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Return of Organization Exempt From Income Tax

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

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Jan 1, 2013, and ending Dec 31, 20 13

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

C Name of organization
United Steelworkers Local 01241

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
2795 Charlie Allen Rd

City or town, state or province, country, and ZIP or foreign postal code
Raywick, Ky 40060-7678

D Employer identification number
61-0713561

E Telephone number
270-692-4667

F Group Exemption Number ▶ **0260**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ _____

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 _____

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 ▶ \$ **89749**

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

SCANNED MAR 28 2014 Revenue	Expenses	1	Contributions, gifts, grants, and similar amounts received	1	0
		2	Program service revenue including government fees and contracts	2	0
		3	Membership dues and assessments	3	87907
		4	Investment income	4	47
		5a	Gross amount from sale of assets other than inventory	5a	0
		b	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)	5c	0
		6	Gaming and fundraising events		
		a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
		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)	6b	0
		c	Less: direct expenses from gaming and fundraising events	6c	0
		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	0
		b	Less: cost of goods sold	7b	0
		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	1795
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	89749
		10	Grants and similar amounts paid (list in Schedule O)	10	0
		11	Benefits paid to or for members	11	0
		12	Salaries, other compensation, and employee benefits	12	51576
		13	Professional fees and other payments to independent contractors	13	2959
14	Occupancy, rent, utilities, and maintenance	14	1390		
15	Printing, publications, postage, and shipping	15	60		
16	Other expenses (describe in Schedule O)	16	26665		
17	Total expenses. Add lines 10 through 16 ▶	17	82650		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7099	
	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	87701	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	94800	

P
13

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	86861	93959
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	840	840
25 Total assets	87701	94799
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87701	94799

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)

28 local union enforced collective bargaining agreement to better working conditions of the local union and providing representation.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	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
Chris Ormes 90 West Tophill Terrace, Elizabethtown, Ky 42701	President Part time	10496		
David Masterson 444 Third St. New Haven, Ky 40051	Vice President Part time	5436		
Vincent Ballard 295 Rosewood St., Lebanon, Ky 40033	Ch. Steward Part Time	5307		
Terry Davis 2795 Charlie Allen Rd, Raywick, Ky 40060	Fin Sec Part Time	3963		
Jerome Spalding 109 St rose/Lebanon Rd Springfield, Ky 40069	Rec Sec Part Time	2758		
Steve Mattingly 204 Covington ave Springfield, Ky 40069	Guard Part Time	1401		
Ricky Newton 275 Manton Rd Loretto, Ky 40037	Guard Part Time	1968		
Paul Boone 119 Hill street Lebanon, Ky 40033	Trustee Part Time	1365		
John Craig 19 Hood Ave Lebanon, Ky 40033	Trustee Part Time 6 months	694		
Larry Downs 1979 Stoner Rd Bardstown, Ky 40004	Trustee Part Time	2482		
Scott Humphrey 1465 Clarktown Rd New Haven, Ky 40051	Trustee Part Time 6 months	1611		
Bill Whitson 3805 Yates Cooney Neck Rd, Bloomfield, Ky 40008	Steward Part Time	996		

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 "Yes," provide a detailed description of each activity in Schedule O		✓
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)		✓
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)?		✓
35b	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		
35c	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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		✓
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?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 0		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 0		
39b	b Gross receipts, included on line 9, for public use of club facilities 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
40b	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		
40c	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 ▶ 0		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	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		✓
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Terry Davis Telephone no. ▶ 270-692-4667 Located at ▶ 2795 Charlie Allen Rd Raywick, Ky ZIP + 4 ▶ 40060-7678		
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.	Yes	No
42c	c 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: ▶		✓
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 <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44b	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		✓
44c	c Did the organization receive any payments for indoor tanning services during the year?		✓
44d	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)		✓

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	46	Yes	No
			<input checked="" type="checkbox"/>

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	47	Yes	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

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

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		Date <u>2-27-14</u>
	Signature of officer Terry Davis Fin-Sec Type or print name and title	

Paid Preparer Use Only	Pnnt/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)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

usw local 1241

Employer identification number

61-0713561

Part 1 Line 8 refunds.Reimbursements from Int. & Dist.

Part 1 Line 16 tax's,office Reimbursements, Affiliation fee's.

Part 2

Line 24 Laptop pc

Part 4

Patricia Gilbert

204 North Palco Street,Bardstown,Ky 40004 Steward Part Time 2353

Richard Whitson

135 Olympic Dr Bardstown,Ky 40004 Steward Part Time 915

Gary Wilkerson

2147 McCauley Rd Raywick,Ky Steward Part Time 240

Francis O'Daniel Jr

2294 Plum Run Bardstown,Ky 40004 Steward Part Time 931

Mike Gowen

4035 CAMPBELLSVILLE RD HODGENVILLE Ky 42748 Steward Part Time 760