

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

^a Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public

Internal Revenue Service	Internal Revenue Service a Information about Form 990-EZ and its instructions is at www.irs gov/form990						
A For the 2013 calend	dar year, or tax year beginning January	, 2013, a	and ending $\mathcal{D}\epsilon$	cember	- 31 ,2013		
B Check if applicable	C Name of organization	entification number 2442861					
Address change	schange 1 USW LOCAS 09-01535 15						
Name change	Number and street (or P O box, if mail is not delivered to si	treet address)	Room/suite E	Telephone n			
Initial return	1 P.O. BOX 2877			256)	762-8366		
Terminated Amended return	City or town, state or province, country, and ZIP or foreign		F	Group Exe			
Application pending	IMUSCLE Shoots, AL 3	35662-a	\ <i>877</i> -	Number a	0260		
G Accounting Method	Cash Accrual Other (specify) a			eck a D	the organization is not		
_	NA				ach Schedule B		
		ert no)		rm 990, 990	D-EZ, or 990-PF).		
K Form of organization			Union				
	7b, to line 9 to determine gross receipts If gross receipts	eipts are \$200,000 or r		sets			
(Part II, column (B) belo	ow) are \$500,000 or more, file Form 990 instead of For	m 990-EZ		a \$			
Part I Reven	ue, Expenses, and Changes in Net Assets	or Fund Balance	es (see the ins	tructions	for Part I)		
	f the organization used Schedule O to respon				🗆		
	ions, gifts, grants, and similar amounts received			11			
l l	service revenue including government fees and o		_	2			
	hip dues and assessments			3	9777		
4 Investmen	•	• •		4			
	ount from sale of assets other than inventory	5a					
1	t or other basis and sales expenses	5b					
•	oss) from sale of assets other than inventory (Sul	لتتا	ne 5a)	5c			
	nd fundraising events	541 dot 11110 00 11 0111 11		55			
-	come from gaming (attach Schedule G if g	reater than					
	· · · · · ·	6a					
\$15,000) b Gross inc from fund	ome from fundraising events (not including \$	of	contributions				
from fund	Iraising events reported on line 1) (attach Scher	dule G if the					
sum of su	ich gross income and contributions exceeds \$15	5,000) . 6b					
c Less dire	ct expenses from gaming and fundraising event	s . 6c					
	ne or (loss) from gaming and fundraising event		6b and subtra	act			
line 6c)				- 6d			
7a Gross sal	es of inventory, less returns and allowances .	7a					
	t of goods sold	7b					
	ofit or (loss) from sales of inventory (Subtract line	7b from line 7a)		7c			
	enue (describe in Schedule O) .			. 8	618		
1	enue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			a 9	98389		
	nd similar amounts paid (list in Schedule O)			. 10	2736		
	paid to or for members	· · · ·		11	→		
g 12 Salanes,	other compensation, and employee benefits			12	57843		
ဖို့ 13 Professio	nal fees and other payments to independent cor	ntractórs		13	<i>→</i>		
- ⊼	cy, rent, utilities, and maintenance	Ч	E 2014	. 14	2400		
ப் 15 Printing,	publications, postage, and shipping	ا الآل بي	5 2014	15	1413		
	penses (describe in Schedule O)			16	18070		
	penses Add lines 10 through 16	TOD=	N 117 h	a 17	88462		
18 Evens o	r (deficit) for the year (Subtract line 17 from line 9	g)		18	9309		
ig 19 Net asse	ts or fund balances at beginning of year (from	line 27, column (A)) (must agree w				
end-of-ye	ear figure reported on prior year's return)			19	198845		
~	anges in net assets or fund balances (explain in	Schedule O)		. 20			
ž 21 Net asse	s or fund balances at end of year Combine lines			a 21	208772		
	ction Act Notice, see the separate instructions		No 10642I		Form 990-EZ (2013)		

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. Grants \$ If this amount includes foreign grants, check here a 29a	Part II	Balance Sheets (see the instructions t	•			
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Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No_
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। name Otherwise, explain the	33		1/
35a	change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
.	activities (such as those reported on lines 2, 6a, and 7a, among others)? If \(\text{LYes}, \text{\text{\text{I}}} to line 35a, has the organization filed a Form 990-T for the year? If \(\text{LNo}, \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\t	35a 35b		V
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	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If \(\text{IYes},\) complete applicable parts of Schedule N \(\text{N}\) \(\text{N}\) \(\text{N}\) \(\text{N}\) \(\text{N}\)	36		1/
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions a 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
b	If ⊑Yes, □complete Schedule L, Part II and enter the total amount involved . 38b N/p			
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	†		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 a, section 4912 a, section 4955 a			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If LYes, Complete Schedule L, Part I.	40b		
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		
41	List the states with which a copy of this return is filed a			
42a	The organization is books are in care of a Angle Norton Telephone no a Costocated at a 4082 Co. Rd. 95 Kocyers ville, AL ZIP + 4 a 351 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	6) [652		- 8364 - No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	100
	If ∐Yes, □enter the name of the foreign country a			
	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 \(\subseteq \text{res}, \subseteq \text{enter the name of the foreign country } \) a	42c		<u></u>
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 a 43	· ———	Yes	a [
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	162	No L
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		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<u></u>
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45b	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		-
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Form 99	0-EZ (20	013)						Р	age 4
46		ne organization engage, directly or in			on behalf of or	ın opposit	- 1	Yes	No
Part		ndidates for public office? If ☐Yes,□co Section 501(c)(3) organizations		, Part I	<u> </u>	·	46		
, are		All section 501(c)(3) organizations		estions 47⊑49b and	d 52, and co	mplete the	e tables f	or line	es
		50 and 51	adula O ta sannana	l to any avantian in	thic Port \/				П
		Check if the organization used Sch	ledule O to respond	to any question in	i this Fait Vi	·		Yes	No
47		he organization engage in lobbying : ≀If ⊑Yes,⊟complete Schedule C, Part		section 501(h) elect	tion in effect o	lunng the	tax 47		
48		organization a school as described in					. 48		
49a		ne organization make any transfers to s,□was the related organization a se		_	nization?		49a 49b	<u> </u>	
50	Comp	s,⊟was the related organization a septete this table for the organizations byees) who each received more than	five highest comper	nsated employees (d	ther than offic janization If th	ers, direct ere is none	ors, truste	es and None [d key
(a) Name and title of each employee		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans, compen	to employee (e) Estima and deferred other co		ated amount of compensation	
							· · · · · ·		
		VIN							
		1							
	Total	number of other employees paid over	or \$100 000	a					
51	Com	plete this table for the organization ,000 of compensation from the orga	s five highest comp	ensated independe	nt contractors	who each	received	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	ervice	(c)	Compensat	ion	
				-					
	 								
		1/1/1							
				-					
				-		•			
d	Total	number of other independent contra	ctors each receiving	l over \$100.000 .	a	-			
52	Did t	he organization complete Schedule Axempt charitable trusts must attach	Note All section	501(c)(3) organizatio	ns and 4947(a		a ∐ Ye:	s 🔲 I	No
		of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than					nowledge an	d belief,	ît ıs
		1 Olngie No	100						
Sıgn Here		Signature of officer Angle Norton	Financia	4 Secret	ary Date	<u>" 1</u>	10/2	013	3
		Type or port name and title	Prepareris signature		Date	Ta	PTIN		
Paid	oror	Print/Type preparer's name				Check L	1		

Preparer Use Only

Firm's name

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

a 🗌 Yes 🗌 No

Firm(s EIN a