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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2015**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)

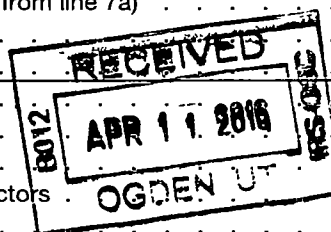
▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization U.S W Local 1647 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 4004 City or town, state or province, country, and ZIP or foreign postal code Corpus Christi, TX 78469
D Employer identification number 74-2564023	E Telephone number (361) 852-2105
F Group Exemption Number ▶	
G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶	
H Check ☒ 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) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other Labor 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 ▶ \$ 121,248	

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	121,195
	4 Investment income	4	53
	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	
	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 \$ of contributions 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		
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		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	121,248	
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	34,318
	13 Professional fees and other payments to independent contractors	13	2,925
	14 Occupancy, rent, utilities, and maintenance	14	8,162
	15 Printing, publications, postage, and shipping	15	277
	16 Other expenses (describe in Schedule O)	16	55,943
	17 Total expenses. Add lines 10 through 16	17	101,625
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,623
	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	253,643
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	273,266



For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED APR 22 2016 Revenue

P 19

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	256,031	22 274,288
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	256,031	25 274,288
26 Total liabilities (describe in Schedule O)	2,388	26 1,022
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	253,643	27 273,266

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		
(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
John Velasquez - President P.O. Box 4962., Corpus Christi, TX 78469	6	10,133	0	0
Rudy Ramirez - Vice President 3917 Annemasse Dr., Corpus Christi, TX 78414	6	1,902	0	0
Rick Gamez - Recording Secretary 9281 CR 2249, Sinton, TX 78387	6	1,340	0	0
Jason Herrera - Financial Officer 7037 Laramie Ln, Corpus Christi, TX 78414	6	2,073	0	0
Frank Alvarez- East Plant 1 Trustee 5610 Leicester Dr., Corpus Christi, TX 78414	6	1,231	0	0
Darin Spaugh- At Large Trustee 2214 Halcon St., Corpus Christi, TX 78414	6	600	0	0
Eric Lang - East Plant 2 Trustee 114 Flourmoy, Odem, TX 78370	6	1,971	0	0
Felipe Zamora - West Plant Trustee 465 Cenizo St., Robstown, TX 78380	6	872	0	0
Albert Ramos - Terminal Trustee 3110 Seven Trees, Corpus Christi, TX 78410	6	150	0	0
Rusty Edlin- Vice President 13-1647-1 1219 Jacoby, Aransas Pass, TX 78336	6	2,202	0	0
Stanley Ward - Recording Secretary 13-1647 2341 Willow Dr., Portland, TX 78374	6	300	0	0
John Holdforth - Trustee 13-1647 557 CR 3651, Sandia, TX 78383	6	1,673	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 ☐

	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		☒
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)		☒
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)?		☒
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		☒
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		☒
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		☒
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?		☒
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?		☒
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 ►		
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		☒
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Ransleben, Senterfitt, Sedwick & Co. Telephone no. ► 361-882-3132 Located at ► 711 N Carancahua St., Ste. 1400, Corpus Christi, TX ZIP + 4 ► 78401-0565		
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: ►	Yes	No
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: ►		☒
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		☒
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		☒
c Did the organization receive any payments for indoor tanning services during the year?		☒
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		☒
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		☒
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)		☒

- 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 ☐

- 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

	Yes	No
47		
48		
49a		
49b		

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

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

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

- 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

- f** Total number of other employees paid over \$100,000 ▶

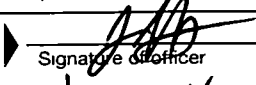
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

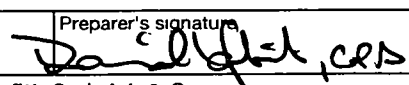
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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 3-29-16
	Type or print name and title Jason Herrera	

Paid Preparer Use Only	Print/Type preparer's name David Habib, CPA	Preparer's signature 	Date 3-29-16	Check ☐ if self-employed	PTIN P00406608
	Firm's name ▶ Ransleben, Senterfitt, Sedwick & Co.	Firm's EIN ▶ 74-2554293			
	Firm's address ▶ 711 N Carancahua St., Ste. 1400, Corpus Christi, TX 78401-0565	Phone no 361-882-3132			

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

Name of the organization

U.S.W. Local 1647

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

2015

**Open to Public
Inspection**

Employer identification number

74-2560423

Form 990-EZ Part I Line 16- Other Expenses

Bank Service Charges	37
Business Promotion	9,001
Convention Expense	7,249
Donations	10,200
Education Expense	1,660
Meeting Expenses	7,815
Miscellaneous Expense	1,585
Office Expense	2,733
Per Diem	4,497
Telephone	2,668
Supplies	2,421
Taxes	3,020
Travel	443
Meals and Entertainment	2,614
Total- Other Expenses	55,943

Form 990-EZ Part II Line 26- Total Liabilities

Payroll Liabilities	1,022
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Form 990-EZ Part IV- List of Officers, Directors, Trustees and Key Employees (continued)

a) Name and title (b) Avg. hours per week (c) Reportable Compensation (d) Benefits (e) Other Compensation

Ed Garza - Maintenance Trustee

5213 Carousal, Robstown, TX 78380 6 150 0 0

Mark Lira - Guide

8912 Caroline, Corpus Christi, TX 78409 6 467 0 0

Lance Moore - Guide

5702 Timbergate, Corpus Christi TX 78414 6 740 0 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization U.S.W. Local 1647	Employer identification number 74-2564023
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Form 990-EZ Part IV- List of Officers, Directors, Trustees and Key Employees (continued)

a) Name and title **(b) Avg. hours per week** **(c) Reportable Compensation** **(d) Benefits** **(e) Other Compensation**

Trey Perez - Guide

7121 Laramie, Corpus Christi, TX 78414 **6** **740** **0** **0**

Ruben Garza - UWS International Rep

812 E. 6th St., Ratan, TX 77546 **6** **0** **0** **0**

Russell Clanton - Past VP

4633 Valor Dr., Corpus Christi, TX 78413 **6** **1,513** **0** **0**

Mike Karl- Past Trustee

2358 Willow Dr., Portland, TX 78374 **6** **2,813** **0** **0**

Luciano Leal - Past Trustee

5301 Crestwick, Corpus Christi, TX 78413 **6** **300** **0** **0**

Ramon Ramos - Past Trustee

5429 Crossgate, Corpus Christi, TX 78413 **6** **150** **0** **0**

John Warner - Past President

5825 Cain, Corpus Christi, TX 78412 **6** **900** **0** **0**

Carlos Flores - Past Trustee

4138 Rehfeld, Corpus Christi, TX 78410 **6** **300** **0** **0**

Melvin Mills - Past Trustee

3925 FM 1069, Rockport, TX 78382 **6** **150** **0** **0**

Alberto E. Ramirez - Past Trustee

2029 Beckworth, Corpus Christi, TX 78410 **6** **1,038** **0** **0**

Ed Zaricor - Past Trustee

1530 Windy Oaks, Aransas Pass, TX 78336 **6** **610** **0** **0**