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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

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)

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

a Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
Usw Local 09-01535  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
P.O. Box 2877  
 City or town, state or province, country, and ZIP or foreign postal code  
Muscle Shoals, AL 35662-2877

D Employer identification number  
52-2442861

E Telephone number  
(256) 762-8366

F Group Exemption Number a 0260

G Accounting Method ☒ Cash ☐ Accrual Other (specify) a \_\_\_\_\_

H Check a ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website a 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 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 a \$ \_\_\_\_\_

## 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 ☐

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1 Contributions, gifts, grants, and similar amounts received																												
2 Program service revenue including government fees and contracts																												
3 Membership dues and assessments			97771																									
4 Investment income																												
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)																												
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)																												
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)																												
8 Other revenue (describe in Schedule O)																												
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																												
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																												

For Paperwork Reduction Act Notice, see the separate instructions

Cat. No 106421

Form 990-EZ (2013)

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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
22 Cash, savings, and investments	198845	22 208772
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	198845	25 208772
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	198845	27 208772

**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?

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)

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

**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
Ronnie Green 1050 CR 23 Florence, AL	President Part-time	0	0	292
Steve Ward PO Box 2877 Muscle Shoals	Rapid Response Part-time	0	0	290
Ralph Morgan 129 Foxfire Dr. Florence, AL	Vice Pres Part-time	0	0	0
Jeff Heathcock 425 CR 216 Florence, AL	Rec. Sec Part-time	0	0	0
Angie Norton 4082 CR 95 Rogersville, AL	Fin. Sec Part-time	0	0	0
Corey Jarmom 226 Harding St., Florence, AL	Treasurer Part-time	0	0	0
Brent Mewbourn 300 E. Sheridan, Muscle Shoals	Trustee - PM Part-time	0	0	0
Eric Jones 409 River Road, Muscle Shoals	Area VP Log Part-time	0	0	0
Charles Jackson 217 W. Sheridan Ave. Muscle Sho	Trustee Conv. Part-time	0	0	0
Jimmy Triplett 3230 Woodmont Drive, Tuscu.	Area VP PM Part-time	0	0	0
Amanda Miller 1050 CR 23, Florence, AL	Area VP Nap. Part-time	0	0	0
Steven Stringer 3171 Ricke Lane, Leighton, AL	Area VP Con. Part-time	0	0	0

**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
33 Did the organization engage in any significant activity not previously reported to the IRS? If <input type="checkbox"/> Yes, <input type="checkbox"/> provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If <input type="checkbox"/> Yes, <input type="checkbox"/> 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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
b If <input type="checkbox"/> Yes, <input type="checkbox"/> to line 35a, has the organization filed a Form 990-T for the year? If <input type="checkbox"/> No, <input type="checkbox"/> provide an explanation in Schedule O		
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 <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions a	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	<input checked="" type="checkbox"/>
b If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
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 <input type="checkbox"/> Yes, <input type="checkbox"/> 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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If <input type="checkbox"/> Yes, <input type="checkbox"/> complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed a		
42a The organization's books are in care of a <u>Angie Norton</u> Telephone no a <u>(256) 762-8364</u> Located at a <u>4082 Co. Rd. 95, Rogersville, AL</u> ZIP + 4 a <u>35652</u>		
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 <input type="checkbox"/> Yes, <input type="checkbox"/> enter the name of the foreign country a	42b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U S ? If <input type="checkbox"/> Yes, <input type="checkbox"/> enter the name of the foreign country a	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 <input type="checkbox"/> Check here and enter the amount of tax-exempt interest received or accrued during the tax year a	43	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If <input type="checkbox"/> Yes, <input type="checkbox"/> Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 <input type="checkbox"/> Yes, <input type="checkbox"/> Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

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		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If ☐ Yes, ☐ was the related organization a section 527 organization?

49b		
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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
N/A				

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

a

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
N/A		

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

a

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

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: Angie Norton Signature of officer Date 7/10/2013  
Angie Norton Financial Secretary Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
 Firm's name Firm's EIN  
 Firm's address Phone no

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

a ☐ Yes ☐ No