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# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150 2013

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Program service revenue including government fees and contracts  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  5b 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)  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events  6c 0  Alter income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  7a 0  6b Less: cost of goods sold  7b 0  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 5c, 7c and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salares, other compensation, and explorate benefits  13 Professional fees and other paymet is nondependent sometic or for the paymet is nondependent sometic or for line 9)  18 Excess or (deficit) for the year, exception in Schedule 0)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)  19 Under changes in net assets or fund balances at end of year. Combine lines 18 through 20  20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20	A F	or the	2013 calendar year, or tax year beginning 01 January , 2013	3, and ending	31	Decem	nber , 20 13		
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G Accounting Method: □ Cash □ Accrual Other (specify) ►	=								
Website: F   Traversempt status (check only one)							<u> </u>		
J Tax-exempt status (check only one) —   501(c)(3)				l'					
K Form of organization:									
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 (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$    Part I				or []527]	(i Oitti a	30, 33	0°LZ, 01 330-71 ).		
(Part II.   column ((t) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   Servenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   The Part I   Check if the organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to respond to any question in this Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O to the Part I   The Organization used Schedule O the Organization used Schedule O to the Charles of the Organization used Schedule O to the Charles of the Organization used Schedule O to the Charles of the Org				r more, or if to	atal accets				
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10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 11240							1475		
11 Benefits paid to or for members	$\dashv$		Total revenue. Add lines 1, 2, 3, 4 - 6C, 60, (C, and 8		_ , ▶	· · · · · ·	67845		
14 Occupancy, rent, utilities, and maintenance 11 12935: 15 Printing, publications, postage, and shipping 15 412: 16 Other expenses (describe in Schedule 0) 16 3543: 17 Total expenses. Add lines 10 through 16 17 10940: 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (41549) 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 14617: 20 Other changes in net assets or fund balances (explain in Schedule 0) 10 777: 21 Net assets or fund balances at end of year. Combine lines 18 through 20 11240:	-		Grants and similar amounts paid (list in Schedule O)				0		
Total expenses. Add lines 10 through 16		11	Benefits paid to or for members \. \( \tau_1  \tau_2  \tau_3  \tau_4  \tau_5  \tau_5 \			11	0		
14 Occupancy, rent, utilities, and maintenance 11 12935: 15 Printing, publications, postage, and shipping 15 412: 16 Other expenses (describe in Schedule 0) 16 3543: 17 Total expenses. Add lines 10 through 16 17 10940: 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (41549) 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 14617: 20 Other changes in net assets or fund balances (explain in Schedule 0) 10 777: 21 Net assets or fund balances at end of year. Combine lines 18 through 20 11240:	s		Salaries, other compensation, and employee benefits	her compensation, and employee benefits					
Total expenses. Add lines 10 through 16	ž	13	Professional fees and other payments to independent contractors	nal fees and other payments to independent contractors					
16 Other expenses (describe in Schedule O)	اق	14	Occupancy, rent, utilities, and maintenance	incy, rent, utilities, and maintenance					
16 Other expenses (describe in Schedule O)	<u> </u>	15	Printing, publications, postage, and shipping	g, publications, postage, and shipping					
Total expenses. Add lines 10 through 16	- 1	16				16			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	·		•				
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)	_			<del></del>	<del>-</del> -	-			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ie ie			l) (must agr	ee with		(41349)		
21 Net assets or rund balances at end or year. Combine lines 18 through 20	SS								
21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   112409	#	20				<del></del>			
	ž		• , ,						
						21	112409 Form 990-EZ (2013)		

	(20.0)			<u>.</u>		rage a
Pa	Balance Sheets (see the instructions			_		
	Check if the organization used Schedule	e O to respond to a	ny question in this		<u></u>	(D) 5-1-(
22	Code covings and investments		-	(A) Beginning of year	00	(B) End of year
23	Cash, savings, and investments		<u>-</u>	59433 75000		2563
24	Other assets (describe in Schedule O)			75000 11746		75000 11740
25	Total assets			146179		11240
26	Total liabilities (describe in Schedule O)				26	1,240.
27	Net assets or fund balances (line 27 of column		<u> </u>	146179	-	11240
Par	Statement of Program Service Accom	nplishments (see th	ne instructions for I	Part III)		Expenses
	Check if the organization used Schedule			Part III 🗌	(Red	quired for section
Wha	t is the organization's primary exempt purpose?	Collective Bargainin	g			(c)(3) and 501(c)(4)
	ribe the organization's program service accompl					anizations and section 7(a)(1) trusts; optional
	leasured by expenses. In a clear and concise nones benefited, and other relevant information for e		e services provided	d, the number of	ford	others.)
28	Local union enforced collective bargaining agreeme	<del></del>	ng conditions of the			1
20						
	representation to its members					
	(Grants \$ ) If this amount	includes foreign gra			28a	, <del> </del>
29						
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<b>▶</b> 🗌	<b>29</b> a	
30			***************************************			
						1
	(Grants \$ ) If this amount	includes foreign gra	ente chack hara		30a	. [
31	Other program services (describe in Schedule O)		ints, check here .		308	
•-		includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)		•	32	<del></del>
Par					stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u></u>	<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	other compensation
		<u> </u>	(if not paid, enter -0-)	deferred compensation	<u>'</u>	
	E WILSON					
	SIDENT NY L BAILEY	PT	4700	'	<u> </u>	165
	PRESIDENT	PT	4934		0	43
	RI K LAYHER		4955	<u> </u>	┪	
	ORDING SECRETARY	PT	5478		o	594
DON	NA M KENDRICK					
TRE	SURER	PT	4651		0	2653
JOAN	IIE N KENDRICK	_				
PAST	FINANCIAL SECRETARY	PT	5816	i	0	517
	K TRAVIS	-				
	NCIAL SECRETARY	PT	5177	'	0	321
	NA L JOHNSON	.				
TRUS		PT	599	)	이	0
	N R LAYHER		064			47
TRUS	CE D THOMAS	PT	964	<u> </u>	<u> </u>	17
TRUS		 PT	289	,[	اه	12
		† · • · · · · · · · · · · · · · · · · ·	203	<del></del>	+	12
		-1				
					$\top$	
		· ·	1	1	1	

Part	•			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	<b>√</b>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		•	
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		1
С	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			
е	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	40e		1
41	List the states with which a copy of this return is filed ► TENNESSEE			
42a		423-23		2
h	Located at ► 2100 WHEELER STREET, JOHNSON CITY, TN ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	<b>√</b>
	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.			
С	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: ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>-</b> 🗆
4.4			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		]	
AE-	•	44d		<b>√</b>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	├	✓
JUU	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		./
			ı I	. ▼

Form 99	90-EZ (2	013)						ı	Page 4
46	Dıd t	he organization engage, directly or in	directly, in political o	ampaign activities	on behalf	of or in opposit	tion	Yes	No
	to ca	ndidates for public office? If "Yes," c	omplete Schedule C	, Part I			. 46		1
Part		Section 501(c)(3) organizations							<u> </u>
		All section 501(c)(3) organizations	s must answer que	estions 47–49b ar	nd 52, and	d complete th	e tables	for lin	es
	Ç,	50 and 51.	·			·			
		Check if the organization used Sch	nedule O to respond	to any question i	n this Parl	t VI			. 🗆
								Yes	No
47		he organization engage in lobbying? If "Yes," complete Schedule C, Part		section 501(h) elec					1
48	•	organization a school as described in						<del></del>	1
49a		he organization make any transfers to		•				-	1
b		es," was the related organization a se	· · · · · · · · · · · · · · · · · · ·						1
50		plete this table for the organization's						- 1	id ke
		oyees) who each received more than							
-				T		lealth benefits,	-,	- 101701	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mis	contribu	tions to employee lans, and deferred impensation	(e) Estima other co		
•••••									
							<u> </u>		
								•	
f	Total	number of other employees paid over	er \$100,000	<b>&gt;</b>		_			
51		plete this table for the organization's			ent contrac	ctors who each	received	d more	thar
	\$100	,000 of compensation from the organ	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service	(c)	Compensa	tion	
		<del></del>			<del>*</del>	<del></del>	<del></del>		
				†					
	***						···-		
				1					
							·		
				1					
		<del></del>							
				1					
d	Total	number of other independent contra	ctors each receiving	over \$100.000 .	. •				
52		he organization complete Schedule A	•		ons and 49	47(a)(1)			
<b>-</b>		xempt charitable trusts must attach a					► ☐ Ye	s [7]	Nο
Under p	enalties	of perjury, I declare that I have examined this n	etum, including accompan	ving schedules and stat	ements, and t	o the best of my kn			
		d complete Declaration of preparer (other than					, comocago as	o bollot,	
		Mach wint			1/28/	14			
Sign		Signature of officer	··	<del></del>	Date	,			
Here		MARK TRAVIS - FINANCIAL OFFIC	ER						
	Type or print name and title								
Doid		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Paid	ara-		1			self-emplo			
Prep	_	Firm's name ▶		Fırm's EİN ▶					
Use	Only	Firm's address >				Phone no			
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			► ✓ Ye	s 🔲 l	No

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization	Employer identification number
UNITED STEELWORKERS LOCAL 7739	23-707288
LINE #14 - \$29355 - UPDATING PRIOR TO REMODELLING UNION HALL	
LINE #8 REVENUE - \$1475	
IRS REFUND - \$704	
IND REI OIAD - \$704	
REFUND - \$532	
	,
CASH DEPOSIT - \$239	
LIBIC 440 EVOCAICES #20422	
LINE #16 - EXPENSES - \$35433	
TAXES PAID \$9686 SUNDRY EXPENSES \$8184 PER CAPITA FEES \$1077	
INDIVIDUAL EXPENSES \$5090 INSURANCE ON UNION HALL \$1074	
UNION WORKERS INSURANCE \$584 TAXES WITHHELD \$7746	
UNION FLAGARIA PROPERTY TAVES ALONG	
UNION FLAG \$542 PROPERTY TAXES \$1290	
HALL OF FAME BANQUET \$160	
TIRLE OF I ARE DARGOLT \$100	
	•••••••••••••••••••••••••••••••••••••••
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