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# 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)**

**▶ 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](http://www.irs.gov/form990).

OMB No 1545-1150

2013

**Open to Public Inspection**

<b>A For the 2013 calendar year, or tax year beginning</b> <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 Name of organization</b> 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/country Foreign postal code		<b>D Employer identification number</b> 35-0890187 <b>E Telephone number</b> (260) 665-2215 <b>F Group Exemption Number</b> ▶ 0260	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ <b>I Website:</b> ▶ NA		<b>H Check</b> <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
<b>J Tax-exempt status</b> (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <u>Local Union</u>					
<b>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. ▶ \$ 53,900</b>					

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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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	
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	36,747
	4	Investment income	173
	5a	Gross amount from sale of assets other than inventory	
	b	Less: cost or other basis and sales expenses	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
	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		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0	
7a	Gross sales of inventory, less returns and allowances		
b	Less: cost of goods sold		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0	
8	Other revenue (describe in Schedule O)	16,983	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	53,903	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	1,666
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	43,654
	13	Professional fees and other payments to independent contractors	3,942
	14	Occupancy, rent, utilities, and maintenance	8,208
	15	Printing, publications, postage, and shipping	492
	16	Other expenses (describe in Schedule O)	8,665
	17	<b>Total expenses.</b> Add lines 10 through 16	66,627
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-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)	
	20	Other changes in net assets or fund balances (explain in Schedule O)	31,496
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	3,113

**For Paperwork Reduction Act Notice, see the separate instructions.**

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**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments	27,728	<b>22</b>	20,670
<b>23</b> Land and buildings		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O)	3,768	<b>24</b>	4,328
<b>25</b> Total assets	31,496	<b>25</b>	24,998
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b>	3,113
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21).	31,496	<b>27</b>	21,885

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? Collective Bargaining

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

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

<b>28</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses. (add lines 28a through 31a)	<b>32</b>	0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARTY TRACEY PRESIDENT	Hr/WK 10 00	8,442		
SCOTT FIELD VICE PRESIDENT	Hr/WK 10 00	9,346		
LAURA GALLOGLY TREASURER	Hr/WK 10 00	3,105		
JENNIFER ROGERS FINANCIAL SECRETARY	Hr/WK 10.00	715		
DAN GILBERT RECORDING SECRETARY	Hr/WK 10.00	10,503		
CORY DERBYSHIRE FINANCIAL SECRETARY	Hr/WK 10 00	4,508		
ANITA CASTNER TRUSTEE	Hr/WK 10.00	1,535		
JAMES BUCKNER GUARD	Hr/WK 10 00	961		
KIM WELDON TRUSTEE	Hr/WK 10 00	751		
BOB MORGAN GRIEVER	Hr/WK 10 00	258		
MIKE SHEPARD GUIDE	Hr/WK 10 00	272		
KIRK CRAWFORD VICE PRESIDENT	Hr/WK 10 00	356		

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

	Yes	No
<b>33</b> 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.		X
<b>34</b> 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)		X
<b>35 a</b> 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)?		X
<b>b</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		X
<b>c</b> 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		X
<b>36</b> 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		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶ 37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter.		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> , section 4912 <b>▶</b> , section 4955 <b>▶</b>		
<b>b</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		
<b>c</b> 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 <b>▶</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b>		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed <b>▶</b>		
<b>42 a</b> The organization's books are in care of <b>▶ JENNIFER ROGERS</b> Telephone no <b>▶ (260) 665-2215</b> Located at <b>▶ 1105 N 200 W</b> City <b>ANGOLA</b> ST <b>IN</b> ZIP + 4 <b>▶ 46703</b>		
<b>b</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 <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
<b>c</b> 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 <b>▶</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>▶</b> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶ 43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</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		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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).		X

- 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/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 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		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
ZIP		
Name		
City		
State		
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.

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

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.

▶ 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).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

USW, LU 1015L-07

35-0890187