



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



Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2014

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

Department of the Treasury
Internal Revenue Service

► 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.Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning		01/01	, 2014, and ending	12/31	, 20 14
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		USW INTERNATIONAL UNION LOCAL 4		03-0225594	
<input type="checkbox"/> Name change		Number and street (or P O. box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		PO BOX 584		802-476-3181	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► 0260	
<input type="checkbox"/> Amended return		BARRE VT 05641-0584			
<input type="checkbox"/> Application pending					
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input checked="" type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		INTERNATIONAL 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				► \$ 98782	

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	6a	6b	6c	6d	7a	7b	8	9
1	Contributions, gifts, grants, and similar amounts received								0
2	Program service revenue including government fees and contracts								0
3	Membership dues and assessments								92396
4	Investment income								1
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)								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 \$ 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		6b	0					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6c	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)								
8	Other revenue (describe in Schedule O)								6386
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								98782
10	Grants and similar amounts paid (list in Schedule O)								0
11	Benefits paid to or for members								0
12	Salaries, other compensation, and employee benefits								87897
13	Professional fees and other payments to independent contractors								250
14	Occupancy, rent, utilities, and maintenance								5998
15	Printing, publications, postage, and shipping								294
16	Other expenses (describe in Schedule O)								5943
17	Total expenses. Add lines 10 through 16								100382
18	Excess or (deficit) for the year (Subtract line 17 from line 9)								(1600)
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)								125750
20	Other changes in net assets or fund balances (explain in Schedule O)								1630
21	Net assets or fund balances at end of year. Combine lines 18 through 20								125780

SCANNED JUN 09 2015

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	25304	22 20583
23	Land and buildings	100000	23 100000
24	Other assets (describe in Schedule O)	3000	24 3000
25	Total assets	128304	25 123583
26	Total liabilities (describe in Schedule O)	2554	26 2197
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	125750	27 125780

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, optional for others)

28	LOCAL UNION ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO IT'S MEMBERS		
	(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
RONALD A. CHRISTIE				
PRESIDENT LOCAL 4	50	61137	55	4
DENNIS R. LABOUNTY				
TREASURER LOCAL 4	2	900	0	0
DONNA C. McNALLY				
FINANCIAL SECRETARY LOCAL 4	2	1500	0	0
JOSEPH TROMBLY				
VICE PRESIDENT LOCAL 4	2	0	0	0
GREG J. DONAHUE				
TRUSTEE	2	0	0	0
BRYAN G. WHITE				
TRUSTEE	2	0	0	0
RANDY SAVARD				
TRUSTEE	2	0	0	0
KANE PIKE				
INSIDE GUARD	2	0	0	0
CHARLES D. BEEDE				
OUTSIDE GUARD	2	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

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**

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**

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**

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**

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**

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**

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 ► _____ **40b**

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40d**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **40e**

41 List the states with which a copy of this return is filed ► **VERMONT**

42a The organization's books are in care of ► **DONNA C. McNALLY** Telephone no. ► **802-476-3181**
Located at ► **790 EAST BARRE RD BARRE VT** ZIP + 4 ► **05641**

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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**

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**

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**

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**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

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**

b 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**

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

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	
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."		

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

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 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	<i>Donna C McNally</i>	<i>05/10/15</i>
	Signature of officer	Date
	DONNA C. McNALLY FINANCIAL SECRETARY	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Department of the Treasury
Internal Revenue Service

► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

USW INTERNATIONAL UNION LOCAL 4

03-0225594

LINE 8- CHRISTMAS SICK LEAVE FUND, DUES REIMBURSEMENTS, INITIATION FEES, ACCOUNT TRANSFERS

LINE 16- WORKERS COMPENSATION INSURANCE, PROPERTY INSURANCE, OFFICE SUPPLIES

LINE 20- FUEL OIL OVERPAYMENT, INITIATION FEES

LINE 24- COMPUTERS, PRINTERS, COPIER, CHAIRS, TABLES, DESKS, FILES, CABINETS, OFFICE SUPPLIES

LINE 26- WITHHOLDING TAXES, USW DUES