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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)

OMB No 1545-1150

2015

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2015 calendar year, or tax year beginning <b>, 2015, and ending</b> , <b>, 20</b>						
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization <b>USW LU 1375-01</b> Number and street (or P O box, if mail is not delivered to street address) <b>684 North Park Ave.</b> City or town, state or province, country, and ZIP or foreign postal code <b>Warren Ohio 44483</b>				
		<b>D</b> Employer identification number <b>34-0554052</b> <b>E</b> Telephone number <b>330-373-1375</b>				
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)				
<b>I</b> Website: ►						
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ▲ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Local Union</b>						
<b>L</b> 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. ► \$ <b>120836</b>						
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;"> <b>Revenue</b>            1 Contributions, gifts, grants, and similar amounts received            2 Program service revenue including government fees and contracts            3 Membership dues and assessments            4 Investment income            5a Gross amount from sale of assets other than inventory            b Less cost or other basis and sales expenses            c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)            6 Gaming and fundraising events            a Gross income from gaming (attach Schedule G if greater than \$15,000)            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            d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)            7a Gross sales of inventory, less returns and allowances            b Less: cost of goods sold            c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)            8 Other revenue (describe in Schedule O)            9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► <b>120836</b> </td> <td style="width: 10%; text-align: center; vertical-align: top;">           1            2            3            4            5a            5b            5c            6a            6b            6c            6d            7a            7b            7c            8            9         </td> <td style="width: 10%; text-align: center; vertical-align: top;">           1            2            3            4            85869            13         </td> </tr> </table>				<b>Revenue</b> 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► <b>120836</b>	1 2 3 4 5a 5b 5c 6a 6b 6c 6d 7a 7b 7c 8 9	1 2 3 4 85869 13
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (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	109434	22 140183
23	Land and buildings	341497	23 341497
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	450931	25 481680
26	<b>Total liabilities</b> (describe in Schedule O)	462	26 557
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	450469	27 481123

**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	_____		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29	_____		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	_____		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	► <input type="checkbox"/>	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
<b>Richard Sayers</b> President	10 hrs. per week	1020		
<b>Keith Collins</b> Vice President	10 hrs per week	455		
<b>Jac Campbell</b> Recording Secretary	10 hrs per week	780		
<b>Craig Humes</b> Financial Secretary	10 hrs per week	780		
<b>Rosland Dawson</b> Treasurer	10 hrs per week	1073		
<b>Wilburn Davenport</b> Guide	10 hrs per week	160		
<b>Thomas Wilkes</b> Guide	10 hrs per week	160		
<b>Dave Davis</b> Griever	10 hrs per week	160		
<b>Bernard Kolat</b> Trustee	10 hrs per week	1423		
<b>Mark McGraw</b> Trustee	10 hrs per week	440		
<b>Lenord Vogt</b>	10 hrs per week	1218		

**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 . . . . .

	Yes	No
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) . . . . .

	Yes	No
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)? . . . . .

	Yes	No
35a		✓

**35b** If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .

	Yes	No
35b		✓

**35c** 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 . . . . .

	Yes	No
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 . . . . .

	Yes	No
36		✓

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** . . . . .

	Yes	No
37a		✓

**b** Did the organization file **Form 1120-POL** for this year? . . . . .

	Yes	No
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? . . . . .

	Yes	No
38a		✓

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

	Yes	No
39a		

**a** Initiation fees and capital contributions included on line 9 . . . . .

	Yes	No
39b		

**b** Gross receipts, included on line 9, for public use of club facilities . . . . .

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

	Yes	No
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

**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 . . . . .

**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 . . . . .

	Yes	No
40e		✓

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

**42a** The organization's books are in care of ► **Craig Humes** Telephone no. ► **330-373-1375**

Located at ► **684 North Park Ave. Warren, Ohio** ZIP + 4 ► **44483**

	Yes	No
42b		✓

**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).

	Yes	No
42c		✓

**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 ► \_\_\_\_\_

**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
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 . . . . .

	Yes	No
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 . . . . .

	Yes	No
44b		✓

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

	Yes	No
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 . . . . .

	Yes	No
44d		✓

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

	Yes	No
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) . . . . .

	Yes	No
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 . . . . . Yes  No  46 ✓

**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 . . . . ►

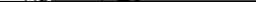
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

Sign Here  Signature of officer Date 1/26/14  
Craig K. Hanes Financial Secretary

<b>Paid Preparer Use Only</b>	▼ Type or print name and title		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name	Preparer's signature			
	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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2015**

Open to Public  
Inspection

Name of the organization  
USW 1375-01

Employer identification number  
34-0554052

**Form 990EZ Part 1, Line 8 Other Revenue Rental Receipts: 34954**

**Form 990EZ Part 1, Line 16 Other Expenses Travel 1484**

**Form 990EZ Part 1, Line 16 Other Expenses Conferences,conventions and meetings: 1426**

**Form 990EZ Part 1, Line 16 Other Expenses Supplies 13279**

**Form 990EZ Part 1, Line 16 Other Expenses Payroll Direct Taxes 9031**

**Form 990EZ Part 1, Line 16 Other Expenses Sundry Expenses Mowing, Plowing 1275**

**Form 990EZ Part 1, Line 16 Other Expenses Telephone 5326**

**Form 990EZ Part 1 Line 16 Other Expenses: Meals and Entertainment: 1256**

**Form 990EZ Part 1,Line 20, Net Assets Unremitted Taxes and Dues -95**

**Form 990EZ Part II, Line 26 Liabilities Unremitted Taxes and Dues, Beginning of year 446**

**End of year 95**

**Name of the organization**

**Employer identification number**