



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
Return of Organization Exempt From Income Tax

2014

Open to Public
Inspection

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.

A For the 2014 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

USW, LU 1375-01

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

Room/suite

684 NORTH PARK AVE.

City or town

State

ZIP code

WARREN

OH

44483

Foreign country name

Foreign province/state/county

Foreign postal code

D Employer identification number

34-0554052

E Telephone number

(330) 373-1375

F Group Exemption

Number ►

0260

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► NA

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 LOCAL 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 ► \$ 107,809

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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 88,693
	4 Investment income	4 9
	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 \$ 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 19,107
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 107,809
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 21,436
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 21,208
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 25,591
	17 Total expenses. Add lines 10 through 16	17 68,235
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 39,574
	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)	19 411,015
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -120
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 450,469

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2014) 27

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	69,860	22 109,434
23 Land and buildings	341,497	23 341,497
24 Other assets (describe in Schedule O)		24
25 Total assets	411,357	25 450,931
26 Total liabilities (describe in Schedule O)	342	26 462
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	411,015	27 450,469

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, optional for others)

28 The Mission Statement of this organization includes, but not limited to on behalf of its members collective bargaining, grievance procedure's, arbitration, strike benefits, education,

(Grants \$) If this amount includes foreign grants, check here ►

28a

29 organize and to improve the working conditions of its members

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

31a

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
WILLIAM PREJSNAR				
PRESIDENT	Hr/WK 10 00	1,300		
JAC CAMPBELL				
RECORDING SECRETARY	Hr/WK 10 00	455		
CRAIG HUMES				
FINANCIAL SECRETARY	Hr/WK 10 00	845		
RAMON SANTIAGO				
TREASURER	Hr/WK 10 00	845		
TOMMY BOGGS				
GUIDE	Hr/WK 10 00			
DAVE DONOFRIO				
INSIDE GUARD	Hr/WK 10 00			
RICHARD SAYERS				
TRUSTEE	Hr/WK 10 00	715		
JOHN MOURES				
TRUSTEE	Hr/WK 10 00			
RYAN GEARHART				
TRUSTEE	Hr/WK 10 00	715		
RICHARD TEUSCHER				
VICE PRESIDENT	Hr/WK 10.00	520		
	Hr/WK			
	Hr/WK			

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.		<input type="checkbox"/>			
		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		
35 a	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	X		
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		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X		
b	Did the organization file Form 1120-POL for this year?	38a	X		
38 a	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	39a			
39	Section 501(c)(7) organizations Enter	39b			
a	Initiation fees and capital contributions included on line 9	40a			
b	Gross receipts, included on line 9, for public use of club facilities	40b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ►	40c			
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	40d			
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	40e	X		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.				
41	List the states with which a copy of this return is filed ►				
42 a	The organization's books are in care of ► CRAIG HUMES	Telephone no ► (330) 373-1375			
	Located at ► 684 NORTH PARK AVE	City WARREN	ST OH	ZIP + 4 ► 44483	
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)	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				
44 a	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	X		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X		
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	X		

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

<input type="checkbox"/>	Yes	No
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

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

<input type="checkbox"/>	Yes	No
47		

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

<input type="checkbox"/>
48

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

<input type="checkbox"/>
49a

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

<input type="checkbox"/>
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
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			

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"

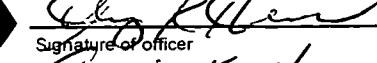
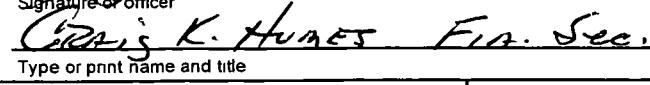
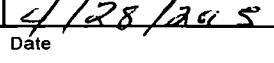
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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			
	Signature of Officer	C. K. Humes Fin. Sec.	Date
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 ►			Phone no
	Firm's address ►				

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
USW, LU 1375-01

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

2014

Open to Public
Inspection

Employer identification number
34-0554052

Form 990-EZ, Part I, Line 8, Other Revenue SOAR 25

Form 990-EZ, Part I, Line 8, Other Revenue Rental Receipts 18,470

Form 990-EZ, Part I, Line 8, Other Revenue Void Checks 12

Form 990-EZ, Part I, Line 8, Other Revenue Reimb Office Expense 600

Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,061

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 530

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,344

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 8,849

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 3,634

Form 990-EZ, Part I, Line 16, Other Expenses Direct Taxes Payroll 9,173

Form 990-EZ, Part I, Line 20, Net Assets UNREMITTED TAXES & DUES -120

Form 990-EZ, Part II, Line 26, Liabilities U NREMITTED TAXES & DUES Beginning of year 342

End of year 462

Name of the organization

USW, LU 1375-01

Employer identification number

34-0554052