efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492319051578

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ **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/form990ez*.**

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
US LABOR AGAINST THE WAR INC

% THE ORGANIZATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1030 15th Street NW 153

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
59-3795492

E Telephone number
(202) 521-5265

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: ▶WWW USLABORAGAINSTWAR ORG

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

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 . . . . . ▶ $ 143,309

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	57,614
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	85,695
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	0	
	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 $ _____ 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	0	
	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	0	
	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	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	143,309
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	114,668
	13	Professional fees and other payments to independent contractors		13	1,934
	14	Occupancy, rent, utilities, and maintenance		14	235
	15	Printing, publications, postage, and shipping		15	799
	16	Other expenses (describe in Schedule O)		16	29,514
	17	**Total expenses.** Add lines 10 through 16 ▶		17	147,150
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,841
	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	9,102
	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	5,261

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	9,102	22	4,948
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	313
25 **Total assets**	9,102	25	5,261
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	9,102	27	5,261

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 . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
THE ORGANIZATION IS ORGANIZED BY INDIVIDUALS AFFILIATED WITH LABOR ORGANIZATIONS IN THE UNITED STATES WHO SEEK PEACEFUL SOLUTIONS TO INTERNATIONAL DISPUTES THROUGH PUBLIC EDUCATION ON INTERNATIONAL ISSUES AND THE DOMESTIC IMPACT AND CONSEQUENCES OF U S FOREIGN POLICY, PARTICULARLY AS IT AFFECTS WORKING PEOPLE

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
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30 See Additional Data Table

(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** 125,229

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
NANCY WOLHFORTH DIRECTOR	1 0	0	0	0
BROOKS SUNKETT DIRECTOR	1 0	0	0	0
MICHAEL ZWEIG DIRECTOR	1 0	0	0	0
KATHY BLACK DIRECTOR	1 0	0	0	0
JOHN BRAXTON DIRECTOR	1 0	0	0	0
MYRON CHENAULT NATIONAL COORDINATOR	40 0	60,417	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	33		No
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		No
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		No
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		No
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		No
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?	37b		No
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		No
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	40b		No
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 sections4912, 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	40e		No

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

42a The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (202) 521-5265

Located at ▶ 1030 15TH STREET NW 153 WASHINGTON, DC ZIP + 4 ▶ 20005

			Yes	No
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)?	42b		No
	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)**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	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
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		No
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
45b	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		No

		Yes	No
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	46		No

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		No
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		No
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 "

(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 — 2018-11-14 Date

BETH VIA ADMINISTRATIVE COORD Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
S E McMaster CPA				P00310424

Firm's name ▶ SE McMASTER & ASSOCIATES PLLC — Firm's EIN ▶

Firm's address ▶ 1825 K STREET NW STE 705 WASHINGTON, DC 20006 — Phone no (202) 223-5001

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ Yes ☐ No

Additional Data

Software ID:

Software Version:

EIN: 59-3795492

Name: US LABOR AGAINST THE WAR INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 EDUCATION AND ADVOCACY USLAW WAS AN ACTIVE AND OFTEN LEADING PARTICIPANT IN THE NATIONAL ANTIWAR AND NEW PRIORITIES MOVEMENTS, AND IN PARTICULAR THEIR RESPONSE TO THE WARS IN IRAQ, AFGHANISTAN AND SYRIA,AND NUCLEAR NEGOTIATIONS WITH IRAN USLAW CONTINUED PROVIDING SOLIDARITY SUPPORT TO IRAQI UNIONS IT HAS BECOME ACTIVE IN RESPONDING TO THE MILITARIZATION OF THE POLICE AND RELATED VIOLATIONS OF CIVIL AND HUMAN RIGHTS, AND THE IMPACT OF MILITARIZATION ON CLIMATE CHANGE USLAW HAS PARTICIPATED IN THE ANNUAL INTERNATIONAL DAY OF ACTION ON MILITARY SPENDING USLAW DEVELOPED A VARIETY OF EDUCATIONAL AND ADVOCACY MATERIALS, ARTICLES, SLIDE SHOWS, VIDEOS, PHOTOS AND OTHER CONNTENT FOR ON AND OFF-LINE DISTRIBUTION USLAW HAS PARTICIPATED IN VARIOUS CONFERERNCES WITH LITERATURE TABLES AND WORKSHOPS AND HAS MADE PRESENTATIONS TO MEETINGS OF ITS AFFILIATES AND ALLIED ORGANIZATIONS IN COLLABORATION WITH ITS ALLIES, IT ORGANIZED LETTER WRITING, PHONE CALLS AND PETITIONS BY ITS SUPPORTERS TO MEMBER (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	41,743

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
29 ORGANIZING USLAW'S STAFF AND LEADERSHIP MET WITH AND MADE PRESENTATIONS TO MEETINGS OF BOTH AFFILIATED AND UNAFFILIATED ORGANIZATIONS, LED WORKSHOPS, AND SOLICITED AFFILIATIONS AND INDIVIDUAL MEMBERSHIPS THROUGHOUT THE YEAR IT WORKED TO INVOLVE ITS NETWORK OF AFFILIATES IN COALITION ACTIVITIES IN FURTHERANCE OF ITS MISSION STATEMENT CONCERNING PEACE, HUMAN RIGHTS, NEW PRIORITIES, JUST TRANSITION AND ECONOMIC CONVERSION, CLIMAGE CHANGE, CARE FOR VETERANS, REFUGEE RIGHTS, MILITARIZATION OF THE POLICE, RACISM AND OTHER SOCIAL JUSTICE ISSUES THROUGH EDUCATION AND ADVOCACY, MASS DEMONSTRATIONS, VIGILS, TEACH-INS AND OTHER SOCIAL JUSTICE ACTIONS USLAW CONTINUED ITS SUPPORTIVE RELATIONSHIP WITH about face VETERANS AGAINST THE WAR AND VETERANS FOR PEACE It's staff and leadership met with and made presentations to meetings of both affiliated and unaffiliated organizations, led workshops and solicited affiliations and individual memberships throughout out the year It worked to involve its ne (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	41,743

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
30 INTERNATIONAL SOLIDARITY USLAW MAINTAINED REGULAR PERIODIC COMMUNICATIONS WITH UNIONS IN IRAQ AND ELSEWHERE IN THE INTERNATIONAL LABOR MOVEMENT IN SUPPORT OF INTERNATIONALLY RECOGNIZED LABOR AND HUMAN RIGHTS, PEACE AND INTERNATIONAL LABOR SOLIDARITY IT CONTINUED ITS COLLEGIAL AND COLLABORATIVE WORK WITH THE AFL-CIO SOLIDARITY CENTER IN FURTHERANCE OF COMMON INTERNATIONAL LABOR SOLIDARITY OBJECTIVES IT CONTINUED TO OPPOSE THE USE OF MILITARY DRONES TO CARRY OUT AUTOMATED REMOTE-CONTROLLED ASSASSINATIONS AND ATTACKS THAT HAVE A DISPROPORTIONATE IMPACT ON THE WELFARE OF INNOCENT CIVILIANS IT HAS OBJECTED TO U S UNINVITED INTERVENTION IN THE INTERNAL AFFAIRS OF SOVEREIGN NATIONS AND THE DISTRIBUTION OF ARMS AND AID TO BELLIGERANTS IN CIVIL WARS THROUGH ITS AFFILIATES, IT HAS SOUGHT TO INFLUENCE THE FOREIGN POLICY PERSPECTIVES OF THE LABOR MOVEMENT AND THE BUDGETARY PRIORITIES OF CONGRESS TO REDUCE MILITARY SPENDING AND REALLOCATE RESOURCES TO MEET HUMAN AND SOCIAL NEEDS USLAW also mo (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	41,743

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492319051578

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.
▶ 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

2017

Open to Public Inspection

Name of the organization
US LABOR AGAINST THE WAR INC

Employer identification number
59-3795492

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW	A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE BOARD OF DIRECTORS VIA EMAIL BEFORE BEING FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	ANNUALLY THE BOARD REVIEWS AND UPDATES EACH MEMBER'S CONFLICT OF INTEREST DISCLOSURE FORM IF A POTENTIAL CONFLICT OF INTEREST EXISTS, THE DIRECTOR OR OFFICER RECUSES HIMSELF/HERSELF FROM RELEVANT DISCUSSIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
EXECUTIVE COMPENSATION	EXECUTIVE COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DISCLOSURE	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description INTERNET Amount 123

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description MEMBERSHIP DUES Amount 580

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description WEBSITE AND OTHER CONSULTING SERVICES Amount 11266

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990EZ PART I LINE 16	Description ONLINE PROCESSING FEES Amount 3977