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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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**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
<b>22</b>	Cash, savings, and investments	120254	<b>22</b> 154408
<b>23</b>	Land and buildings	32515	<b>23</b> 32515
<b>24</b>	Other assets (describe in Schedule O)	0	<b>24</b> 0
<b>25</b>	<b>Total assets</b>	152768	<b>25</b> 186922
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O)	1128	<b>26</b> 999
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> )	151640	<b>27</b> 185923

**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.

**28** Local union enforced collective bargaining agreement to better working conditions of the local union and provide representation to its members(Grants \$  ) If this amount includes foreign grants, check here ► **28a****29** \_\_\_\_\_(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****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
<u>Lester Maldonado</u> <u>President</u> <u>112 Broken Circle</u> <u>Evanston WY 82930</u>	15	5951	0	3512
<u>Stephen Roberts</u> <u>Vice President</u> <u>630 Evers Green River WY 82935</u>	5	7388	0	1680
<u>Kenneth Ball</u> <u>Recording Secretary</u> <u>480 Nolan Green River WY 82935</u>	5	7728	0	3581
<u>Ken Evans</u> <u>Finc Secretary</u> <u>1590 Nebraska Green Rever WY 82935</u>	5	6600	0	2897
<u>Ty Griffiths</u> <u>Treasurer</u> <u>245 Pleasant Dr</u> <u>Green River WY 82935</u>	4	7239	0	1939
<u>Michael Hernandez</u> <u>Trustee</u> <u>2630 Wisconsin Green River WY 82935</u>	1	2533	0	0
<u>Robert Deichmueller</u> <u>Trustee</u> <u>450 Connecticut Green River WY 82935</u>	1	1053	0	0
<u>Tim Kuball</u> <u>Trustee</u> <u>1860 Montana Way</u> <u>Green River WY 82935</u>	1	1345	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  0

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  0

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a  NA

b Gross receipts, included on line 9, for public use of club facilities 39b  NA

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► NA ; section 4912 ►  ; section 4955 ►

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 40b

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 40c

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

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

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

42a The organization's books are in care of ► Ken Evans Telephone no. ► 3078750647  
Located at ► 1590 Nebraska Green River WY ZIP + 4 ► 82935

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: ► 42b   
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

	Yes	No
33		✓
34		✓
35a		✓
35b		
35c		✓
36		
37a		
37b		
38a		✓
39a		
39b		
40b		
40c		
40d		
40e		
42b		✓
42c		✓
43		
44a		✓
44b		✓
44c		✓
44d		✓
45a		✓
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 ►

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

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.

<b>Sign Here</b>		<b>5-10-15</b>			
	Signature of officer <b>Ken D Evans</b>	Date Type or print name and title			
<b>Paid Preparer Use Only</b>	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

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Form 990-EZ (2014)