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

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning July 31, 2013, and ending June 30, 2014

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

C Name of organization: United Nurses + Allied Professionals Local 5109

Number and street (or P O box, if mail is not delivered to street address): P.O. Box 535

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Morrisville VT 05661

D Employer identification number: 030358556

E Telephone number: 802-888-3123

F Group Exemption Number ▶ 3486

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ PMSNVT@yahoo.com

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c)(5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

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 ▶ $

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 ☐

Revenue	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	34062.18
	4	Investment income		4	47.00
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	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		
	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		
	c	Less: direct expenses from gaming and fundraising events	6c		
	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		
	b	Less: cost of goods sold	7b		
	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	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	34109.18
Expenses	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	4966.00
	13	Professional fees and other payments to independent contractors		13	2419.00
	14	Occupancy, rent, utilities, and maintenance		14	360.00
	15	Printing, publications, postage, and shipping		15	379.60
	16	Other expenses (describe in Schedule O)		16	24919.47
	17	**Total expenses.** Add lines 10 through 16 ▶		17	33044.07
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1065.11
	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	43557.25
	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	45760.85

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SCANNED NOV 14 2014

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	43557.25	22	45760.85
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	43557.25	25	45760.85
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)	43557.25	27	45760.85

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 . . . . ▶ ☐ **28a** 0

29 _____

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a** 0

30 _____

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a** 0

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **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
See list attached from LM3 report			none	none

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	33		X
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)	34		X
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)?	35a		X
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	35b		
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		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		X
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 "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ Vermont			
42a	The organization's books are in care of ▶ Pamela Stengel Telephone no. ▶ 802-888-3123 Located at ▶ 103 Dear Run Ave Morrisville VT ZIP + 4 ▶ 05661			
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.**	42b		X
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: ▶	42c		X
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			
			Yes	No
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		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		X
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		X

			Yes	No
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		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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
None				

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
None		

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

▶ Pamela Stengel — Signature of officer — Date: 11-6-14

▶ Pamela Stengel Treasurer — 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 . . . . . ▶ ☐ Yes ☐ No

U.S Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1245-0003
Expires 08-31-2016

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only

1 FILE NUMBER: 541-480

2 PERIOD COVERED

	MO	DAY	YEAR
From	07	01	2013
Through	06	30	2014

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here ☐

(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here ☐

8 MAILING ADDRESS *(Type or print in capital letters)*

First Name: PAMELA

Last Name: STENGEL

P.O. Box · Building and Room Number *(If any)*: PO BOX 535

Number and Street:

City: MORRISVILLE

State: VT

ZIP Code + 4: 05661-

4. AFFILIATION OR ORGANIZATION NAME: UNITED NURSES + ALLIED PROFESSIONALS

5. DESIGNATION *(Local, Lodge, etc)*: LOCAL

6. DESIGNATION NUMBER: 5109

7 UNIT NAME *(If any)*:

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 56)* Yes ☐ No ☒

56 ADDITIONAL INFORMATION *(If more space is needed, attach additional pages properly identified)*

Item Number	
#9	RECORDS KEPT AT PHYSICAL ADDRESS OF PAMELA STENGEL 103 DEAR RUN AVE MORRISVILLE VT 05661

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete *(See Section VI on penalties in the instructions)*

57 SIGNED: Sandra L. Grace — PRESIDENT *(If other title, see instructions)*

Date: 9/17/14 — Telephone Number: (802) 888-1551

58 SIGNED: Pamela Stengel — TREASURER *(If other title, see instructions)*

Date: 9/17/14 — Telephone Number: (802) 888-3123

FILE NUMBER 541 – 480

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?	☐	☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	☐	☒
12. Have a political action committee (PAC) fund?	☐	☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	☐	☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	☐	☒
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*	☐	☒
16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	☐	☒
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000?	☐	☒
18. Have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise?	☐	☒

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 94

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ 25000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions? ☐ Yes ☒ No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO 06 YEAR 2016

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	$ 497.0 348.0	per	YR		
(b) Initiation Fees	$	per			
(c) Transfer Fees	$	per			
(d) Work Permits	$	per			

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER 541 – 480

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER)	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
1. Last Name: COOK; First Name: DOROTHY; MI: Title: UNIT REPRESENTATIVE	C	170	0	170
2. Last Name: DANIELS; First Name: BETH; MI: Title: UNIT REPRESENTATIVE	C	170	0	170
3. Last Name: DELARICHELIERE; First Name: MARY; MI: Title: SECRETARY	C	290	0	290
4. Last Name: EARDLEY; First Name: KEN; MI: Title: UNIT REPRESENTATIVE	C	130	108	238
5. Last Name: EGAN; First Name: BRETT; MI: Title: UNIT REPRESENTATIVE	P	100	0	100
6. Last Name: GRACE; First Name: SANDRA; MI: Title: PRESIDENT	C	2728	1086	3814
7. Last Name: MAURICE; First Name: TERRY; MI: Title: VICE PRESIDENT	P	270	0	270
8. Totals from additional pages *(if any)*		580	256	836
9. Totals of Lines 1 through 8		4438	1450	5888
			10. Less Deductions	922
Enter the total from Line 11 in ..... Item 45 ⇨			11. Net Disbursements	4966

*Code for Status (C) past officer — P, continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

ORGANIZATION NAME: UNITED NURSES + ALLIED PROFESSIONALS

ENDING DATE OF PERIOD COVERED: 06 - 30 - 2014

FILE NUMBER 541 - 480

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements Use all capital letters)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name: QUINLAN — First Name: BERNIE — MI Title: UNIT REPRESENTATIVE	C	130	0	130
Last Name: STANCLIFF — First Name: JUDY — MI Title: UNIT REPRESENTATIVE	C	90	0	90
Last Name: STENGEL — First Name: PAMELA — MI Title: TREASURER	C	360	256	616
Last Name: — First Name: — MI Title:				
Last Name: — First Name: — MI Title:				
Last Name: — First Name: — MI Title:				
Last Name: — First Name: — MI Title:				
Last Name: — First Name: — MI Title:				
Totals		580	256	836

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER 541 – 480

STATEMENT A ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	43357	44669	32. Accounts Payable	0	0
26. Loans Receivable	0	0	33. Loans Payable	0	0
27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
28. Investments	0	0	35. Other Liabilities	0	0
29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	0
30. Other Assets	0	0			
31. TOTAL ASSETS	43357	44669	37. NET ASSETS *(Item 31 less Item 36)*	43357	44669

STATEMENT B RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38. Dues	34062	45. To Officers *(from Item 24)*	4966
39. Per Capita Tax	0	46. To Employees *(less deductions)*	0
40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	2336 8
41. Interest & Dividends	47	48. Office & Administrative Expense	2269
42. Sale of Investments & Fixed Assets	0	49. Professional Fees	2419
43. Other Receipts	0	50. Benefits	0
44. TOTAL RECEIPTS	34109	51. Contributions, Gifts & Grants	546
		52. Purchase of Investments & Fixed Assets	0
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form.		53. Loans Made	0
		54. Other Disbursements	922
		55. TOTAL DISBURSEMENTS	34490