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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

| Address output Financiation Fi | | For t | he 2009 calen | dar year, | or tax year beginning | <u>,</u> 2009, a | and endir | ig | | | , | |
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| Summary | <u>J</u> | | | | | | | | | | | |
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| Under penalties of peruny. I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge and belief, it is signature of officer MICHAEL N. BOYD Date Check if self-employed X | Z (| | | | ances Subtract line 21 from line 20 | | | 2 | 2,035,5 | 515. | 2,120 |),454 |
| Signature of officer MICHAEL N. BOYD Type or print name and title Preparer's signature Preparer's dentifying number self-employed Preparer's dentifying number self-employed Preparer's signature Preparer's dentifying number self-employed Preparer's self-employed Proparer's self-employed P | Pa | <u>rt II</u> | Signat | ure Blo | ck | | | | | | | |
| Signature of officer MICHAEL N. BOYD Type or print name and title Preparer's signature Preparer's Manual Complete Seeffice Seefins Bucklons) Preparer's Signature Preparer's Manual Complete Seeffice Seeffi | | - | Under penalti | es of perjury. | I declare that I have exampled this return, including | g accompanying sched | ules and sta | itements, and | to the best of | of my k | nowledge and belief | f, it is |
| Firm's name (or yours if self-employed). Application | | | true, correct, | and complete | Declaration of preparer tother than officer) is base | eu on all information of | wnich prep | arer has any | | _ | | |
| Firm's name (or yours if self-employed). Application | Pa Sic | ın | | 11/1 | | | | } | 4-2 | - کھ | 10 | |
| Preparer's signature Preparer's Manual Complete Self- | He | re | Signature | of officer | /I | | | D | | | | |
| Preparer's signature Preparer's Signature Proposed only Preparer's Albert Complete Signature Preparer's Signature | | | ► MTCU | ART. N | BOYD (/ | | | | | | | |
| Paid Preparer's signature Proparer's Signature Proparer's Hold Check if self-employed Preparer's Signature Proparer's Signature Proparer's Signature Proparer's Signature Proparer's Signature Proparer's Signature Proparer's Management of Signature Proparer's Man | | | | | | | | | | | | |
| Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's name (or yours if self-employed), address, and ZIP + 4 Phone no Preparer's Preparer's signature Preparer's Preparer's | | | | | | In: | nto. | 1. | | 1 6 | Prenarer's identifyin | n number |
| Preparer's signature March | D- | :! | | \cap | . A . A . | ا | 316 | s | a16 | | (see instructions) | y |
| Parer's Use Only Only Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Borto & Borto CPA's 1802 Robin Hood Blvd. Ste. 8 EIN > 35-1381228 EIN > 35-1381228 Phone no > (219) 865-3500 | | | Preparer's | - IN | | | | | mployed > | X | 2006701 | 00 |
| Use Only Firm's name (or yours if setf-employed), address, and ZIP + 4 1802 Robin Hood Blvd. Ste. 8 EIN > 35-1381228 | | _ | | - V\0 | race w + www | 0 | 4/26/1 | .0 | | | F006701 | <u>88</u> |
| Only employed), address, and ZIP + 4 Schererville IN 463751844 Phone no (219) 865-3500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N | | | Firm's name | (or Bor | to & Borto CPA's | | | | | | | |
| Address, and ZIP + 4 Schererville IN 463751844 Phone no (219) 865-3500 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N | | | employed), | ▶ 180 | 2 Robin Hood Blvd. Ste. | 8 | | Ε | in > 3 | 35-1 | 381228 | |
| May the IRS discuss this return with the preparer shown above? (see instructions) | JII | ·• y | address, and | _ | | | 51844 | | | | | 500 |
| | Ma. | , the | | _ | | | | 1' | | | | No |
| | | | | | | | | | | | | |

| <u>Fo</u> rm | 1 990 (2009) UNITED STEELWORKERS 7-00001 LOCAL | 35-0679800 | | Pa | age 3 |
|--------------|---|-------------------------------|----------|--------------|----------|
| Par | rt IV Checklist of Required Schedules | | | | |
| • | . In the common described on the E01(2)(2) or 4047(2)(1) (alternative theory are standard foundation)? If (Vers.) | | _ Y | es | No |
| ı | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' Schedule A | | | \perp | <u>x</u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | - | - | + | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If 'Yes,' complete Schedule C, Part I | candidates | 3 | _ | <u>x</u> |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | | | N/A | <u> </u> |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> | notice and | 5 | \downarrow | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete S Part I | e the right to Schedule D, | 3 | | <u>x</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | e, the | , | | <u>x</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Ye complete Schedule D, Part III | es,' | 3 | \perp | x |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Pa or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | ete | , | | <u>x</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-e 'Yes,' complete Schedule D, Part V | ndowments? If | | | x |
| 11 | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, X as applicable | VII, VIII, IX, or 1 | ı : | x | |
| • | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' compl. D, Part VI | ete Schedule | | | |
| • | Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII | ore of its total | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or m assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | ore of its total | | | |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total ass Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, | . | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote tha the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X | t addresses | | | |
| 12 | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' co Schedule D, Parts XI, XII, and XIII | mplete 1 | 2 | | х |
| 12/ | AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional | Yes No | | | |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 1: | | _ | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | | 4a | \dashv | Х |
| 1 | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundribusiness, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I | | 4b | _ | <u>x</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | organization 1 | 5 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistantividuals located outside the United States? If 'Yes,' complete Schedule F, Part III | ance to | <u> </u> | _ | <u>x</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I | on Part IX, | , | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions of lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | n Part VIII, | В | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a complete Schedule G, Part III | 1 | | | x |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 2 | 0 | | X |

Form 990 (2009) UNITED STEELWORKERS 7-00001 LOCAL

Part IV | Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|------|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | | _x_ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III | 22 | | _x_ |
| 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? <i>If 'Yes,' complete Schedule J</i> | 23 | | x |
| 24 a | 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25 | 24a | | _x_ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3) and 501(c)(4) 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 | N/ | A |
| t | 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 | N/ | A |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | , | x |
| 28 | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| a | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | <u> </u> |
| ŧ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | х |
| C | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | _x_ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | х |
| 33 | 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 | | _x_ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | х | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35 | | х |
| 36 | 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 | N, | 'A |
| 37 | 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 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| ЗАА | <u> </u> | Forn | 990 | (2009) |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance | | | · · | ugo |
|----------------------------|---|---|-----|------------|----------|
| | | | | Yes | No |
| | the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S nation Returns. Enter -0- if not applicable | 1a 3 | | | |
| b Enter | the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 16 0 | | | |
| c Did th (gam | ne organization comply with backup withholding rules for reportable payments to vendors bling) winnings to prize winners? | and reportable gaming | 1 c | x | |
| 2a Enter t | he number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the ar year ending with or within the year covered by this return | 2a 25 | | | |
| 2b If at I | east one is reported on line 2a, did the organization file all required federal employment | tax returns? | 2b | X _ | <u> </u> |
| Note. | . If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu | rn (see instructions) | | | |
| 3a Did th this r | ne organization have unrelated business gross income of \$1,000 or more during the year eturn? | covered by | 3a | x | |
| b If 'Ye | s' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | | 3ь | X | |
| 4a At an finan | y time during the calendar year, did the organization have an interest in, or a signature coal account in a foreign country (such as a bank account, securities account, or other fir | or other authority over, a nancial account)? | 4a | | х |
| b If 'Ye | s,' enter the name of the foreign country | | | | : |
| See t Finar | he instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Ficial Accounts | oreign Bank and | | | |
| 5a Was | the organization a party to a prohibited tax shelter transaction at any time during the tax | year [?] | 5a | | х |
| b Did a | ny taxable party notify the organization that it was or is a party to a prohibited tax shelte | r transaction? | 5b | | X |
| | s,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Shelter Transaction? | ity Regarding Prohibited | 5с | N/ | A |
| 6a Does solici | the organization have annual gross receipts that are normally greater than \$100,000, are tany contributions that were not tax deductible? | nd did the organization | 6a | | x |
| | s,' did the organization include with every solicitation an express statement that such coctible? | ntributions or gifts were not | 6b | N/ | A |
| 7 Orga | nizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the provide | ne organization receive a payment in excess of \$75 made partly as a contribution and pa ded to the payor? | artly for goods and services | 7a | | x |
| b If 'Ye | s,' did the organization notify the donor of the value of the goods or services provided? | | 7b | N/ | A |
| | ne organization sell, exchange, or otherwise dispose of tangible personal property for wh 8282? | ich it was required to file | 7с | | х |
| | s,' indicate the number of Forms 8282 filed during the year | 7d | | | |
| benet | ne organization, during the year, receive any funds, directly or indirectly, to pay premium fit contract? | · | 7e | | x |
| | ne organization, during the year, pay premiums, directly or indirectly, on a personal bene | | 7 f | | X |
| - | Il contributions of qualified intellectual property, did the organization file Form 8899 as re | ' | 7 g | N/ | _ |
| | ontributions of cars, boats, airplanes, and other vehicles, did the organization file a Forn | • | 7 h | N/ | A |
| supp | soring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, hangs at any time during the year? | g organizations. Did the eve excess business | 8 | N/ | A |
| 9 Spon | soring organizations maintaining donor advised funds. | | | | |
| a Did th | ne organization make any taxable distributions under section 4966? | | 9a | N/ | A |
| b Did th | ne organization make any distribution to a donor, donor advisor, or related person? | | 9b | N/ | Α |
| 10 Secti | on 501(c)(7) organizations. Enter | | | | |
| a Initiat | tion fees and capital contributions included on Part VIII, line 12 | 10a N/A | | | 1 |
| b Gross | s Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b N/A | | | |
| 11 Secti | on 501(c)(12) organizations. Enter | | | | |
| a Gross | s income from other members or shareholders | 11a N/A | | | |
| amou | s income from other sources (Do not net amounts due or paid to other sources against ints due or received from them) | 11b N/A | | | |
| | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | | 12a | N/ | <u>A</u> |
| b If 'Ye | s,' enter the amount of tax-exempt interest received or accrued during the year | 12b N/A | | | |
| DAA | | | Far | . 000 | (200 |

BAA

Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Go | verning Body and Management | | | | | | |
|--|---|--|--|----------|------------|----------|--|--|
| | | | | | Yes | No | | |
| 1 a | a Enter the number | ber of voting members of the governing body | 1a 1,221 | | | | | |
| ı | b Enter the numi | ber of voting members that are independent | 1b 1,221 | 1 | | | | |
| 2 | Did any officer officer, directo | , director, trustee, or key employee have a family relationship or a business relat r, trustee or key employee? | tionship with any other | 2 | | x | | |
| 3 | Did the organized of officers, dire | zation delegate control over management duties customarily performed by or undectors or trustees, or key employees to a management company or other person | der the direct supervision | 3 | | x | | |
| 4 | | zation make any significant changes to its organizational documents | | 4 | | x | | |
| | | Form 990 was filed? | | | | | | |
| 5 | | zation become aware during the year of a material diversion of the organization's | s assets? | 5 | | x | | |
| 6 | | nization have members or stockholders? | | 6 | х | | | |
| 7 | a Does the organ | nization have members, stockholders, or other persons who may elect one or mov 2 | ore members of the | 7a | х | | | |
| , | | , ons of the governing body subject to approval by members, stockholders, or othe | er persons? | 7b | х | | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | | |
| a The governing body? | | | | | | | | |
| | | | | 8a 8b | x | | | |
| | b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | | | | | | | |
| 500 | | icies (This Section B requests information about policies not r | required by the Internal | 9 | | x | | |
| | enue Code) | This Section D requests information about policies not r | | ··· | | | | |
| | _ | | | | Yes | No | | |
| 10 | a Does the orga | nization have local chapters, branches, or affiliates? | | 10a | | <u> </u> | | |
| ĺ | b If 'Yes,' does t and branches | he organization have written policies and procedures governing the activities of s to ensure their operations are consistent with those of the organization? | such chapters, affiliates, | 10b | | | | |
| 11 | Has the organ | ization provided a copy of this Form 990 to all members of its governing body be | fore filing the form? | 11 | <u>x</u> _ | | | |
| 11 | ADescribe in Sc | hedule O the process, if any, used by the organization to review this Form 990 | | | | | | |
| 12 | a Does the orga | nization have a written conflict of interest policy? If 'No,' go to line 13 | | 12a | | X | | |
| ا | b Are officers, d to conflicts? | irectors or trustees, and key employees required to disclose annually interests th | at could give rise | 12Ь | N/ | A | | |
| • | c Does the organ Schedule O ho | nization regularly and consistently monitor and enforce compliance with the polic ow this is done | y? If 'Yes,' describe in | 12c | N/ | A | | |
| 13 | Does the organ | nization have a written whistleblower policy? | | 13 | | X | | |
| 14 | Does the organ | nization have a written document retention and destruction policy? | | 14 | | x | | |
| 15 | Did the proces persons, comp | is for determining compensation of the following persons include a review and apparability data, and contemporaneous substantiation of the deliberation and decis | proval by independent sion? | | | | | |
| | a The organizati | on's CEO, Executive Director, or top management official | | 15a | X | | | |
| | b Other officers | of key employees of the organization | | 15b | X | | | |
| | If 'Yes' to line | 15a or 15b, describe the process in Schedule O (See instructions) | | | | | | |
| 16 | a Did the organi entity during the | zation invest in, contribute assets to, or participate in a joint venture or similar and eyear? | rrangement with a taxable | 16a | | x | | |
| ١ | in joint venture | e organization adopted a written policy or procedure requiring the organization to e arrangements under applicable federal tax law, and taken steps to safeguard the spect to such arrangements? | o evaluate its participation ne organization's exempt | 16 b | N/ | A | | |
| Sec | ction C. Dis | | · | | , | - | | |
| | | with which a copy of this Form 990 is required to be filed Indiana | | | | | | |
| | Section 6104 | requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and dicate how you make these available. Check all that apply | 1 990-T (501(c)(3)s only) ava | ılable | for pu | blic | | |
| 19 | Describe in Sc | chedule O whether (and if so, how) the organization makes its governing docume | nts, conflict of interest policy | , and | financ | ial | | |
| 20 | statements av | ailable to the public e, physical address, and telephone number of the person who possesses the boo | | | | | | |
| | | . HAMILTON 2045 SCHRAGE AVE. WHITING I | | 19)_6 | | 1181 | | |

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did no | t compens | ate an | у сі | ırrer | nt of | ficer, | direc | tor, or trustee | | |
|---|---------------|-----------------------------------|-----------------------|----------|--------------|--|----------------|-------------------------------------|--|------------------------------|
| (A) | (B) | | | (6 | c) | | | (D) | (E) | (F) |
| Name and Title | Average hours | hours | | | | | | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | per week | adividi al frustee or director | institutional trustee | 0fr. 2 | key employee | Highest confrenset | Furner | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | | (S) (다) | Ş | 2 | dus | yer o | 2 | , | , , , , , | organization and related |
| | |) | <u>~</u> | | bye |] - 3 | | | | organizations |
| | | Ĩ | 15 | | - | \ \tilde{\chi} | | | | |
| | | | | ļ | | ā | | | | |
| MICHAEL N. BOYD | | | ł | | | | | | | |
| PRESIDENT | 40.00 | | | X | ļ | ļ | | 5,700. | 0. | <u> </u> |
| HAROLD J. BAXTER | .[| | | | | | | | | |
| VICE PRESIDENT | 40.00 | | | x | _ | <u> </u> | Ш | 5,400. | 0. | <u> </u> |
| EDMUND C. HAMILTON | | | | | | | | | | _ |
| SECRETARY-TREASURER | 40.00 | | ļ | x | _ | <u> </u> | | 3,659. | 0. | <u> </u> |
| MICHAEL J. MCKENNA | | | | | | | | | | |
| SECRETARY-TREASURER | 40.00 | | <u> </u> | x | <u> </u> | <u> </u> | Ш | 1,350. | 0. | <u> </u> |
| DAVID J. DANKO | | | | | | 1 | | | | _ |
| REPRESENTATIVE | 40.00 | | | х | _ | | Ш | 5,400. | 0. | 0. |
| DAVID GRABARCZYK | | | | | | | | | | _ |
| REPRESENTATIVE | 40.00 | | <u> </u> | х | _ | <u> </u> | Н | 3,263. | 0. | <u>0.</u> |
| TIMOTHY ENRIGHT | | | | | | | | | | _ |
| REPRESENTATIVE | 40.00 | | _ | X | _ | <u> </u> | | 3,263. | 0. | 0. |
| EDWARD SWEENEY, JR. | 40.00 | | | | | | | 5 400 | | • |
| REPRESENTATIVE | 40.00 | | _ | х | <u> </u> | <u> </u> | Н | 5,400. | 0. | 0. |
| MICHAEL J. HILL | 40.00 | | | | | | | 5 400 | | • |
| REPRESENTATIVE | 40.00 | | | х | | <u> </u> | Н | 5,400. | 0. | 0. |
| THOMAS J. LESAR | 40.00 | | | | | • | | 5 400 | | • |
| REPRESENTATIVE | 40.00 | | - | X | - | | - | 5,400. | 0. | 0. |
| GLEN T. WEISS | 40.00 | | | | | | | 5 400 | | • |
| REPRESENTATIVE | 40.00 | | | X | <u> </u> | | H | 5,400. | 0. | 0. |
| ALFRED PRICE | 40 00 | | | . | | | | 1 350 | | • |
| REPRESENTATIVE | 40.00 | | <u> </u> | X | - | | | 1,350. | 0. | 0. |
| TIMOTHY M. KAMMERER | 40 00 | | | ,, | | | | 1 000 | ١ | • |
| REPRESENTATIVE | 40.00 | | ⊢ | X | \vdash | | Н | 1,800. | 0. | 0. |
| | | | | | | | | | | |
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| · · · · · · · · · · · · · · · · · · · | | | ├ | - | - | \vdash | | | | |
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| | | | | | | | | | i | |

| Part VII Section A. Officers, Directors, Trus | ees, Key Employees, and | | | | | es, | an | d Highest Compensated Employees (co. | | | | |
|--|--|---------------------------|----------------------|---------|----------|---------------------------------|--|---|--|--------|-------------------------------------|------|
| (A) | (B) | Box. | tion (| - | c) | hat a | لايامم | (D) | (E) | | (F) | |
| Name and Title | Average hours per week | | | _ | | | | Reportable compensation from the organization | Reportable compensation from related organizations | ame | Estimated ount of ot mpensate | ther |
| | per week | Individual or director | strutic | Officer | y em | ghest oplove | Former | the organization (W-2/1099 MISC) | related organizations (W-2/1099-MISC) | O | from the ganization | on |
| | | al trustee or | nstitutional trustee | | employee | Highest compensate ernployee | | | | | ind relate ganization | |
| | | e | ustee | | | ensate | | | | | | |
| | | | | | | e a | | | | | | |
| | | | | | | | | | | | | |
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| | _ | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | <u> </u> | _ | _ | | _ | | | | | | |
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| | | ऻ_ | _ | _ | | _ | _ | | | | | |
| | 1 | | | | | | | | | | | |
| 1 b Total | | | | | | | <u></u> | 52,785. | 0. | | | 0. |
| 2 Total number of individuals (including but not limited | to those | e list | ted | abov | /e) v | vho | rece | eived more than \$ | 100,000 in reportabl | e com | pensati | .on |
| from the organization | | | | - | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director of | or truste | e, k | ey e | mple | oye | e, or | hiq | hest compensated | l employee | | | |
| on line 1a ³ If 'Yes,' compléte Schedule J for such inc 4 For any individual listed on line 1a, is the sum of rep | dıvıdual | | | | | | | | | 3 | - | X_ |
| the organization and related organizations greater th | an \$150 | 0,000 |)? // | f 'Ye | 5' C | omp | lete | Schedule J for su | ch | 4 | | |
| | mnonce | ation | from | m or | | nrol | atad | organization for s | ·onueos | - | | X |
| rendered to the organization? If 'Yes,' complete School | edule J | for s | uch | pers | son | | aleu | | | 5 | | x |
| Section B. Independent Contractors 1 Complete this table for your five highest compensate | d indep | ende | ent o | ontr | acto | ors 1 | hat | received more tha | n \$100.000 of | | | |
| compensation from the organization | | | | | | | | T | | | | |
| (A) Name and business address Description of Services Co | | | | | | Comp | (C) ensatio | าท | | | | |
| | | | | | | | | | | 20,110 | | |
| | | | | | | | | | | | | |
| | | | _ | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Table and the state of the st | | | | | | | , . | | | | | |
| 2 Total number of independent contractors (including t \$100,000 in compensation from the organization ► | out not l | ımıte | ea to | tno | se I | iste | a ab | ove) wno received | more than | | | |
| | | | | | | | | | | | | |

| Pai | rt VIII .Statement of Revenue | (A) | (B) | (C) | (D) |
|---|---|--|----------------------------------|---------------------------------------|--|
| | • | Total revenue | Related or exempt function | Unrelated business revenue | Revenue excluded from tax under sections |
| <u>,,, , , , , , , , , , , , , , , , , , </u> | 1a Federated campaigns 1a | | revenue | | 512, 513, or 514 |
| AN STA | b Membership dues 1b 492,872. | | | | |
| A O O | c Fundraising events | 1 | | | |
| R A | d Related organizations 1d | 1 | | | |
| S.M. | e Government grants (contributions) 1 e | 1 | | | |
| 5 2 | f All other contributions, gifts, grants, and | 1 | | | |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | similar amounts not included above |] [| | | |
| E S | g Noncash contribns included in lns 1a-1f \$ |] | | | |
| 84 | h Total. Add lines 1a-1f | 492,872. | | | |
| N | Business Code | , | | | |
| Ĕ | ^{2a} | | <u> </u> | | |
| E. | b | | | | |
| <u> </u> | d | | | | |
| S S | d | 1 | | · · · · · · · · · · · · · · · · · · · | |
| PROGRAM SERVICE REVENUE | f All other program service revenue | | | | |
| 8 | g Total. Add lines 2a-2f | · | | | |
| | 3 Investment income (including dividends, interest and | | | | |
| | other similar amounts) | 52,872. | 0. | 0. | 52,872. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| - 1 | 5 Royalties (i) Real (ii) Personal | | | | |
| | 6a Gross Rents 8,325. | - | | | |
| | b Less rental expenses 11,956. | 1 | | | |
| | c Rental income or (loss) -3,631. | 1 ! | | | |
| | d Net rental income or (loss) | -3,631. | 0. | -3,631. | l o. |
| | 7a Gross amount from sales of (i) Securities (ii) Other | | | | |
| | assets other than inventory 1,241,320. | <u> </u> | | | |
| | b Less cost or other basis | | | | |
| 1 | and sales expenses 1,408,063. | | | | |
| | c Gain or (loss) | 166 742 | • | _ | 166 743 |
| | a rect gain or (1035) | -166,743. | 0. | 0. | -166,743. |
| IUE | 8a Gross income from fundraising events (not including \$ | | | | |
| Ş. | of contributions reported on line 1c) | | | | |
| 2 | See Part IV, line 18 | _ | | | |
| OTHER REVEN | b Less direct expenses b |] | | | |
| | c Net income or (loss) from fundraising events | | - | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | | | | 1 |
| | 10a Gross sales of inventory, less returns and allowances a | | | | |
| | b Less: cost of goods sold b | 1 | | | |
| | c Net income or (loss) from sales of inventory | ·] | | | |
| | Miscellaneous Revenue Business Code | | | | |
| | 11a REIMBURSEMENTS 900099 | 6,011. | 6,011. | 0. | 0. |
| | b from members to disburse on their behalf 900099 | 475. | 475. | 0. | 0. |
| | c | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines Tra-Tru | 6,486. | E AOE | _2 621 | _112 071 |
| | 12 Total revenue. See instructions | 381,856. | 6,486. | -3,631. | -113,871. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do l | not include amounts reported on lines 7b, 8b, 9b, 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 governments and organizations in the U.S. See Part IV, line 21 | 3,319. | 3,319. | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | _ | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 52,785. | | 52,785. | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 63,029. | | 63,029. | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 10,376. | | 10,376. | |
| 9 | Other employee benefits . | 15,300. | | 15,300. | |
| 10 | Payroll taxes | 10,381. | | 10,381. | · |
| | Fees for services (non-employees) | | | | |
| | a Management | | | | |
| | Legal | 1,467. | 1,467. | | |
| | Accounting | 10,428. | -/ | 10,428. | |
| | Lobbying | | | | · · |
| | Prof fundraising svcs See Part IV, In 17 | | | | |
| | Investment management fees | 16,989. | | 16,989. | |
| | Other | 665. | 665. | | |
| - | Advertising and promotion | | · · · · · · · · · · · · · · · · · · · | | |
| _ | Office expenses | 17,056. | | 17,056. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | - | | |
| 16 | Occupancy | 9,918. | | 9,918. | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,576. | | 4,576. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | · | | |
| 22 | Depreciation, depletion, and amortization | 9,174. | | 9,174. | |
| 23 24 | Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | ENTERTAINMENT AND GIFTS | 518. | | 518. | |
| ı | INT'L. & COUNCIL PER CAPITAL TAX | 4,559. | | 4,559. | |
| • | ORGANIZATIONAL DUES | 4,288. | | 4,288. | |
| • | UNION ORGANIZATION AND PROMOTION | 48,420. | | 48,420. | |
| • | FOREIGN TAX PAID | 441. | į. | 441. | |
| 1 | All other expenses | 13,228. | 13,228. | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 296,917. | 18,679. | 278,238. | |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| BAA | | | | | Form 990 (2009 |

| art 2 | WITTED STEELWORKERS 7-00001 LOCAL K Balance Sheet | 35~ | 0679800 | Page 1 |
|----------|--|-------------------|---------|--------------------|
| 411 | Summer officer | (A) | | (B) |
| <u> </u> | | Beginning of year | | (B) End of year |
| 1 | Cash — non-interest-bearing | 428. | 1 | 85 |
| 2 | Savings and temporary cash investments | 222,020. | 2 | 185,085 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) | - | | |
| . 1 | and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| 8 | Notes and loans receivable, net | | 7 | |
| E | Inventories for sale or use | <u>-</u> | 8 | <u> </u> |
| [| Prepaid expenses and deferred charges | · - - | 9 | |
| 10 | a Land, buildings, and equipment cost or other basis 10a 472,434. | - <u>-</u> | | |
| | Complete Part VI of Schedule D | | | |
| | b Less accumulated depreciation 10b 198,998. | 284,047. | 10 c | 273,436 |
| 11 | Investments — publicly-traded securities | 1,529,292. | 11 | 1,662,164 |
| 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 | 3. | 15 | 3 |
| 16 | Total assets Add lines 1 through 15 (must equal line 34) | 2,035,790. | 16 | 2,120,773 |
| 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 | |
| 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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 | <u> </u> | 24 | |
| 25 | Other liabilities Complete Part X of Schedule D | 275. | 25 | 319 |
| 2€ | Total liabilities. Add lines 17 through 25 | 275. | 26 | 319 |
| • | Organizations that follow SFAS 117, check here ► X and complete lines | | | |
| ř | 27 through 29 and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 667,070. | 27 | 834,656 |
| 28 | Temporarily restricted net assets | 1,368,445. | 28 | 1,285,798 |
| 23 | Permanently restricted net assets | | 29 | |
| ₹ | Organizations that do not follow SFAS 117, check here ► and complete | | | |
| ; | lines 30 through 34. | | | |
| 3 30 | Capital stock or trust principal, or current funds | | 30 | |
| ₹ 31 | Paid-in or capital surplus, or land, building, and equipment fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 2,035,515. | 33 | 2,120,454 |
| § 34 | Total liabilities and net assets/fund balances. | 2,035,790. | 34 | 2,120,773 |

BAA

Form **990** (2009)

| Par | rt XI Financial Statements and Reporting | | | |
|-----|--|----------------------|-----|----|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual X Other MODI | FIED CASH BASIS | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | |
| 2a | a Were the organization's financial statements compiled or reviewed by an independent accountant? | _ 2a | | _x |
| b | b Were the organization's financial statements audited by an independent accountant? | 2 t | Х | |
| С | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant? | rsight of the audit, | | х |
| | If the organization changed either its oversight process or selection process during the tax year, explin Schedule O. | laın | | |
| d | d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v consolidated basis, separate basis, or both | were issued on a | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133? | th in the Single | | x |
| b | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits | the required audit | | |

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047 **2009**

Open to Public Inspection
Employer Identification number

UNITED STEELWORKERS 7-00001 LOCAL 35-0679800

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Comple

| Pa | rt I | Organizations Maintaining Dono the organization answered 'Yes' to | r Advised Funds or Othe o Form 990, Part IV, line | er Similar Funds | or Accounts | Complete | ıf |
|----|---|---|--|---|---|----------------------------------|------------------------|
| | | gg. | (a) Donor advised | | (h) Funds a | ind other acco | ounts |
| 1 | Tota | I number at end of year | (a) Bollot davised | ranas | (b) I dilus d | ind other acce | , unto |
| 2 | | regate contributions to (during year) | | | | | |
| 3 | | regate grants from (during year) | | | | | |
| 4 | | regate value at end of year | | | | | |
| _ | | | <u> </u> | | | | |
| 5 | | the organization inform all donors and dono is are the organization's property, subject to | | | advised | Yes | ☐ No |
| 6 | purp | the organization inform all grantees, donor d only for charitable purposes and not for th lose conferring impermissible private benef | he benefit of the donor or dono | r advisor or for any | other | Yes | ☐ No |
| Pa | <u>rt II </u> | Conservation Easements Comple | ete if the organization ar | swered 'Yes' to | Form 990, Pa | rt IV, line | 7. |
| 1 | Pur | oose(s) of conservation easements held by | the organization (check all that | it apply) | | | |
| | | Preservation of land for public use (e g , re | ecreation or pleasure) | Preservation of a | in historically imp | ortant land a | rea |
| | | Protection of natural habitat | | Preservation of c | ertified historic st | tructure | |
| | | Preservation of open space | | | | | |
| 2 | Con | nplete lines 2a through 2d if the organizatio day of the tax year | on held a qualified conservation | contribution in the t | form of a conserv | ation easeme | ent on the |
| | | | - | | Held | at the End of | the Year |
| | a Tota | I number of conservation easements | | | 2a | | |
| ı | b Tota | I acreage restricted by conservation easem | nents | | 2b | | |
| • | c Nun | ber of conservation easements on a certifi | ed historic structure included i | n (a) | 2c | | |
| (| d Nun | ber of conservation easements included in | (c) acquired after 8/17/06 | | 2d | | |
| 3 | Nun | nber of conservation easements modified, t | ransferred, released, extinguis | hed, or terminated b | y the organization | n during the t | ax |
| | yea | · ► | | | | | |
| 4 | Nun | nber of states where property subject to cor | nservation easement is located | - | | | |
| 5 | and | s the organization have a written policy reg enforcement of the conservation easement | t it holds? | | , | Yes | ☐ No |
| 6 | duri | f and volunteer hours devoted to monitoring the year • | · · · · · · · · · · · · · · · · · · · | | nts | | |
| 7 | Amo duri | ount of expenses incurred in monitoring, ins ng the year ► | specting, and enforcing conser | vation easements | \$ | | _ |
| 8 | Doe 170 | s each conservation easement reported on (h)(4)(B)(i) and 170(h)(4)(B)(ii)? | line 2(d) above satisfy the red | uirements of section | 1 | Yes | ☐ No |
| 9 | ınclı | art XIV, describe how the organization repoude, if applicable, the text of the footnote to servation easements | orts conservation easements in the organization's financial st | n its revenue and exp atements that descri | pense statement, lbes the organiza | and balance tion's accoun | sheet, and ting for |
| Pa | rt III | Organizations Maintaining Colle Complete if the organization answ | ections of Art, Historical wered 'Yes' to Form 990 | Treasures, or 0, Part IV, line 8. | ther Similar A | \ssets | |
| 1 | trea | e organization elected, as permitted under sures, or other similar assets held for publi text of the footnote to its financial statemer | ic exhibition, education, or rese | revenue statement a earch in furtherance | ind balance sheet of public service, | t works of art, provide, in P | historical art XIV, |
| ı | trea | e organization elected, as permitted under sures, or other similar assets held for publi ounts relating to these items | SFAS 116, to report in its reve ic exhibition, education, or reso | enue statement and learch in furtherance | balance sheet wo of public service, | rks of art, his provide the f | torical ollowing |
| | (i) | Revenues included in Form 990, Part VIII, | line 1 | | | ►\$ <u></u> | |
| | (ii) | Assets included in Form 990, Part X | | | Į. | - \$ | |
| 2 | If th | e organization received or held works of art ounts required to be reported under SFAS 1 | t, historical treasures, or other 16 relating to these items | sımılar assets for fii | nanciał gain, prov | vide the follow | /ing |
| í | a Rev | enues included in Form 990, Part VIII, line | 1 | | 1 | ►\$ | |
| 1 | b Ass | ets included in Form 990, Part X | | | ĺ | ►\$ | |

| Schedule D (Form 990) 2009 UNITE | | | | 35-067 | | age 2 |
|--|---|--|--|------------------------------|--------------------------|--------------|
| Part III Organizations Mainta | ining Collection | ons of Art, Histo | orical Treasures, o | r Other Similar Ass | ets (continued | <u>d)</u> |
| 3 Using the organization's acquisition (check all that apply) | on accession and | other records, chec | k any of the following th | nat are a significant use | of its collection | |
| a Public exhibition | | d Loan | or exchange programs | | | |
| b Scholarly research | | e 🗌 Other | | | | |
| c Preservation for future general | ations | | | | | |
| 4 Provide a description of the organ Part XIV | | • | • | | ın | |
| 5 During the year, did the organizat assets to be sold to raise funds ra | ion solicit or rece ather than to be m | ive donations of art, laintained as part of | historical treasures, or the organization's colle | other similar ection? | Yes 🗆 | No |
| Part IV Escrow and Custodia 9, or reported an amo | l Arrangemen | ts Complete if c | organization answe | | 90, Part IV, lır | ne |
| 1 a Is the organization an agent, trus included on Form 990, Part X? | tee, custodian, or | other intermediary | for contributions or othe | er assets not | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIV and co | emplete the followin | g table | | | |
| | | | | | Amount | |
| c Beginning balance | | | | 1c | | |
| d Additions during the year | | | | 1d | | |
| e Distributions during the year | | | | 1e | | |
| f Ending balance | | 0 D 1 V 1 012 | | 1f] | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21? b If 'Yes,' explain the arrangement in Part XIV | | | | | | |
| | | | | | | |
| Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | | | | | |
| 1 a Beginning of year balance | (a) current year | (b) Thor yea | (c) Iwo years bac | k (u) Three years back | (e) Four years b | Jack |
| b Contributions | | | | | | |
| | | | | | | |
| c Net Investment earnings, gains, and losses | · · · · · · · · · · · · · · · · · · · | | | | | |
| d Grants or scholarships | | | | | | |
| Other expenditures for facilities and programs | | | | | | |
| f Administrative expenses | | | | | | |
| g End of year balance | | | | | 1 | |
| 2 Provide the estimated percentage | • | alance held as | | | | |
| a Board designated or quasi-endow | ment > | ¥ | | | | |
| b Permanent endowment ► | * | | | | | |
| c Term endowment ► | * | | | | | |
| 3a Are there endowment funds not in | the possession of | of the organization t | hat are held and admini | stered for the | Yes | No |
| organization by (i) unrelated organizations | | | | | | 110 |
| (ii) related organizations | | | | | 3a(i) 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related o | raanizations lister | Las required on Sch | nedule R2 | | 3b | |
| 4 Describe in Part XIV the intended | - | • | | | 35 | |
| Part VI Investments-Land, B | | | | . line 10. | | |
| Description of investment | | Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated Depreciation | (d) Book Valu | ie |
| 1a Land | | 0. | 18,000. | | 18,0 | 000. |
| b Buildings | | | 337,299. | 97,870. | 239,4 | |
| c Leasehold improvements | | | <u> </u> | | | |
| d Equipment | | | 117,135. | 101,128. | 16,0 | 07. |
| e Other | | | | | | |
| Total. Add lines 1a through 1e (Column | n (d) must equal F | orm 990, Part X, co | lumn (B), line 10(c)) | > | 273,4 | 136. |
| BAA | | | | Sched | lule D (Form 990) | 2009 |

TEEA3303 02/02/10

35-0679800

| | m 990) 2009 UNITED STEELWORKERS | | | -067 | 9800 | Page 4 |
|----------------------|---|--|---|-------------------|-------------------------------|----------------|
| | conciliation of Change in Net Assets fr | om Form 990 to | Financial Statements | | | |
| | nue (Form 990, Part VIII,column (A), line 12) | | | | | |
| | nses (Form 990, Part IX, column (A), line 25) | | | - | | |
| | (deficit) for the year Subtract line 2 from line 1 | | | | | |
| | zed gains (losses) on investments | | | | | |
| | ervices and use of facilities | | | . + | | |
| 6 Investment | • | | | H | | |
| | d adjustments cribe in Part XIV) | | | H | | |
| • | • | | | - | | |
| | tments (net) Add lines 4 through 8 (deficit) for the year per audited financial stateme | onta Cambina linea 2 | and 0 | - | | |
| | conciliation of Revenue per Audited Fin | | | aturn | | |
| | nue, gains, and other support per audited financia | | its with Nevenue per Ne | 1 | | |
| | ncluded on line 1 but not on Form 990, Part VIII, I | | | ┝╧╅ | | |
| | zed gains on investments | me iz. | 2a | | | |
| | ervices and use of facilities | | 2b | 1 1 | | |
| | of prior year grants | | 2c | 1 | | |
| | cribe in Part XIV) | | 2d | 1 1 | | |
| e Add lines 2 | • | | Zu | 2e | | |
| | ne 2e from line 1 | | | 3 | . | |
| | ncluded on Form 990, Part VIII, line 12, but not or | a lino 1 | 1 1 | • | | |
| | is expenses not included on Form 990, Part VIII, I | | 4.5 | | | |
| | cribe in Part XIV) | iiile 70 | 4a 4b | 1 1 | | |
| c Add lines 4 | • | | 40 | اءما | | |
| | | 900 Part L line 12 \ | | 4c | | |
| | nue Add lines 3 and 4c. (This must equal Form 9 conciliation of Expenses per Audited F | | ents With Expenses per | Detu | | |
| | nses and losses per audited financial statements | manciai Statem | ents with Expenses per | 1 | | |
| | ncluded on line 1 but not on Form 990, Part IX, lin | 25 | | '- | | |
| | ervices and use of facilities | le 25 | 2a | | | |
| b Prior year | | | 2b | 1 1 | | |
| c Other losse | · | | 2c | 1 1 | | |
| | cribe in Part XIV) | | 2d | 1 1 | | |
| • | through 2d | | 20 | ا ء ا | | |
| | ne 2e from line 1 | | | 2e 3 | - | |
| | ncluded on Form 990, Part IX, line 25, but not on | lino 1. | 1 1 | • | | |
| | is expenses not included on Form 990, Part VIII, I | | | | | |
| | cribe in Part XIV) | iiile 70 | 4a 4b | 1 1 | | |
| c Add lines 4 | • | | 40 | اءا | | |
| | | 000 Dort Llung 19) | | 4c | | |
| | nses Add lines 3 and 4c (This must equal Form to pplemental Information | 990, Part I, line 18) | | <u> </u> | | |
| Part AIV Su | ppremental information | | | | | |
| line 4, Part X, lir | art to provide the descriptions required for Part II, le 2, Part XI, line 8, Part XII, lines 2d and 4b, and | Innes 3, 5, and 9, Paid Part XIII, lines 2d ai | rt III, lines Ta and 4, Part IV, III nd 4b Also complete this part | nes Ib to prov | and 2b, Part \ de any additio | /, >nal |
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| BAA | | TEEA3304 02/02/10 | | Sched | ule D (Form 9 | 90) 2009 |

| Schedule D (Form 990) 2009 | UNITED STEELWORKERS I Information (continued) | 7-00001 LOCAL | 35-0679800 Page 5 |
|-----------------------------------|---|-------------------|-----------------------------------|
| Part XIV Supplementa | Information (continued) | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Employer identification number 35-0679800

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

UNITED STEELWORKERS 7-00001 LOCAL Pt_VI-B, Line 11A THE OFFICERS MEET WITH THE CPA WHO PREPARED FORM 990 TO REVIEW IT PRIOR TO FILING. Pt_VI-B, Line 15 officers & directors pay is approved by union members at a regular membership meeting. Pt_VI-B, Line 15 OFFICE MANAGER'S COMPENSATION IS BARGAINED WITH USW INTERNATIONAL UNION. Pt_VI-C, Line 19 GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST Pt_VI-A, Line 6 _ THIS IS A LOCAL UNION SERVING 1221 MEMBERS, BY REPRESENTING THEM TO THEIR EMPLOYER. Pt_VI-A, Line 6 THE UNION BARGAINS WITH MEMBERS EMPLOYER FOR PAY, BENEFITS, WORKING CONDITIONS, ETC. Pt VI-A, Line 7a UNION OFFICERS ARE ELECTED BY THE MEMBERS Pt_VI-A, Line 7a UNION REPS ARE ELECTED BY THE MEMBERS IN THE DIVISION THEY REPRESENT Pt_VI-A, Line 7b BASED ON THE BYLAWS, SOME DECISIONS MUST BE APPROVED BY MEMBERS Pt_VI-A, Line 7b BASED ON THE BYLAWS, SOME DECISIONS ARE APPROVED BY THE BOARD OF OFFICERS & REPS ___CASH BASIS IS MODIFIED TO ACCRUE FOR PAYROLL TAX WITHHELD, NOT YET REMITTED

| Schedule O (Form 990), Form 990, Page 2, Part I 4d Describe the exempt services. Section 501 report the amount of each program service Code: Description | Supplemental Information to Form 990 |
|--|---|
| 4d Describe the exempt services. Section 501 report the amount of each program service Code: Expenses 7,62 Grants Of | , , |
| services. Section 501 report the amount of each program service Code: Descripti Expenses | |
| Revenue | NEGOTIATION EXPENSE EXPENSES ASSOCIATED WITH NEGOTIATION OF ISSUES REGARING BENEFITS AND WORKING CONDITIONS, ETC. IN |
| | EMPLOYEE WORK CONTRACT WITH EMPLOYER |
| Code Descripti Expenses 5,60 Grants Of Revenue | DON. LABOR LAW LIBRARY EXPENSE OF LABOR LAW LIBRARY ONLINE SUBSCRIPTION FOR RESEARCH PURPOSES REGARDING EMPLOYEE RIGHTS UNDER FEDERAL AND STATE LABOR LAWS |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545-0047

Employer Identification number

Open to Public Inspection

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F) Direct controlling Identification of Related Tax-Exempt Organizations (Complete If the organization answered 'Yes' to Form 990, Part IV, line 34 because it had 35-0679800 (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section **(D)** Total income 501 (c) (5) 501(c)(5)501(c)(5)TEEA5001 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) ZI PA E BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity UNITED STEELWORKERS INTERNATIONAL UNION 25-0818080 INTERNATIONAL UNITED STEELWORKERS INTERNATIONAL UNION 23-7095102 INTERNATIONAL one or more related tax-exempt organizations during the tax year.) UNITED STEELWORKERS LOCAL 7-209 35-0415430 LOCAL UNION 3340 PERIMETER HILL DR., NASHVILLE IN 37211 UNION NOIND FIVE GATEWAY CENTER, PITTSBURGH PA 15222 Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity 2041 SCHRAGE AVE., WHITING IN 46394 UNITED STEELWORKERS 7-00001 LOCAL Part II

Page 2

Schedule R (Form 990) 2009 UNITED STEELWORKERS 7-00001 LOCAL

Schedule R (Form 990) 2009 UNITED STEELWORKERS 7-00001 LOCAL

Part III | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| DECAUSE IL HAD | ONE OF TROPERE | מובח טואם | แรสแบกร แฮล | eu as a parniersi | because it had one of thore related organizations treated as a partitle ship during the tax year. | al . J | | | | J |
|---|------------------|-----------|--------------------|---------------------|---|----------------------|--------------|----------------|------------|----|
| (A) | (8) | (2) | @ | (E) | (£) | (9) | Œ | 6 | 3 | |
| Name, address, and EIN of | Primary Activity | Legal | Legal Direct | Predominant | Share of total income Share of end-of-year | Share of end-of-year | Dispropor- | Code V-UBI | General or | ⊱ |
| related organization | | domicile | controlling entity | income (related, | | assets | tionate | amount in box | managınç | C |
| | | (state or | | unrelated, excluded | | | allocations? | 20 of Schedule | partner? | |
| | | foreign | | from tax under | | | | Y | | ı |
| | | country) | | sections 512-514) | | | Yes No | (Form 1065) | Yes No | ام |
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| Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | Faxable as a Cored organizations | poration or Tru treated as a co | ist (Complete | if the organizations the | ation answered 'Yes tax year.) | ss' to Form 990, Pa | rt IV, |
|---|----------------------------------|---|---|---|--------------------------------|---------------------------------|--------------------------------|
| (A) Name, address, and EIN of related organization | (B) Primary Activity | Legal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, country) | (D) Direct controlling entity | Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
| | | | | | | | |
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| ВАА | | TEEA5002 02/05/10 | 5/10 | | | Schedule R (Form 990) (2009) | 990) (2009) |

Page 3

35-0679800

Schedule R (Form 990) 2009 UNITED STEELWORKERS 7-00001 LOCAL

Page 4

35-0679800 Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.) Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

| (C) (C) (C) Name, address, and EIN of entity Name, address, and EIN of entity Section (State or foreign 501(c)(c)(c)(c)(c)(c) | (B) Primary activity | (C) Legal domicile (state or foreign country) | Are all partners section 501(c)(3) organizations? | (E) Share of end-of-year assets | (F) Disproportionate allocations? | Code V-UBI amount In box 20 of Schedule K-1 Form (1065) | (H) General or managing partner? | al or iging |
|---|----------------------|---|---|---------------------------------------|-----------------------------------|--|---|----------------|
| | | | Yes No | | Yes No | | Yes | ٥ ۷ |
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| ВАА | | TEEA5004 02/05/10 | | | | Schedule R (Form 990) (2009) |) (066 u | (5005) |

Supporting Statement of:

Form 990 p 9/Total Revenue Investment

| Description | Amount |
|-------------------------|---------|
| INTEREST | 17,508. |
| DIVIDENDS & LTCG DISTR. | 21,200. |
| OTHER PORTFOLIO INCOME | 14,165. |
| Total | 52,873. |

Supporting Statement of:

Form 990 p 9/Real Rental Expenses

| Description | Amount |
|----------------------|---------|
| DEPRECIATION | 5,125. |
| BUILDING MAINTENANCE | 3,473. |
| BUILDING INSURANCE | 683. |
| UTILITIES | 1,675. |
| WAGES | 1,000. |
| Total | 11,956. |

Supporting Statement of:

Form 990 p 10/Line 7 col (C)

| | Description | Amount |
|-------|-------------|---------|
| | | 4,357. |
| | | 58,672. |
| Total | | 63,029. |

Supporting Statement of:

Form 990 p 10/Line 11g col (A)

| Description | Amount |
|------------------|--------|
| ARBITRATION FEES | 665. |
| Total | 665. |

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

| Description | Amount |
|-----------------------------|---------|
| TELEPHONE | 4,609. |
| OFFICE SUPPLIES & INSURANCE | 12,447. |
| Total | 17,056. |

Supporting Statement of:

Form 990 p 10/Line 22 col (A)

| Description | Amount |
|--|--------------------|
| DEPRECIATION PER FORM 4562 LESS: DEPRECIATION INCLUDED IN RENTAL EXPENSES, PART I LINE 6b | 14,299. -5,125. |
| Total | 9,174. |