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Short Form Return of Organization Exempt From Income Tax

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

- 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.

A For the 2013 calendar year, or tax year beginning

, and ending

B Check if applicable

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

C Name of organization

USW, LU 1015L-07

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

Room/suite

1105 N 200W

City or town

State

ZIP code

ANGOLA

IN

46703

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

35-0890187

E Telephone number

(260) 665-2215

F Group Exemption

Number ► 0260

G Accounting Method: Cash Accrual Other (specify) ►**I Website:** ► NA**J Tax-exempt status (check only one) —** 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527**K Form of organization:** Corporation Trust Association Other Local Union

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 53,903

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 36,747
	4 Investment income	4 173
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8 16,983
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 53,903
	10 Grants and similar amounts paid (list in Schedule O)	10 1,666
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 43,654
	13 Professional fees and other payments to independent contractors	13 3,942
	14 Occupancy, rent, utilities, and maintenance	14 8,208
	15 Printing, publications, postage, and shipping	15 492
	16 Other expenses (describe in Schedule O)	16 8,665
	17 Total expenses. Add lines 10 through 16	17 66,627
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -12,724
	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 31,496
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 3,113
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 21,885

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013) 13

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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

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

35 a 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)?
 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 35a
 c 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 35b
 35c 35c

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

37 a 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

38 a 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?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
 39 Section 501(c)(7) organizations Enter:
 a Initiation fees and capital contributions included on line 9 39a
 b Gross receipts, included on line 9, for public use of club facilities 39b

40 a 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
 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d
 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► JENNIFER ROGERS Telephone no ► (260) 665-2215
 Located at ► 1105 N 200 W City ANGOLA ST IN ZIP + 4 ► 46703 42b
 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)? 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. 42c

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 ► 43

44 a 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
 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 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a
 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/MW	00		
Name				
Title	Hr/MW	00		
Name				
Title	Hr/MW	00		
Name				
Title	Hr/MW	00		
Name				
Title	Hr/MW	00		

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

► Yes No

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

Sign Here	► <i>Jennifer Rogers</i>		Date <i>04-10-14</i>
	Signature of officer	Type or print name and title <i>Jennifer Rogers</i>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ►	Check <input type="checkbox"/> if self-employed	
	Firm's address ►	Firm's EIN ►	Phone no.

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

► Yes No

SCHEDULE O
(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

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

USW, LU 1015L-07

Employer identification number

35-0890187

Form 990-EZ, Part I, Line 8, Other Revenue. REIMB EXP WAGES & TRAVEL 14,629

Form 990-EZ, Part I, Line 8, Other Revenue. DONATIONS 1,000

Form 990-EZ, Part I, Line 8, Other Revenue BANK REIMB CREDIT 1,354

Form 990-EZ, Part I, Line 16, Other Expenses Travel 4,985

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 1,661

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 544

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 1,475

Form 990-EZ, Part I, Line 20, Net Assets: START & ENDING LIABILITIES 3,113

Form 990-EZ, Part II, Line 24, Other Assets OFFICE FURN & EQUIP Beginning of year 3,768

End of year 4,328

Form 990-EZ, Part II, Line 26, Liabilities UNREMITTED TAXES & DUES Beginning of year 0, End

of year 3,113

Form 990-EZ, Part III, Section 28, Line 28 The mission statement of this organization

includes, but not limited to on behalf of its members, collective bargaining, grievance

procedures, arbitration, strike benefits, education, organize and to improve the working

conditions of its members

Name of the organization

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