	NY	11215
Bishop Kearney H s	2202 60th Street	Brooklyn	NY	11204
Bishop Loughlin H s	357 Clermont Avenue	Brooklyn	NY	11238
Beechwoods Cemetery	179 Beechwood Ave	New Rochelle	NY	10801
Calvary Cemetery	1011 First Ave	New York	NY	10022
Cedar Grove Cemetery	Po Box 228	Flushing	NY	11352
Asig Charlotte	201 S Orange Ave Suite 1400	Orlando	FL	32801
Asig Cincinnati	201 S Orange Ave Suite 1400	Orlando	FL	32801
Asig Cleveland	201 S Orange Ave Suite 400	Orlando	FL	32801
Cristi Cleaning Corp Building 14	77 Trinity Place	Hackensack	NI	7601
Cristi Cleaning Service Corp	77 Trinity Place	Hackensack	NI	7601
Catholic Cemeteries Retirees	C o Saint John's Cemetery 80-01 Metropolitan Ave	Middle Village	NY	11379
Cypress Hills Cemetery	833 Jamaica Ave	Brooklyn	NY	11208
Dura Realty Llc	438 Kingston Ave	Brooklyn	NY	11225
Domino Sugar	1 Federal Street American Sugar Refiners	Yonkers	NY	10705
Domino Sugar Local 30	1 Federal Street American Sugar Refiners	Yonkers	NY	10705
A-1 Stamping & Spinning Corp	288 North 8th St	Brooklyn	NY	11211
American Metal Spinning	21 Eads St	West Babylon	NY	11704
Edison Price Lighting	41-50 22 St	Long Island City	NY	11101
Gem Metal Spinning & Stamping	5-17 47th Rd	Long Island City	NY	10011
Kraftware Corp	270 Cox Street	Roselle	NI	7203
Lamparts Company	160 East 3rd St	Mount Vernon	NY	10550
Russeco Metal Spinning Co . Inc	3064 Lawson Boulevard	Oceanside	NY	11572
Sdz Metal Spinning & Stamping	1807 Pacific St	Brooklyn	NY	11233
Williamsburgh Metal	267 Kent Ave	Brooklyn	NY	11249-4120
Ecclesiastical Mant Services	1011 First Ave	New York	NY	10022
The Evergreens	1629 Bushwick Avenue	Brooklyn	NY	11207
Ferneliff Cemetery Assoc	Po Box 217 Secar Road	Hartsdale	NY	10530
Florida Cleaning Systems	624 Douglas Avenue (suite 1420)	Almonte Springs	FL	32714
Flushing Hosp Medical Cent	4500 Parsons Blvd	Flushing	NY	11355
Fashion Institute Of Tech man	551 Fifth Avenue Suite 300	New York	NY	10176-0399
Flower Hill Cemetery	55th St & Kennedy Blvd	North Bergen	NI	7047
Flushing Cemetery	163-06 46th Ave	Flushing	NY	11358
First Student, Inc .	600 Vine St Suite 1400	Cincinnati	OH	45202
Five Star Parking Jfk Airport	Jfk International Airport Bldg 14, East Wing, 1st	Jamaica	NY	11430
Five Star Parking Laguardia Airport	Laguardia Airport P o Box 432	Flushing	NY	11371
Five Star Parking Philadelphia Airport	1459 Hamilton Avenue	Cleveland	OH	44144
Five Star La Guardia Supervisors	Laguardia Airport P o Box 432	Flushing	NY	11371
Five Star Jfk Supervisors	Jfk International Airport Bldg 14, East Wing, 1st	Jamaica	NY	11430
Asig Ft Lauderdale	201 S Orange Ave Suite 1400	Orlando	FL	32801
Fairview Cemetery Assoc	500 Fairview Ave	Fairview	NI	7022
Asig Atlanta	201 S Orange Ave Suite 1400	Orlando	FL	32801
Grand Central Partnership Inc	122 East 42nd Suite 601	New York	NY	10168
Gate Of Heaven N J Cemetery	Po Box 9500 171 Clifton Ave	Newark	NI	7104

Gate Of Heaven N y Cemetery	1011 First Ave	New York	NY	10022
Goddard -the Senate	593 Columbus Avenue	New York	NY	10024
Greenwood Lake School District	P o Box 8 Town Of Warwick	Greenwood Lk	NY	10925
Greenwood Lake School District-drivers monitors	P o Box 8 Town Of Warwick	Greenwood Lake	NY	10925
Hauppauge School District	3555 Veterans Hwy Suite H	Ronkonkoma	NY	11779
Holy Cross N j Cemetery	Po Box 9500 171 Clifton Ave	Newark	NJ	7104
Holy Cross N y Cemetery	C o Saint John's Cemetery 80-01 Metropolitan Ave	Middle Village	NY	11379
Help Maintenance	5 Hanover Sq 17th Floor	New York	NY	10004
Help Philadelphia	5 Hanover Sq 17th Floor	New York	NY	10004
Help Safety Monitors	5 Hanover Sq 17th Floor	New York	NY	10004
Help Las Vegas	5 Hanover Sq 17th Floor	New York	NY	10004
Holy Name Cemetery	Po Box 9500 171 Clifton Ave	Newark	NI	7104
Holy Sepulchre N j cemeterys	Po Box 9500 171 Clifton Ave	Newark	NI	7104
Holy Sepulchre N y Cemetery	Holy Sepulchre Cemetery 15 Shea Place	New Rochelle	NY	10805
Belair Watch Corp	1995 Swarthmore Avenue	Lakewood	NI	8701
Hammerman Brothers, Inc	50 West 57 St	New York	NY	10019
Hepeco Inc	35 West 45th Street 11th Floor	New York	NY	10036
Nice-pak Products Inc	Att Payroll Dept Two Nice Pak Park	Orangeburg	NY	10962
Wenman Brothers	142 West 36 St 15th Floor	New York	NY	10018
Joint Amalgamated Services Inc	11 Harristown Rd Ste 103	Glen Rock	NI	7452
Jfk Dispatch Gateway	604-608 Market St	Newark	NJ	7105
Jamaica Hosp Diag Testing	8900 Van Wyck Expressway	Jamaica	NY	11418
Jamaica Hospital Medical Center	8900 Van Wyck Expressway Rm# 5r Attn K Ishmael	Jamaica	NY	11418
Jamaica Hospital Nursing Home	90-28 Van Wyck Expressway	Jamaica	NY	11418
Abraham Joshua Heschel School	20 West End Avenue	New York	NY	10023
Aramark Corp -Lincoln Center	70 Lincoln Center Plaza 3rd Fl Rose Building	New York	NY	10023
Asig Kennedy	201 S Orange Ave Suite 1400	Orlando	FL	32801
Asig Los Angeles Station	201 S Orange Ave Suite 1400	Orlando	FL	32801
Laguardia Dispatch Gateway	604-608 Market St	Newark	NI	7105
Asig Long Beach	3333 East Spring St. Ste 205	Long Beach	CA	90806
Linden Hill Methodist Cemetery	323 Woodward Ave	Ridgewood	NY	11385
Maple Grove Cemetery	127-15 Kew Gardens Rd	Kew Gardens	NY	11415
Mt aariat Cemetery	Post Office Box 355	Farmingdale	NY	11735
Maryrest Cemetery	Po Box 9500 171 Clifton Ave	Newark	NI	7104
Mt carmel Cemetery	83-45 Cypress Hills St	Glendale	NY	11385
Mdb Development Corporation	511 Canal Street 2nd Fl	New York	NY	10013
Asig Melbourne	201 S Orange Ave Suite 1400	Orlando	FL	32801
Mt hope Cemetery	50 Jackson Fl Suite#1	Hastings On Hudson	NY	10706
Mt judah Cemetery	Po Box 860177	Ridgewood	NY	11385
Mt lebanon Cemetery	7800 Myrtle Ave	Glendale	NY	11385
Mt moriah Cemetery	550 Fairview Ave	Fairview	NI	7022
Mt olivet Cemetery	65-40 Grand Ave	Maspeth	NY	11378
Monticello School Aids	237 Forest Burgh Road	Monticello	NY	12701
Monticello Bus Drivers	237 Forest Burgh Road	Monticello	NY	12701
Monticello Cleaners	237 Forest Burgh Road	Monticello	NY	12701
Montefiore Cemetery	Springfield Cemetery P o Box 120098	St Albans	NY	11412
Monticello Cafeteria	237 Forest Burgh Road	Monticello	NY	12701
Mt Pleasant Cemetery	Po Box 286	Hawthorne	NY	10532
Mt saint Mary's Cemetery	C o Saint John's Cemetery 80-01 Metropolitan Ave	Middle Village	NY	11379
Mt zion Cemetery	59-63 54th Ave Po Box 780355	Maspeth	NY	11378
Asig New Orleans	201 S Orange Ave Suite 1400	Orlando	FL	32801
Archdiocese Of Newark Retirees	P o Box 9500 171 Clifton Avenue	Newark	NI	7104
Archdiocese Of New York Retirees	1011 First Ave	New York	NY	10022
Oakland Cemetery	2 Saw Mill River Road Fax#914-969-9788	Yonkers	NY	10701
Oceanview Cemetery	3315 Amboy Road	Staten Island	NY	10306
St Francis Prep harvard	570 7th Ave	New York	NY	10018
Asig Orlando	201 S Orange Ave Suite 1400	Orlando	FL	32801
Asig Orlando - Baggage Handlers	201 S Orange Ave Suite 1400	Orlando	FL	32801
Saint Johns Paris	588 Meacham Ave	Elmont	NY	11003
Pine Bush School District	P o Box 700	Pine Bush	NY	12566
Pine Bush School District B	P o Box 700	Pine Bush	NY	12566
Pmelawn Memorial Park	Po Box 420	Farmingdale	NY	11735
Plainfield Health Center	1700-58 Myrtle Avenue	Plainfield	NI	07063-1038
Poughkeepsie Housing Clericals	4 Howard Street	Poughkeepsie	NY	12601
Poughkeepsie Housing Maint	4 Howard Street	Poughkeepsie	NY	12601
Resurrection Cemetery	1011 First Ave	New York	NY	10022
Ride Right, Llc	16 Hawk Ridge Drive	Lake Saint Louis	MO	63367
West Broadway Dental	1 West Broadway	Paterson	NI	7505
Asig San Diego	201 S Orange Ave Suite 1400	Orlando	FL	32801

Asig Sarasota	P o Box 1364	Tallavast	FL	34270
Saint Charles Cemetery	C o Saint John's Cemetery 80-01 Metropolitan Ave	Middle Village	NY	11379
Smartecarte Ifk	4455 White Bear Pkwy	St Paul	MN	55110
South East Business Services, Inc	P o Box 620217	Oviedo	FL	32762
Ses Harlem East Life	23-69 2nd Ave	New York	NY	10035
Ses-pro Harlem East Life	23-69 2nd Ave	New York	NY	10035
Saint Gertrude's Cemetery	Po Box 9500 171 Clifton Ave	Newark	NI	7104
Saint John's Cemetery	80-01 Metropolitan Ave	Middle Village	NY	11379
Sleepy Hollow Cemetery	P o Box 754	Sleepy Hollow	NY	10591
Saint Mary's Cemetery Rve	C o Our Lady Of Mercy Chu 260 Westchester Ave	Portchester	NY	10573
Saint Mary's Cemetery Yonkers	Immaculate Conception Chu 103 South Broadway	Yonkers	NY	10701
Saint Michaels Cemetery	72-02 Astoria Blvd	East Elmhurst	NY	11370
Swissport Fueling Memphis	P o box 613137	Dfw Airport	TX	75261
Student Transportation Of America	3349 Highway 138 Bldg A Suite C	Wall	NI	7719
Saint Anthony School	American Maintenance 385 West Main St	Babylon	NY	11702
Asig Tampa	201 S Orange Ave Suite 1400	Orlando	FL	32801
Temple Israel Cemetery	112 East 75th Street	New York	NY	10021
Queens Center Mall- Dtz Inc	275 Grove Street, Suite 3-200	Auburndale	MA	2466
United Nations School	551 5th Avenue Suite 300	New York	NY	10176
United Hebrew Cemetery	122 Arthur Kill Road	Staten Island	NY	10306
Unionfield Cemetery	82-11 Cypress Ave	Ridgewood	NY	11385
Washington Cemetery	5400 Bay Parkway	Brooklyn	NY	11230
Westchester Cemetery	400 Saw Mill River Rd	Hastings On The Hudson	NY	10706
West Midtown Management Corp	505 Eighth Avenue 10th Floor	New York	NY	10018
Washington Memorial Park	855 Canal Rd	Mt Sinai	NY	11766