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SCANNED MAY 20 2014

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

		f the Treasury Iue Service		about Form 990 and i		•	-		Inspect	ion		
A			ndar year, or tax year begi			and ending		nber 31	, 20 13			
В		applicable	C Name of organization Unite			in on the same	2000		er identification nu	ımber		
$\bar{\Box}$	Address		Doing Business As 180 Arc		11002				91-1922910			
\exists	Name ch	-	Number and street (or P O b		to street address)	Room/surte		E Telephon		<u>_</u>		
Н		•				ļ			931-815-1155			
Η	Initial ret		City or town, state or province	e country, and ZIP or for	eign postal code]			331-013-1133			
H	Terminat			io, codina y, and zir or lor	sign postar occo			G Gross re	cointe \$	221000		
H	Amende		Morrison, TN 37357	al officer			11/2-11-11-1		subordinates? Yes	231899		
Ш	Applicat	ion pending	F Name and address of princip	ai onicei								
_						П			included? Yes			
Ļ		mpt status	☐ 501(c)(3) ☐ €	501(c) (5) ◀ (insert	no)	□ 527	-	•	•			
<u>, , , , , , , , , , , , , , , , , , , </u>	Website							up exemption number ▶ 0260				
K				Association ✓ Other ►	Labor Union L Yea	ar of formation	1991	M State	of legal domicile	TN		
Р	art I	Summ										
_	1	•	escribe the organization's					ective bar	gaining agreem	ent to		
JCe		better working conditions of the local union and provide representation to its members.										
'n	_											
Governance	2		is box ▶ ☐ If the organiz					1 1	its net assets.			
Ğ	3		of voting members of the					3		10		
න් ග	4		of independent voting me	•	• • •	•		4		0		
ij	5		nber of individuals emplo	•	r 2013 (Part V, line	e 2a) .		5		0		
Activities &	6		nber of volunteers (estim	• •				6		0		
ĕ	7a	Total unr	elated business revenue	from Part VIII, colun	nn (C), line 12 .			7a		0		
	b	Net unre	ated business taxable in	come from Form 99	0-T, line 34	<u> </u>		7b		0		
							Prior Ye	ear	Current Ye	аг		
•	8	Contribu	tions and grants (Part VII	I, line 1h)				0		0		
Ę	9		service revenue (Part VII					205444		193888		
Revenue	10	Investme	ent income (Part VIII, colu		427		107					
Œ	11		enue (Part VIII, column (/			$ abla$	36375			37904		
	12	Total rev	enue-add lines 8 through	n 11 (must equal Rar	Ville column (A), III	ne 12)		242246		231899		
	13	Grants a	nd similar amounts paid ((Part IX,-column (A),	tines 1-3) \Q.\ .		-	9050		5675		
	14		paid to or for members (F			🗀		0		0		
LD.	4-		other compensation, empl			\5-10) 		189768		198056		
Se	16a		onal fundraising fees (Par			⊟ ``````		0		0		
Expenses	b		draising expenses (Part I									
ŭ	17		penses (Part IX, column (86633		65998		
	18		penses. Add lines 13-17 (5)		285451		269729		
	19		less expenses. Subtract	` \ \	00.d (1), 20	" · -	_	(43205)		(37830)		
- S	+	Ticvenue	1033 CAPCHIGGS. Oubtract	THE TO HOUSE IN THE		Be-	ginning of Cu		End of Ye			
80	20	Total acc	sets (Part X, line 16) .					299913		262082		
ASSE	21		oilities (Part X, line 26)			· ·		293913	-	202062		
Net Assets	22		ts or fund balances. Sub	tract line 21 from lin		· ·		299913		262082		
	art II		ture Block	uact inte 21 nomini	<u> </u>			233313		202002		
				and Albana and a summarian distriction of the			nto and to t	ha hast of s	ny kaomindan and	haliaf itia		
			iry, I declare that I have examine lete Declaration of preparer (oth						ny knowledge and	beller, it is		
		k	1/2 0/ 1	<u> </u>			- 		28.14			
e:	~~	Sugar	ature of officer				l_ Da		25 ''L I			
Sig	_	Sign	lature of officer		٠. ٠. ١	C 1		ile				
пе	ere		van G. leupe	my 11	rinawas	Sacret	NY					
			e or print name and title	- • • · · · · · · · · · · · · · · · · ·			<u> </u>		lozu			
Pá	aid	Print/Ty	pe preparer's name	Preparer's signat	ure	Date		Check [بر ∫ ^{PTIN}			
	epare	er						self-emp	oloyed			
	se On	1	name 🕨				Firr	n's EIN ▶				
_		Firm's	address ▶				Pho	опе по				
Ma	av the Îl	RS discus	s this return with the prei	parer shown above?	(see instructions)				. TYes	s □ No		

For Paperwork Reduction Act Notice, see the separate instructions.

(Code.) (Expenses \$	including g	grants of \$) (Revenu	e\$)
	•				

				·	·
	<u>-</u>				
Other program	services (Describe in Sch	edule O)			
(Expenses \$	including gi) (Revenue s	\$)

Total program service expenses ▶

Part	10 (2013) Checklist of Required Schedules			Page 3
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
`11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	Ü		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a	✓	1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		•
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f		11f	-	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	_	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		· ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		ļ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	17		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		✓
20 a	and the second s	19		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		

Part	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	3 6		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	✓	1
				

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	nd E		
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	/
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author		ŀ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other finance account)?	1		1
	account)?	4a		V
Ь	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		-	-
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	1		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			-
	qifts were not tax deductible?	6 _b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds		
	and services provided to the payor?	-	1	-
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			<u> </u>
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	t? 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	d ^γ 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ng 💮		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ng 📗		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			ii e
11	Section 501(c)(12) organizations. Enter:		ł	
a b	Gross income from members or shareholders			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l)	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C		istruci					
Socti	Check if Schedule O contains a response or note to any line in this Part VI	· ·	 -	. 🗸				
Secu	on A. Governing Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10						
10	If there are material differences in voting rights among members of the governing body, or	10						
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit							
	any other officer, director, trustee, or key employee?	2	T-	✓				
3	Did the organization delegate control over management duties customarily performed by or under the direct	xt 🗀	1					
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6								
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoi							
	one or more members of the governing body?	7a	✓					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	3,	1					
_	7b		2 /22					
8	g	1.00						
	the year by the following:			2 7 7				
a	The governing body?	8a		_				
9	Each committee with authority to act on behalf of the governing body?	8b	· /	+				
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	at 9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev		Code	_				
0000	on b. I diales (This decitor b requests information about policies not required by the internal ries	Chac (Yes					
10a	Did the organization have local chapters, branches, or affiliates?	108	a	1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters			+-				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	108	ا د					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118	a 🗸	1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1 海流				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	a 🗸					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	⁷ 12t	o √					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,"						
	describe in Schedule O how this was done	120	<u>: ا</u>	✓				
13	Did the organization have a written whistleblower policy?	13		1				
14	Did the organization have a written document retention and destruction policy?	14		√				
15	Did the process for determining compensation of the following persons include a review and approval to	ツ 荒穀		ide _e ^				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1 - 1 is	+				
a	The organization's CEO, Executive Director, or top management official	158		1				
Ь	Other officers or key employees of the organization	15		/				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ې. ن ^ې		* * * * .				
iva	with a taxable entity during the year?			1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	<u> </u>		_				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1 "					
	organization's exempt status with respect to such arrangements?	16	3	 				
Secti	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed N/A							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion 50	1(c)(3)	s only				
	available for public inspection. Indicate how you made these available. Check all that apply.							
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interes	t polic	y, and				
	financial statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and recor	ds of th	те					
	organization: ► Van Tenpenny 180 Arch Cope Road Morrison, TN 37357 (931)815-1155							

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Part VII	Compensation of Officers, Dir	rectors, Trustees,	Key Employees, H	lighest Compensated	Employees, and
•	Independent Contractors				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A)	(B)			Pos	C) ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles er and	s pe	rson	than on the state of the state	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Billy Dycus	46.5									
President				1			_			11181
(2) Billy Wright	46.5									
Vice President				✓	<u></u>		ļ			4494
(3) Ron Kreiter	20									
Recording Secretary				✓						0
(4) Van Tenpenny	42.5									
Financial Secretary	L			✓		<u></u>	L			5875
(5) Richard Jackson	8	<u> </u>					1			
Treasurer				✓						0
(6) Joe Roberts	2									
Trustee				1						0
(7) Donna Radar	2]		١						
Trustee				✓				_		0
(8) Kevin Rowe	2									
Trustee				✓						0
(9) Brian Bailey	2									
Executive Board		<u> </u>	ļ	✓		<u></u>	L			0
(10) David Boatman	2									<u> </u>
Executive Board				✓					[0
(11) John Carter	2									
Executive Board		1		✓						3517
(12)										
(13)										
(14)		-							***	

Form 99	·						_					. <u>-</u>	P	age 8
Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees		nd F	lighe	st C	ompensated E	mployees (continue	ed)		
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rtion more	e than o is both or/trust	n an	(D) Reportable compensation from	(E) Reportab compensation related	n from	Estir	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	compe from organ and r	ensation in the sization related zations)
(15)							ă.							
(16)														
(17)														
(18)								_						
(19)					_									
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total			•	•		•	>						25067 0
d	Total (add lines 1b and 1c)			<u>.</u>	<u>.</u>	· ·	•	<u> </u>						25067
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	e list	ted	above	e) w	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of									•		11.3	Yes	No
4	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the	sum of re	portal	ble	con	преі	nsatio	n a		ensation fr	om the	3		V Visit
	organization and related organizations individual											4	<u> </u>	✓
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		5	الم ري إلى: 	1
	on B. Independent Contractors								Al A		(100	000 - f		
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	ЭX
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation	
								-						
												-		
								\vdash			_			
2	Total number of independent contractor received more than \$100,000 of compensations.	•	_					o th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a res	oonse or note to	o any line in this (A) Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a	0				
iran	ь	Membership dues 1b	0				
S, G	С	Fundraising events 1c	0			İ	
ar/	d	Related organizations 1d	0				
s, C	e	Government grants (contributions) 1e	0				
tion	f	All other contributions, gifts, grants,		ŀ		1	
the the		and similar amounts not included above 1f	0			ļ	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$	0				
	h	Total. Add lines 1a-1f		0			
JE .			Business Code				
e e	2a	Membership Dues	900099	193888			ļ
e E	b						-
Şi	C	***************************************					
Se	d						
ᇤ	e	All other program control revenue					
Program Service Revenue	f g	All other program service revenue . Total. Add lines 2a–2f	•	193888			
	3	Investment income (including divid		193000]	
		and other similar amounts)		107			
	4	Income from investment of tax-exempt be	ļ-	0			
	5			0			
		Royalties	(ii) Personal				
	6a	Gross rents				l	
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d		▶	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	_	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)			····		
	ď	Net gain or (loss)	▶	0			<u></u>
venue	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a					
ᅙ	b	Less: direct expenses b	<u> </u>			ļ	
		Net income or (loss) from fundraising	events . >	0			
	ya	Gross income from gaming activities.					
	١.	See Part IV, line 19 a					
	b	Less. direct expenses b Net income or (loss) from gaming acti		-			<u> </u>
	10a	Gross sales of inventory, less	VILLES P	0			,
	100	returns and allowances a					
	ь	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inve		0		-	
	— <u> </u>	Miscellaneous Revenue	Business Code				
	11a	Reimbursement from Company	900099	37904			<u> </u>
	b		-				
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	· · · · >	37904			
	12	Total revenue. See instructions	▶ [221900			

	IX Statement of Functional Expenses									
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX	<u> </u>						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	5675								
3	Grants and other assistance to governments, organizations, and individuals outside the	3073		,						
4	United States. See Part IV, lines 15 and 16	0								
5	Compensation of current officers, directors, trustees, and key employees	0								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees):			İ						
а	Management	0			· · · · · · · · · · · · · · · · · · ·					
b	Legal	6838								
c	Accounting	0								
d	Lobbying	0								
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0								
12	Advertising and promotion	0								
13	Office expenses	38173								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	19173								
17	Travel	198056								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	. 0								
19	Conferences, conventions, and meetings	1814								
20	Interest	0								
21	Payments to affiliates	0								
22 23	Depreciation, depletion, and amortization . Insurance	0								
24	Other expenses. Itemize expenses not covered									
24	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а		0								
b		0								
С		0								
d	•	0								
е	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24e	269729			_					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)									

Ρ	art X	Balance Sheet			
•		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	77037	1	39206
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventones for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 222876			
	b	Less: accumulated depreciation 10b 0	222876	10c	222876
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets	0	14	o
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	299913	16	262082
	17	Accounts payable and accrued expenses	0	17	o
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
S	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0		c
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Š		complete lines 27 through 29, and lines 33 and 34.			
or Fund Balances	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ò		complete lines 30 through 34.			
its (30	Capital stock or trust principal, or current funds	0	_	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	222876		222876
τÀ	32	Retained earnings, endowment, accumulated income, or other funds .			39206
Net Assets	33	Total net assets or fund balances	299913		262082
	34	Total liabilities and net assets/fund balances	299913	34	262082

Form	990	(20 ⁻	13)

Page 12

Par	XI Reconciliation of Net Assets		•		
•	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			231899
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	269729
3	Revenue less expenses. Subtract line 2 from line 1	3		(37830)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	99913
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10		2	262083
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>	<u>. </u>
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," executed Schedule O.	plaın	ın	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	4	1
2.0	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on	а		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain	in		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	in . 3a		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ergo ti	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	3b		
			Fr	m 990	(2013)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047

Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization United Steelworkers Local 1155L 91-1922910 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X .

Revenues included in Form 990, Part VIII, line 1 . . .

(i) Revenues included in Form 990, Part VIII, line 1 . . .

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part							
. 3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	ther recor	ds, check any of the	ne follov	ving that are a sign	gnificant use of its
а	☐ Public exhibition		d [Loan or exchang	ge prog	rams	
ь	☐ Scholarly research			Other			
С	Preservation for future generations	1					
4	Provide a description of the organizat XIII.		and expla	in how they further	the org	janization's exem	pt purpose in Part
5	During the year, did the organization	solicit or receive	donations	s of art, historical t	reasure	s, or other simila	r
	assets to be sold to raise funds rather						☐ Yes ☐ No
Part	V Escrow and Custodial Arra	ngements.				-	
	Complete if the organization	answered "Yes	" to Forn	n 990, Part IV, line	e 9, or i	reported an amo	ount on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee,						t
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fol	lowing table:			
						An	nount
С	Beginning balance				10	;	
d	Additions during the year				1d		
e	Distributions during the year				1e	•	
f	Ending balance				1f		
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21?			☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planation has been	provide	ed in Part XIII .	<u> 🔲 </u>
Par	V Endowment Funds.						
	Complete if the organization						1
		(a) Current year	(b) Pric	or year (c) Two year	ırs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions					-	
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance					.,	<u> </u>
2	Provide the estimated percentage of the			e (line 1g, column (a	a)) held	as:	
а	Board designated or quasi-endowmer		%				
b	Permanent endowment ▶						
С	Temporarily restricted endowment ▶	%					
_	The percentages in lines 2a, 2b, and 2						
3a	Are there endowment funds not in the	e possession of the	he organiz	ation that are held	and ad	ministered for the	
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
_	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organi						3b
4	Describe in Part XIII the intended uses		on s endo	willetti tunas.		<u> </u>	
Part			" to Form	000 Bort IV Ira	0 1 1 0 4	200 Earm 000 F	Part V line 10
	Complete if the organization						
	Description of property	(a) Cost or o		(b) Cost or other basis (other)		Accumulated epreciation	(d) Book value
	Land		0	48118			48118
b	Buildings		0	140000			140000
c	Leasehold improvements		0	0	1		0
d	Equipment		0	34688	+		34688
e	Other		0	0.000	1		0-0-0-0
	Add lines 1a through 1e (Column (d) m	nust equal Form 9		(, column (B), line 1	O(c).)		222876

· Part VII	Complete if the organization ar		m 990. Part IV. lin	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or category		(b) Book value	T	hod of valuation
	(including name of security)	•		Cost or end	-of-year market value
(1) Financial	derivatives				
•	neld equity interests				
(3) Other					
(A)	•••			-	
(B)					
(C)			•		
(D)			<u>-</u>		· · · · · · · · · · · · · · · · · · ·
(E) (F)					
(G)				 	
(H)					
	b) must equal Form 990, Part X, col (B) line 12.)	• • • • • • • • • • • • • • • • • • •			<u>.</u>
Part VIII	Investments-Program Relat				
	Complete if the organization ar		m 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation
				Cost or end	-of-year market value
(1)		<u></u>			
(2)					
(3)					
(4)				ļ	
(5)					
<u>(6)</u>					
	· · · · · · · · · · · · · · · · · · ·				
(8)	· · · · · · · · · · · · · · · · · · ·				
(9)	b) must equal Form 990, Part X, col. (B) line 13.)	_			
Part IX	Other Assets.	<u>-</u>		<u> </u>	
Turtin	Complete if the organization as	nswered "Yes" to For	m 990 Part IV lin	e 11d See Form	990 Part X line 15
	Complete ii iiio organization ai	(a) Description			(b) Book value
(1)	-	_ <u></u>			
(2)					
(3)					
(4)					
(5)		-			
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X	, col. (B) line 15.) .		<u> ▶</u>	
Part X	Other Liabilities.		000 P+ IV I	- 44 445 0	F 000 D+ V
	Complete if the organization a	nswered "Yes" to For	m 990, Part IV, IIr	ie 11e or 11f. See	Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value			
(1) Federal II		(b) Book value			
(2)	loome taxes				
(3)					
(4)					
(5)					
(6)					
(7)		_			
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25)				
2. Liability fo	r uncertain tax positions. In Part XIII, pr	ovide the text of the footn	ote to the organization	on's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			per Return.
	Complete if the organization answered "Yes" to Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains on investments	2a	i
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents With Expense	es per Return.
	Complete if the organization answered "Yes" to Form 990,		-
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2 e
e	Subtract line 2e from line 1		3
3		· · · · · · · ·	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
_c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III	ie 18.)	5
	XIII Supplemental Information. Ie the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2.	-1 4. D2 N/ P 4b	and Obs. Dark V. Barry V. Barry V. Barry
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	•••••••••••••••••••••••••••••••••••••••		

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
•		
		·

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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

United Steelworkers Local 1155L	91-1922910				
Part VI Lines 6, 7a and 7b - As a Local Union our members elect officers every 3 years. The approval of the officers actions is done at the					
regularly scheduled Union meetings.					
Part VI line 11b - Form 990 was reviewed at the regularly scheduled Executive Board meeting.					
Part VI line 19 - Governing document, conflict of interest and financial statements are available upon re	equest.				
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Name of the organization	Employer identification number
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