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SCANNED JUN I 1 2015

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 and its instructions is at www.irs.gov/form990.

Α	For the	2014 cale	endar year, or tax year beginning	JANUARY 1ST	, 2014, and end	ding DECEM		, 20 14				
В	Check if	applicable	C Name of organization USW DISTRIC	T 2 LOCAL 12934			D Employe	er identification number				
	Address	change	Doing business as ORGANIZED LA	BOR				38-1551119				
\Box	Name ch	-	Number and street (or P O box if mail is		ress) Room	/suite	E Telephor	ne number				
$\overline{\Box}$	Initial ret	•	PO BOX 2380					989-496-4780				
Ξ		rn/terminated		and ZIP or foreign postal c	ll.		000 100-1700					
\exists				and an or reverge poorer			G Gross re	cointe \$				
뭄	Amende		MIDLAND, MI. 48641-2380			11/-11-11	4					
L_J	Applicati	on pending	F Name and address of principal officer			1		subordinates? Yes No				
	-							included? Yes No list (see instructions)				
<u> </u>		npt status	501(c)(3) 501(c) (5) ◀ (insert no) ☐ 4947	7(a)(1) or 527			•				
J	Website						exemption					
_		organization		✓ Other ► UNION	L Year of form	nation	M State	of legal domicile MI				
P	art I	Summ										
	1	-	escribe the organization's mission	_								
Governance		BARGAIN	NING AGREEMENT TO BETTER THE	WORKING CONDITION	NS OF THE LO	CAL UNION AN	ID TO PRO	VIDE				
паг		REPRESE	ENTATION TO THE MEMBERS									
Æ	2	Check th	nis box ▶□ if the organization dis	continued its peratic	ns or dispose	d_of-more that	n 25¦% of ¡	ts net assets.				
é	3	Number	of voting members of the governi	ng body (Part VI, line	acceive	D . [. 3	826				
જ			of independent voting members of				. 4	0				
ies	5	Total nun	mber of individuals employed in ca	alendar year 2014 (Pa	rt M. line 2a)	. 8	5	37				
₹	6		mber of volunteers (estimate if nec		MAY 18 ZU	15	6	0				
Activities &			related business revenue from Par		12	15	7a	0				
_			lated business taxable income fro				. 7b	0				
	-	Net unite	ated business taxable income no	1111 01111 000 17, 11110 0	عا ولا السفالات فيها	Prior Y		Current Year				
		Contribut	tions and grants (Part VIII, line 1h)									
Revenue	1				202240	205640						
	9		service revenue (Part VIII, line 2g)	293310	285649							
ě	10		traction timent income (Part VIII, column (A), lines 3, 4, and 7d)									
_				ļ	0	0						
			enue-add lines 8 through 11 (mus		nn (A), line 12)	-	296690	290569				
	1		nd similar amounts paid (Part IX, c		•							
			paid to or for members (Part IX, c				28390	28864				
S	15	Salaries, o	other compensation, employee ben	efits (Part IX, column (/	4), lines 5–10)		149942	160975				
Expenses	16a	Professio	onal fundraising fees (Part IX, colu	mn (A), line 11e)	•		0	0				
g	b	Total fund	draising expenses (Part IX, colum	n (D), line 25) 🕨				,				
û	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			31361	24901				
	1		penses Add lines 13-17 (must equ), line 25)		209693	214740				
	1		less expenses Subtract line 18 fr				86997	75829				
- s	+					Beginning of Co	urrent Year	End of Year				
ets or	20	Total ass	sets (Part X, line 16)				1256215	1332044				
Asse	21		oilities (Part X, line 26)				0	0				
Net Asset Fund Balar	22		ts or fund balances Subtract line	21 from line 20			1256215	1332044				
	art II		ture Block	21 11011111110 20	•	-1.	12302101	1002011				
			iry, I declare that I have examined this retur	n including accompanying	echodulos and eta	toments and to	the best of m	w knowledge and belief it is				
tru	ider perial ie. correct	and compl	lete Declaration of preparer (other than office	cer) is based on all informat	ion of which prepa	rer has any know	ledge	ly knowledge and belief, it is				
		1	22 Bills									
Sig	'n	200	ature of officer				ate					
-	_	Sign	•	60000	566		_	13 7015				
He	re			FINANCIAL	<u>286,</u>		11/11	13,2015				
		17. 31.	e or print name and title			Date		PTIN				
Pa	iid	Print/Tyl	pe preparer's name Pre	parer's signature		Date	Check [_] #				
	epare	r					self-emp	loyea				
	se Onl	1	ame ►			Firr	n's EIN 🕨					
		Firm's a	ddress ►			Pho	one no					
Ма	y the IF	RS discuss	s this return with the preparer sho	wn above? (see instru	ictions)			. Yes No				
For	Paneru	vork Redu	ction Act Notice, see the separate i	nstructions.	Cat	No 11282Y		Form 990 (2014)				

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Form 99	0 (2014)			Page :
Part	Statement of Program Service A			
	Check if Schedule O contains a res		art III	<u></u>
1	Briefly describe the organization's mission			
	THE MISSION STATEMENT OF THIS ORGAN			
	COLLECTIVE BARGAINING, GRIEVANCE PR		BENEFITS, EDUCATION, ORGAI	NIZE AND TO
	IMPROVE THE WORKING CONDITIONS OF I	IS MEMBERS.		
2	Did the organization undertake any signific	cant program services during the ve	ar which were not listed on the	
	prior Form 990 or 990-EZ? .			☐ Yes
	If "Yes," describe these new services on S	Schedule O.		
3	Did the organization cease conducting,	or make significant changes in h	ow it conducts, any program	
	services?			☐ Yes <a> ✓ No
_	If "Yes," describe these changes on Scheo			
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to repor		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	THE LOCAL UNION CONTINUES IN AN ONGO			
	BARGAINING AGREEMENT FOR OUR MEMB			
	STRIVING TO MAINTAIN OR ACCOMPLISH IN			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)

Part	IV Checklist of Required Schedules			
			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	.	✓
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? If "Yes," complete Schedule C, Part II	4		1
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? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
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		√
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		√
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		Ť	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	as 6,,,	√
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	11b		√
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		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a]	✓
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		✓
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.	16		✓
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)	17		✓
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	18		<u>√</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
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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 domestic 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 or for domestic individuals 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		\
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		√
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24c 24d		<u>√</u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		. <u>*</u> -√
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 "Yes," 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		✓
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)	253	`	
	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	28a		✓
	Schedule L, Part IV	28b		✓
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
	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		✓
	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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		✓
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	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,			
	Part VI	37	_	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
		_	000	

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Part				[7
	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 .			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	1	1
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 33			
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?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ŀ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country		^	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	****·	***	, _,
	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		1
-	required to file Form 8282? If "Ves." indicate the number of Forms 8282 filed during the year. 7d	70	$\overline{}$	·
d	II Tes, indicate the number of Comis occi med daming the year	7e		✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		*
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		7
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			•
Ū	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring 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 . 10a		.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		.	
11	Section 501(c)(12) organizations. Enter		.	
а	Gross income from members or shareholders		.	
b	Gross income from other sources (Do not net amounts due or paid to other sources		.	
	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		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		. 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which		.	
b	the organization is licensed to issue qualified health plans		.	
			, [
С	Enter the amount of reserves on hand	14a		1
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	'
b	ii tes, has it lieu a com 720 to report these payments in 110, provide an expandation in esticadio 6.			<u> </u>

Párt	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See ins	for a structi	"No" ons.
Section	on A. Governing Body and Management	<u> </u>	•	<u> </u>
Section	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 826			
	If there are material differences in voting rights among members of the governing body, or 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	i		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓_
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		ì	أنث
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	163	\
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		√
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		, ^	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13		√
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 by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160	-	,
ı.	with a taxable entity during the year?	16a		✓
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	j
Sacti	on C. Disclosure	.007	L	
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	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 interinancial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords:	>	
	D. THOMAS BILLS, 1824 WYLLYS, MIDLAND,MI.48642			
		Form	990	(2014)

orm.	990	(2014)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 nor any related organization compensated any current officer, director, or trustee										
<u> </u>	<u> </u>				C)			<u> </u>		
(A)	(B)		4 1		ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable compensation from related	Estimated
	hours per week (list any	office	er and		lirect	or/trust		compensation from		amount of other
	hours for	or d	Inst	Officer	Key	High	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	er	Key employee	nest o	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	altr	mal		oloy	e com		,		and related
	line)	ıste	trust		ř	pens				organizations
		l o	tee			Highest compensated employee				
(1) MARK R. LEWIS	60			/						
PRESIDENT (2)			_	 •	⊢			20870		
(2) ALVIN L. ZIMMERMAN	55			/				42225		
VICE PRESIDENT	10			_			_	13335		
(3) JUDY APO RECORDING SECRETARY	10	i		1				3462		
(4) D. THOMAS BILLS	25		\vdash	•				3402		
FINANCIAL SECRETARY	25			/				14992		
(5) TIMOTHY J. SMITH	5			Ť				14332		
TREASURER	† <u>-</u>			1				1385		
(6) C. SCOTT GROULX	1							1000		
GUIDE	† -			1				3861		
(7) ROBERT CHAMPINE	1									
GUARD	T			1				8193		
(8) GREGORY S. ABBATE	1									
TRUSTEE		i		✓.				1050		
(9) JOHN MENDYK	1									
TRUSTEE				✓				10076		
(10) THOMAS P. WOODS	1									
TRUSTEE				✓				5318		
(11) MIKE ORVOSH	11									
GUARD				✓				955		
(12)	ļ									
(13)										
(10)										
(14)									·	
	i									

	(A) Name and title		Position (do not check more the box, unless person is officer and a director/					n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estima amoun othe		
		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		fro orga and	ensatior m the nization related nizations	
(15)										_				
(16)														
(17)														
(18)														
(19)														
(20)												···		
(21)														
(22)														
(23)				\dashv										- 7
				_						·				
				_										
(25)														
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	n A					* * *	83497					
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) wl	ho received mo	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> s							emp	loyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual.	sum of rep greater tha	oortab an \$1 	ole c 50,0	om 000	per ? <i>II</i>	satio "Ye:	n ai	nd other comp complete Sch	ensation fro edule J fo	om the r such	4		<u>,</u>
5	Did any person listed on line 1a receive of for services rendered to the organization'	r accrue co	mper	sat	ion Sch	fror edu	n any ile J f	uni or s	related organiz uch person	ation or ind	lıvıdual	5		
Section	n B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·				<u> </u>
1	Complete this table for your five highest of compensation from the organization. Replyear.	compensate oort comper	ed ind nsatio	lepe n fo	ende or th	ent i ie ci	contra alend	acto ar y	ors that receive rear ending wit	ed more that h or within t	n \$100, the orga	,000 of anızatıc	on's ta	x
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) Compens	ation	
								-						

Form **990** (2014)

Par	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
1		Check if Schedule O contains	a response or note t	o any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections					
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-	1a 1b 1c 1d 1e 1f 1f \$		revenue		512-514					
	h	Total. Add lines 1a-1f .										
Program Service Revenue	2a b c d e f	MEMBERSHIP DUES All other program service revenu	900099	285649			No. 100 N 10 N 100					
	g	Total. Add lines 2a-2f .	. •	285649		· · · · · · · · · · · · · · · · · · ·	› · ·					
	3 4 5	Investment income (including and other similar amounts) Income from investment of tax-exen Royalties (i) Real	▶	4920		*	• 8 • 9 • V V					
	6a b c d 7a	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securiting	os (ii) Other	,	· · · · · · · · · · · · · · · · · · ·							
		assets other than inventory Less cost or other basis and sales expenses Gain or (loss)		, , ,	4 \ 4 \ 4 \ 4 \ 4 \ 4 \ 4 \ 4 \ 4 \ 4 \	, , , ,						
	d	Net gain or (loss) .			n va man den den den							
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18). a									
Ť.	b	Less: direct expenses	b	1								
0	С	Net income or (loss) from fundrai Gross income from gaming activit See Part IV, line 19										
	С	Less: direct expenses	b activities .									
	b c	Less: cost of goods sold . Net income or (loss) from sales o Miscellaneous Revenue	f inventory Business Code				-					
	11a											
	b											
	C											
	d	All other revenue										
	e 12	Total. Add lines 11a–11d Total revenue. See instructions.		290569		:						

Part	tΙΧ	St	atement	of	Functional	Expe	nses

Section	on 501(c)(3) and 501(c)(4) organizations must com			ns must complete co	olumn (A).
	Check if Schedule O contains a respons		-		<u> </u>
	ot include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22 .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	28864 83497			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	03437			
7 8	Other salaries and wages	22227			
9	Other employee benefits	7590			
10	Payroll taxes	47661			
11	Fees for services (non-employees)				
a	Management				
b	Legal Legal				,
d	Lobbying	6372			
e	Professional fundraising services See Part IV, line 17		* , * , * , *	*33* /	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses .	1639			
14	Information technology				
15	Royalties				
16	Occupancy	400			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6490			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered 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)				
a	SCHOLARSHIPS	10000			
b					<u> </u>
C					
d	All other expenses				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	24.740		-	
_ <u>25</u> 	Joint costs. Complete this line only if the	214740			
4 0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following ŠOP 98-2 (ASC 958-720)	į		l i	

	ո 990 (2 art X				Page 1
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1251060	2	132688
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
£	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			* *
	b	Less accumulated depreciation 10b		10c	residential difference of the second of the
	11	Investments—publicly traded securities	442	11	44
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4713	15	471
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1256215	16	133204
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	·	19	·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,	* * * * * * * * * * * * * * * * * * * *	4. ·	* *
Ħ		trustees, key employees, highest compensated employees, and	* *		» §
Liabilities		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		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		25	
ces	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		»	entan nata ana anyan ka sa mpe
la	27	Unrestricted net assets		27	
B	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ř A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1256215	33	1332044

Total liabilities and net assets/fund balances

1332044

1332044

1256215 34

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Page 12

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	· .	. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_	2	90569
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	14740
3	Revenue less expenses. Subtract line 2 from line 1	3			75829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1256215		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		13	32044
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>	
				Yes	No
1	Accounting method used to prepare the Form 990	. 		:	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	27.43.	. ' '	w
	Schedule O.		2a	<u> </u>	لنشدا
2a					✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled				
	reviewed on a separate basis, consolidated basis, or both			in the	
	Separate basis Consolidated basis Both consolidated and separate basis		اثنا	·	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	7 3	s .^	
	separate basis, consolidated basis, or both		1 23		,
	Separate basis Consolidated basis Both consolidated and separate basis		1		l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the sound application of the financial extrements and application of an independent account.				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	, ,	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	olain in			,, %¥
_		famela in		المنشد	
за	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?	orun In			,
	· · · · · · · · · · · · · · · · · · ·	raa tha	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		,
	required addit of addits, explain why in schedule of and describe any steps taken to undergo such at	iuit\$		000	<u>√</u>
			Form	330	(2014)

SCHEDULE 0 (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 2014

► Attach to Form 990 or 990-EZ. 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.

Open to Public Inspection

Name of the organization Employer identification number **USW DISTRICT 2 LOCAL 12934** 38-1551119 PART VI LINE 6 ALL MEMBERS IN GOOD STANDING ARE VOTING MEMBERS LINE 7A ALL OFFICERS ARE ELECTED TO A THREE YEAR TERM BY THE VOTING MEMBERSHIP LINE 7B DECISIONS ARE PROPOSED OR RECOMMENDED TO THE MEMBERSHIP AT A MONTHLY MEETING AND VOTED ON LINE 8A MEETING MINUTES ARE RECORDED AND APPROVED AS DOCUMENTED BY THE VOTING MEMBERSHIP LINE 8B: COMMITTEE'S DOCUMENT RECOMMENDATIONS AND PROPOSE CHANGES AT THE REGULARLY SCHEDULED MONTHLY MTG. LINE 11B ALL FINANCIAL STATEMENTS AND REPORTS TO DEPT. OF LABOR AND IRS ARE AVAILABLE TO ANY MEMBER FOR REVEIW **UPON REQUEST.** LINE 19 IT IS A REQUIREMENT FOR THIS ORGANIZATION TO FILE LM-2 REPORTS TO THE DEPT. OF LABOR/OLMS AND THEY CAN BE VEIWED BY THE PUBLIC ON THE INTERNET WEB PAGE OR A HARD COPY CAN BE RQUESTED BY A MEMBER.