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Form **990**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service_

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

A	For the	2010 calen	dar year,	or tax ye	ar beginnin	g		, 20	10, and	d endin	ıg			,	
В	Check if a	pplicable	C Name	of organizati	on UNIT	ED STEE	LWORK	ERS 7-00	001	LOCA	YT	D Employ	er Iden	tification Number	
	Addr	ess change	Doing	Business As	<u>:</u>							35-0	0679	0800	
	Name	e change	Numbe	er and street	(or PO box if	mail is not de	elivered to st	reet addr)		Room/s	suite	E Telepho	пе пип	nber	
	Initia	l return	2045	SCHRAG	E AVEN	UE				1		(219) 659-1181			
	Term	unated	City, to	own or count	try			Sta	te ZIP	code + 4		<u> </u>			
	Ħ	nded return	WHITI	NG				I	N 46	6394		G Gross r	eceints	\$ 1,228,219.	
	=	cation pending			of principal of	ficer					H(a) Is this	a group retur			
		ication pending					r BOLTI	NGBROOK	TT. 60	0490	H(b) Are all	affiliates incl	uded?	Yes No	
$\overline{\mathbf{I}}$	Tay.eye	empt status	501(c)		501(c) (5) ⊲ (in:		4947(a)(1)		527	If 'No,'	attach a list	(see in:	structions)	
÷	-		W7-1.		301(0) (3	/ (111	3011107	+3+/(u)(1)		JULI	H(c) Group	exemption nu	ımbar İ	0260	
K		f organization	X Corpor		Trust /	Association	Other ►		l Vear	of Forma	tion 193			legal domicile IN	
_	rt I	Summa		ation 1	11031 7	ASSOCIATION	Oblei		L Teal (OI I OIIIIa	1011 233	, jiii s	tate of	legal domicile III	
				ganization	n's mission	or most su	onificant .	activities	REPR	ESEN	т 1.23	1 UNITO	N M	EMBERS!	
		-					-	NG AGREE							
Activities & Governance	_							PROTECT					 RS		
ra	_			- -				STATE			<u></u>				
8	2 C	heck this bo	ox ►	if the org	ganization o	liscontinue	d its oper	ations or dis	posed	of mor	e than 25	% of its ne	t ass	ets	
Ö.	3 N	umber of vo												1,231	
8								(Part VI, Iın					4	1,231	
ξ							ar 2010 (F	Part V, line 2	a)					25	
ţ		otal number											6	0	
	/a 10	otal unrelate	ea busine	ss revenu	ie from Par	t VIII, golui	mu (2)-1	RETVEL)	7			7a 7b		
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	8 C	ontributions	and arar	ate (Part \	/III lung 1h)	MAN	03 2011	RS-OSC	31	<u> </u>	492,8	72	Current Year	
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								ımn (A), line	s 5-10)		151,8	71.	162,463.	
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Expenses				-		•									
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		ther expens						(A) OF)				141,7		194,858.	
	l	otal expens						(A), line 25)			-	296,9		360,780.	
	19 R	evenue less	s expense	es. Subtra	ict line 18 fi	om line 12	<u>'</u>				D11	84,9		235,543.	
Net Assets or Fund Balancos	20 To	otal assets	/D==4 V I	16)								ng of Curren			
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	rt II	Signatu													
com	er penaltie plete Dec	es of perjury, I o claration of prep	declare that parer (other	I have exam than officer)	ined this return is pased on all	i, including aci information o	companying if which prep	schedules and s arer has any kno	tatemeni owledge	ts, and to	the best of i	my knowledge	e and be	elief, it is true, correct, and	
_		N	1	1/X	4							i1-25	2-1	7	
Siç	ın	Signati	ure of officer	- /)	<u> </u>						Da	ate	· · · ·		
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	Preparer Firm's name Borto & Borto CPA's Use Only Firm's address Firm's address Firm's address Firm's EIN -35-/38/28								5-1321222						
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Mar	the ID	S discuss th		cherer		own above	7 (see in		<i></i>			Frione no	121	X Yes No	
		aperwork R								TC	EA0101 12	2/21/10		Form 990 (2010)	
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Part	Ш	Statement of Program Service Accomplishments				_
		Check if Schedule O contains a response to any question in this Part III		<u> </u>		x
1	Briefl	y describe the organization's mission				
	REP	RESENT 1,233 LOCAL UNION MEMBERS' RIGHTS, NEGOTIATE COLLECTIVE BARGAIN	IING A	GREEN	ENT	FOR
_	MEM	BERS' WAGES, BENEFITS AND WORKING CONDITIONS, AND PROTECT THE RI	<u> Shts</u>	OF ME	MBE	<u> </u>
_	See F	Form 990, Page 2, Part III, Line 1 (continued)				
2	Did th	ne organization undertake any significant program services during the year which were not listed on the price	ıτ _	_	_	
	Form	990 or 990-EZ?		Yes	X	No
	If 'Ye	s,' describe these new services on Schedule O.	_	_	_	
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
	If 'Ye	s,' describe these changes on Schedule O		_		
4	Descr	ibe the exempt purpose achievements for each of the organization's three largest program services by exp	enses. S	Section 5	01(c)	(3)
	and 5	01(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocanses, and revenue, if any, for each program service reported	ions to	others,	he tot	al
	exper	ises, and revenue, if any, for each program service reported				
		2.5				
4a	(Code	(Revenue) (Expenses \$) (Revenue)	; \$_			,
						
		L UNITED WAY CAMPAIGN \$150				
		E COUNTY POLICE ASSOC. LOCAL #72 \$200				
_	NAT	IONAL CHILD SAFETY COUNCIL \$144			. _	
	FRA	TERNAL ORDER OF POLICE, LC HOLIDAY BASKET DRIVE \$350				
		TERNAL ORDER OF POLICE, LC IN \$570				
-		RATION CARE \$1045				
					. – – -	
-	USW					
	 -				- - -	
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					. -	
	•	e) (Expenses \$) (Revenue)				
	LEG	AL FEES FOR CONSULTATIONS RE: EMPLOYEE RIGHTS, ETC.			. _	
			_			
•						
					- - -	
	- 				- - -	
-						
		e:) (Expenses \$	e \$ _)
	ARB	ITRAION AND MEDIATION FEES FOR SETTLING EMPLOYEE GRIEVANCES				
				. _		
				. _		
				. _		
A 4	Otho	r program services (Describe in Schedule O)				
		enses \$ 6,426. including grants of \$) (Revenue \$)	
	_	program service expenses > 14,007.				
BAA	· Jta	TEEA0102 10/06/10		For	m 990	(2010)
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Form 990 (2010) UNITED STEELWORKERS 7-00001 LOCAL Part IV | Checklist of Required Schedules

<u>. u</u>	Tit IV Oncomist of Required Schedules		Yes	No			
•	Lettle and a decorate described as a section 503 (a) (2) as 4047(a) (1) (athors there is resulted foundation) 2. (6.1) (athors the section of		103				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x			
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		x			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x			
4	Section 501(c)(3) organizations 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	4					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		x			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x			
7	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II						
8	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III						
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>x</u>			
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			!			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х				
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 Б		x			
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11c		x			
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		x			
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х				
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х			
12	La Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х			
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 <u>b</u>		х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>x</u>			
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		x			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x_			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		x _			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х			
	-	19		x			
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X			
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b					

Form **990** (2010) UNITED STEELWORKERS 7-00001 LOCAL 35-0679800 Page 4 Checklist of Required Schedules (continued) No Yes 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 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 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? If 'Yes,' complete 23 X Schedule J 24a 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 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 N/A 25a b 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 N/A 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 X Was the organization a party to a business transaction 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 X **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b X **c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X 31 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 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 х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 X line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X

a 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,' complete Schedule R, Part V, line 2 Yes X No

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

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

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

Form **990** (2010)

NA

X

36

37

38

Part V Statements Regarding Other IRS Filings and Tax Compliance								
Check if Schedule O contains a response to any question in this Part V								
		Yes	No					
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a								
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 25								
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	х						
4a 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)?								
b If 'Yes,' enter the name of the foreign country			i					
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			1					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х					
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		<u> </u>					
7 Organizations that may receive deductible contributions under section 170(c).	 "							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	 - -							
services provided to the payor?	7a 7b	<u> </u>	X					
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	/ D	<u> </u>	\vdash					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x					
d if 'Yes,' indicate the number of Forms 8282 filed during the year 7d								
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ĺ	x					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h	N/	A					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/	A					
9 Sponsoring organizations maintaining donor advised funds.		_						
a Did the organization make any taxable distributions under section 4966?	9a	N/	A					
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/	Ā					
10 Section 501(c)(7) organizations. Enter								
a Initiation fees and capital contributions included on Part VIII, line 12								
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A								
11 Section 501(c)(12) organizations. Enter			ł					
a Gross income from members or shareholders 11a N/A								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b N/A								
	12a	N/						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	120	17/	<u>-</u> -					
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1					
a Is the organization licensed to issue qualified health plans in more than one state?	13a	N/						
	134	171/	-					
Note. See the instructions for additional information the organization must report on Schedule O	l							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	-							
c Enter the amount of reserves on hand	14-	1	-					
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	t	X					
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	<u> 1</u>						

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. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 1.231 b Enter the number of voting members included in line 1a, above, who are independent 161.231 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X 7b X **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? 8Ь X **b** Each committee with authority to act on behalf of the governing body? 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 9 X **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11 a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization'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) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states 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 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply |X| Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization 2045 SCHRAGE AVE. WHITING IN 46394 (219) 659-1181

Form 991 (2010)	INTERN	STEELWORKERS	7-00001	T.OCAT.
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Form 990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of 'key employee.'
- 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

Check this boy if postbar the proportion per any related proportion compensated any oursest efficer, director, or trivities

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

		eiated	org			n com	ipen	nsated any current officer, director, or trustee.			
(A)	(B)	(C) Position (check all that apply)			W	(D)	(E)	(F)			
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	adivide of frastee	institutional trustee	Off.	& Key employee	High est coingensated employee	roinei	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
(1) MICHAEL N. BOYD PRESIDENT	40.00			x				5,700.	0.	0.	
(2) HAROLD J. BAXTER VICE PRESIDENT	40.00			x				5,400.	0.	0.	
(3) EDMUND C. HAMILTON SECRETARY-TREASURER	40.00			x				5,400.	0.	0.	
(4) MICHAEL R WOLFF REPRESENTATIVE	40.00			x				900.	0.	0.	
(5) DAVID J. DANKO REPRESENTATIVE	40.00			x				5,400.	0.	0.	
(6) DAVID GRABARCZYK REPRESENTATIVE	40.00			x				5,400.	0.	0.	
_(7)_TIMOTHY_ENRIGHTREPRESENTATIVE	40.00			x				5,400.	0.	0.	
_(8) EDWARD SWEENEY, JR REPRESENTATIVE	40.00			x				5,400.	0.	0.	
(9) MICHAEL J. HILL REPRESENTATIVE	40.00			x				4,950.	0.	0.	
(10) THOMAS J. LESAR REPRESENTATIVE	40.00			x				4,123.	0.	0.	
(11) GLEN T. WEISS REPRESENTATIVE	40.00			x				5, 4 00.	0.	0.	
(12) MACK G FOREMAN REPRESENTATIVE	40.00			x				570.	0.	0.	
<u>(13)</u>				x							
(14)											
<u>(15)</u>											
<u>(16)</u>											
מטמי											

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(A)	(B)	(ey	<u>LII</u>		c)	c 5,	aiii	(D)		loyee		<u>11)</u>
Name and title	Average	Posi	tion (hat ap	oply)	Reportable	(E) Reportable	F	(F) stimated	
	hours per week (describe hours for related organi- zations in Sch O)			· -		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	amor com fr org ar	unt of oth npensation rom the janization of related anization	her on n d
(18)												
(19)												
(20)												
(21)												
(22)									-			
(23)												
(24)												
(25)												
(26)												
(27)												
(28)				-	-							
(29)												
1 b Sub-total	<u> </u>	<u></u>				11	•	54,043.	0.			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	4						•	54,043.	0.			0.
Total number of individuals (including but not limited from the organization	to those	e list	ted a	abov	/e) v	who	rece			e comp	ensati	
non the organization											Yes	No
3 Did the organization list any former officer, director on line 1a? <i>If 'Yes,' complete Schedule J for such in</i>	or truste <i>dıvıdual</i>	e, k	ey e	mpl	oye	e, or	hıgl	hest compensated	l employee	3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	ortable an \$150	com),00(pen	satio f 'Ye	on a	ind o	ther lete	r compensation fro Schedule J for	om	À		x
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	ompensa omplete	ation Sch	froi edu	m ar le J	ny u for s	nrela such	ated	organization or in	ndıvıdual	5	-	x
Section B. Independent Contractors												
 Complete this table for your five highest compensate compensation from the organization. 	ed indep	ende	ent d	conti	racto	ors t	hat i	received more tha	n \$100,000 of			
(A) Name and business addres	s							Description		Comp	(C) ensatio	on
						_						
		_										
2 Total number of independent contractors (including I \$100,000 in compensation from the organization >	out not I	ımıte	ed to	tho	se I	ısted	ab	ove) who received	I more than			

	TO VIII Statement of Neverlac	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
NTS ITS	1a Federated campaigns . 1a		revenue		512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b 509,883. c Fundraising events 1c	-			
R Ak	d Related organizations	-			
₽₹	e Government grants (contributions)				
SIS		1			
탪	f All other contributions, gifts, grants, and similar amounts not included above				
2 O E	g Noncash contributions included in Ins 1a-1f	1 :			
õ₹	h Total. Add lines 1a-1f	509,883.			
IUE.	Business Code			-	
Ş.	2a				
E R	b				
N.	C				
M SE	a	 			
RAI	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	•			
_	3 Investment income (including dividends, interest and				
	other similar amounts)	54,357.	0.	0.	54,357.
	4 Income from investment of tax-exempt bond proceeds	•			
	5 Royalties	•			
	(i) Real (ii) Personal	4			ļ
	6a Gross Rents 8,225.	4			
	b Less. rental expenses 9,880. c Rental income or (loss) -1,655.	-			
	d Net rental income or (loss)	-1,655.	o.	-1,655.	0.
	(v) Securities (v) Other	1,055.	•	1,000.	· ·
	7a Gross amount from sales of assets other than inventory 650, 628.				
	b Less cost or other basis				
	and sales expenses 622,016.				
	c Gain or (loss) 28,612.		!	_	
	d Net gain or (loss)	28,612.	0.	0.	28,612.
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c)]
ER R	See Part IV, line 18	4			}
ОТН	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				1
	c Net income or (loss) from gaming activities			<u> </u>	
	10a Gross sales of inventory, less returns and allowances				
	b Less. cost of goods sold b	_			
	c Net income or (loss) from sales of inventory	-			
	Miscellaneous Revenue Business Code				
	11a REIMBURSEMENTS 900099	3,235.	3,235.	0.	0.
	b from members to disburse on their behalf 900099	745.	745.	0.	0.
	c REFUNDS 900099	1,146.	1,146.	0.	0.
	d All other revenue e Total, Add lines 11a-11d	5,126.		L	
	12 Total revenue. See instructions	596,323.	5,126.	-1,655.	82,969.
	i - Juni revenue: Oce manuchoria	1 330,323.		<u> </u>	1 02,303.

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)

	All other organizations must compl	ete column (A) but are			·
	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	3,459.	3,459.		
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	54,043.		54,043.	
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	70,195.		70,195.	
8	Pension plan contributions (include section 401(k) and section 403(b)	2.050		2 950	
_	employer contributions)	2,850.	-	2,850.	
9	Other employee benefits	24,413.		24,413.	
	Payroll taxes	10,962.		10,962.	
	Fees for services (non-employees).			}	
a	Management				
t	Legal	1,588.	1,200.	388.	
C	: Accounting	10,510.		10,510.	
C	l Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	26,114.		26,114.	
ç	Other	3,322.	3,322.	·	
12	Advertising and promotion				
13	Office expenses	11,158.		11,158.	
14	Information technology	1,997.		1,997.	
15	Royalties				
16	Occupancy	11,834.		11,834.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,942.		12,942.	
20	Interest				
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	9,325.		9,325.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		_		
	ENTERTAINMENT AND GIFTS	663.		663.	
t	INT'L. & COUNCIL PER CAPITAL TAX	7,531.		7,531.	
•	LABOR LAW LIBRARY SUBSCRIPTION	6,026.	6,026.		
•	UNION ORGANIZATION AND PROMOTION	91,440.		91,440.	
•	FOREIGN TAX PAID	408.		408.	
1	All other expenses			_	
_25	Total functional expenses. Add lines 1 through 24f	360,780.	14,007.	346,773.	
26	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation	<u>l</u>		<u> </u>	Form 990 (2010)
					, ,

rt)	(Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	85.	1	0
2	Savings and temporary cash investments .	185,085.	2	150,709
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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	-	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9			9	
10	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 472,857.			
	b Less accumulated depreciation 10b 211,522.		10 c	261,335
11		1,662,164.	11	1,944,360
12	•		12	, , , , , , , , , , , , , , , , , , , ,
13	Investments – program-related. See Part IV, line 11		13	
14			14	
15	•	3.	15	
16		2,120,773.	16	2,356,407
17			17	•
18			18	
19			19	
20	Tax-exempt bond liabilities		20	
21	•		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			23	
24			24	
25	· ·	319.	25	410
26	Total liabilities. Add lines 17 through 25	319.	26	410
	Organizations that follow SFAS 117, check here > X and complete lines			
	27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	834,656.	27	1,028,107
28	Temporarily restricted net assets	1,285,798.	28	1,327,890
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► and complete			
1	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	2,120,454.	33	2,355,997
33				

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Form 990 (2010) UNITED STEELWORKERS 7-00001 LOCAL 35-	0679800		Pa	age 12				
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response to any question in this Part XI								
1. Total revenue (must equal Part VIIII, column (A), line 12)	1 1	5	06 3	323.				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total revenue (must equal Part VIV solven (A) line 35								
Total expenses (must equal Part IX, column (A), line 25)	3			780.				
3 Revenue less expenses Subtract line 2 from line 1			35,5					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2,1	20,4	<u> 154.</u>				
5 Other changes in net assets or fund balances (explain in Schedule O)	5							
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,3	55,9	97.				
Part XII Financial Statements and Reporting								
Check if Schedule O contains a response to any question in this Part XII				x				
			Yes	No				
1 Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFIED CAS	H BASIS							
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X_				
b Were the organization's financial statements audited by an independent accountant?		2b	X					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c		x				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	on a							
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 forth in the Single Audit Act and OMB Circular A-133?								
b It 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b						
BAA		Form	990	(2010)				

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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

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. Complete if										
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.	,							
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and done funds are the organization's property, subject to									
6	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No									
Pai	rt II Conservation Easements. Compl	ete if the organization answered	'Yes' to Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by	the organization (check all that apply)								
	Preservation of land for public use (e.g., re	creation or education) Preserv	ation of an historically important land area							
	Protection of natural habitat	Preserv	ation of a certified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution	on in the form of a conservation easement on the							
			Held at the End of the Tax Year							
•	Total number of conservation easements		2a							
i	Total acreage restricted by conservation easen	nents	2b							
•	Number of conservation easements on a certifi	ed historic structure included in (a)	2c							
•	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a	historic 2d							
3	<u> </u>									
4	Number of states where property subject to cor	servation easement is located >								
5	Does the organization have a written policy regard enforcement of the conservation easement	arding the periodic monitoring, inspection is it holds?	n, handling of violations,							
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation	easements during the year							
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing conservation ease	ements during the year							
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	line 2(d) above satisfy the requirements	of section Yes No							
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its revenu o the organization's financial statements to	e and expense statement, and balance sheet, and hat describes the organization's accounting for							
Pa	Complete if the organization ans									
1 8	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or r	esearch in furtherance of public service, provide,							
1	following amounts relating to these items	d for public exhibition, education, or resea	enue statement and balance sheet works of art, arch in furtherance of public service, provide the							
	(i) Revenues included in Form 990, Part VIII,	line 1	> \$							
	(ii) Assets included in Form 990, Part X		> \$							
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar ass 16 (ASC 958) relating to these items	sets for financial gain, provide the following							
	Revenues included in Form 990, Part VIII, line	, ,	► \$							
	Assets included in Form 990, Part X		• \$							
			_							

Schedule D (Form 990) 2010 UNITE						35-067			Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical Tre	easures, or	Other Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	on, accession,	, and oth		-	•	nat are a significant use	of its c	ollection	n
a Public exhibition			<u> </u>	•	e programs				
b Scholarly research			e U Other						
c Preservation for future genera									
Provide a description of the organ Part XIV					_		ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to t	eceive di pe mainta	ined as part of	the organi	reasures, or c zation's collec	tion?	Yes	Γ	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangen	nents. (Complete if o	organiza			990, Pa	art IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	lee, custodian	, or othe	r intermediary f	for contribu	itions or other	assets not	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV ar	nd comple	ete the following	g table					
							Amoun	t	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1e			
f Ending balance	_					1f			٦.,
2a Did the organization include an a		n 990, Pa	art X, line 21?				∐ Yes	L	No
b If 'Yes,' explain the arrangement				a.ra.al I\	Vasida Farr	- 000 Dart IV time	- 10		
Part V Endowment Funds. Co									
1 a Decimping of year belones	(a) Current	year	(b) Prior year	r (c) Two years back	(d) Three years back	(e)	Four years	s Dack
1 a Beginning of year balance b Contributions		-					+		
		-					+		
c Net investment earnings, gains, and losses							<u> </u>		
d Grants or scholarships							ļ. —		
 Other expenditures for facilities and programs 									
f Administrative expenses							<u> </u>		
g End of year balance									
2 Provide the estimated percentage	=	nd balan	ce held as						
a Board designated or quasi-endow			%						
b Permanent endowment ►	—%								
c Term endowment ►	—_₩								
3a Are there endowment funds not in organization by	the possessi	on of the	organization th	hat are hel	d and adminis	tered for the	[Yes	No
(i) unrelated organizations							3a(i)		<u>_</u>
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ıı), are the related o	rganizations li	isted as r	equired on Sch	nedule R?			3b		
4 Describe in Part XIV the intended	uses of the o	rganızatı	on's endowmer	nt funds					
Part VI Land, Buildings, and	Equipment	. See F	orm 990, Pa	art X, line	e 10.				
Description of investment			or other basis restment)		t or other (other)	(c) Accumulated depreciation	(d)	Book va	ilue
1 a Land					18,000.			18	,000.
b Buildings				3	337,299.	106,518.		230	,781.
c Leasehold improvements									
d Equipment					17,558.	105,004.		12	<u>,554.</u>
e Other				l					
Total. Add lines 1a through 1e (Column	ı (d) must eqı	ıal Form	990, Part X, co	olumn (B),	line 10(c))			261	<u>,335.</u>
BAA						Scher	dule D (l	Form 90	2010

Part VII Investments—Other Securities. See	e Form 990, Part X, III	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
<u>(A)</u>			
<u>B</u>			
<u>(C)</u>			
Φ			
(E)	-		
<u>(C)</u>			
(G) (H)	. - 		
(<u>0</u>	· - 		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)	>		· ··
Part VIII Investments-Program Related. (Se	ee Form 990, Part X,	line 13)	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation
		Cost or end-of-year ma	rket value
(1)			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	•		
Part IX Other Assets. (See Form 990, Part			_
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)	·		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	n(B), line 15)	•	
Part X Other Liabilities. (See Form 990, P	art X, line 25)		
(a) Description of liability	(b) Amount		
(1) Federal income taxes			
(2) PAYROLL WITHHOLDING	4:	10.	
(3)			
(4)			
(5)	· · · · - · · · · · · · · · · · · · · ·	 	
<u>(6)</u>		 	
		 	
(10)		 	
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	> 4:	10.	
2 FIN 48 (ASC 740) Footnote In Part XIV provide the te			anorts the

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

	edule D (Form 990) 2010 UNITED STEELWORKERS 7-00001 LOCAL		35-0679800	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments .			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3			
	rt XII Reconciliation of Revenue per Audited Financial Statemer	ts with Revenue per	Return	
3	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
	a Net unrealized gains on investments	2a	_	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d	_	
_ (e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	'	
	Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 1441	5	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p		
1	·		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	C Other losses	2c	_	
	d Other (Describe in Part XIV)	2d	- •	
_ '	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	4a 4b		
	c Add lines 4a and 4b	40	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	rt XIV Supplemental Information		·· — l — ī · l · · · · · · · · · · · · · · · · ·	
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line additional information	t III, lines 1a and 4; Part IV es 2d and 4b Also complet	/, lines 1b and 2b, e this part to provide	e
BA	TEEA3304 02/11/11		Schedule D (For	m 990) 2010

Schedule D (Form	<u>1 9</u> 90) 2010	UNITED ST	EELWORKERS	7-00001 L	OCAL	35-0679800	Page 5
Part XIV Sup	plemental	Information	(continued)				
						 	
				. – – – – – .		 	
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						 . 	
						 	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

UNITED STEELWORKERS	7-00001 LOCAL		35-0679800
Pt_VI-B, Line_11a_T	HE OFFICERS MEET WITH THE	CPA WHO PREPARED FORM 990 TO	REVIEW IT PRIOR TO FILING.
Pt VI-B, Line 15 or	FFICERS & DIRECTORS PAY IS	Approved by union members at a	REGULAR MEMBERSHIP MEETING.
Pt VI-B, Line 15 0	FFICE MANAGER'S COMPEN	SATION IS BARGAINED WITH	USW INTERNATIONAL UNION.
Pt VI-C, Line 19 G	OVERNING DOCUMENTS AND	FINANCIAL STATEMENTS ARE	AVAILABLE UPON REQUEST
Pt VI-A, Line 6 T	HIS IS A LOCAL UNION SERVI	ng 1233 members, by represent	ING THEM TO THEIR EMPLOYER.
Pt VI-A, Line 6 T	HE UNION BARGAINS WITH MEM	BERS EMPLOYER FOR PAY, BENEFI	IS, WORKING CONDITIONS, ETC.
Pt VI-A, Line 7a U	NION OFFICERS ARE ELE	CTED BY THE MEMBERS	
Pt VI-A, Line 7a U	NION REPS ARE ELECTED	BY THE MEMBERS IN THE DI	VISION THEY REPRESENT
Pt VI-A, Line 7b B	ASED ON THE BYLAWS, S	OME DECISIONS MUST BE APP	PROVED BY MEMBERS
Pt VI-A, Line 7b B	ASED ON THE BYLAWS, SOME	DECISIONS ARE APPROVED BY T	HE BOARD OF OFFICERS & REPS
Pt XII, Line 1 C	ASH BASIS IS MODIFIED T	O ACCRUE FOR PAYROLL TAX W	ITHHELD, NOT YET REMITTED
			
		· 	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Schedule **R** (Form 990) 2010 (g) Sec 512(b)(13) controlled entity? ŝ Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes Employer identification number (f)
Direct controlling entity 35-0679800 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (**d)** Exempt Code section TEEA5001 12/22/10 501(c)(5)501(c)(5)501(c)(5)(c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity PA Z Z (b)
Primary activity (1) UNITED STEELWORKERS INTERNATIONAL UNION 25-0818080 INTERNATIONAL (3) UNITED STEELWORKERS INTERNATIONAL UNION 23-7095102 INTERNATIONAL (Z) UNITED STEELWORKERS LOCAL 7-209 35-0415430 LOCAL UNION BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. FIVE GATEWAY CENTER, PITTSBURGH PA 15222 UNION 3340 PERIMETER HILL DR., NASHVILLE TN 37211 UNION 2041 SCHRAGE AVE., WHITING IN 46394 (a) Name, address, and EIN of disregarded entity UNITED STEELWORKERS 7-00001 LOCAL (a) Name, address, and EIN of related organization Name of the organization Part II 1 E, 5 Ø 3 6 ତ୍ର **T** ତ୍ର ତ୍ୱ ଟ

Page 2

35-0679800

Schedule R (Form 990) 2010 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.)

(a)	②	<u> </u>	9	(e)	(C)	(6)	E		6	
Name, address, and Eliv or related organization	Primary activity	domicile	domicile controlling entity	Income (related.	Strare of total	end-of-vear	tionate	amount in box	managing	ownership
		(state or	6	unrelated, excluded		assets	allocations		partner	
		foreign		from tax under						
		country)		sections 512-514)			Yes No	(Form 1065)	Yes No	
(D			-							
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				,						
1 1 1 1 1 1 1 1 1 1	•									
ZZ										
	_									
	1.									
6										
			-							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer.) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, intens treated as a corporation or trust during the tax year.)	complete if the struct	ne organiza during the	ation answered 'Ye tax year.)	es' to Form 990, Pa	ırt IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile Controlling entity (C corp, S corp, country)	rect Type	(e) be of entity orp, S corp, or trust)	l incom	(g) Share of end-of-year assets	(h) Percentage ownership
α							
(3)							
ВАА		TEEA5002 12/07/1C				Schedule R (Form 990) 2010	n 990) 2010

35-0679800

Schedule R (Form 990) 2010 UNITED STEELWORKERS 7-00001 LOCAL

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule			Yes	٤
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		٠	1.8	×
b Gift, grant, or capital contribution to other organization(s)			1 b	×
c Gift, grant, or capital contribution from other organization(s)			1c	×
d Loans or loan quarantees to or for other organization(s)	-		1d	×
e Loans or loan quarantees by other organization(s)			- Je	×
f Sale of assets to other organization(s)			11	×
g Purchase of assets from other organization(s)			19	×
h Exchange of assets			14	×
i Lease of facilities, equipment, or other assets to other organization(s)			:	-
i Lease of facilities, equipment, or other assets from other organization(s)			ı.	×
k Performance of services or membership or fundraising solicitations for other organization(s)			1k	×
I Performance of services or membership or fundraising solicitations by other organization(s)			1	×
m Sharing of facilities, equipment, mailing lists, or other assets			E E	×
n Sharing of paid employees			Jn	×
• Reimbilicement hald to other organization for expenses			9	
			-	
p Keimbursement paid by other organization for expenses			4 a	
• Other transfer of cash or property to other organization(s)			-	×
d Other transfer of cash or property from other property from proper			-	×
2 If the answer to any of the above is 'Yes' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	covered relationships	and transaction threshol	-	
1				
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	pa
(1) USW LOCAL 7-209	·H	7,200.	RENTAL AGREEMENT	ŒNT
(2) USW LOCAL 7-209	Q.	1,819.	INS/UTIL	BILLS
(3) USW INTERNATIONAL UNION, NASHVILLE, TN	0	340.	BOND INS REQ BY LAW	LAW
(4)				1
6	•			
(9) BAA TEEA5003 12/23/10		Sche	Schedule R (Form 990) 2010	2010

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 assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(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	Disproportionate	Code V-UBI amount in box 20 of Schedule K-1 Form (1055)	(h) General or managing partner?	al or ging er?
			Yes No		Yes No		Yes	N _o
							-	
(S)								
(<u>3</u>)								
<i>ω</i>								
**								
(<u>A</u>)								
					-			
ВАА		TEEA5004 12/23/10				Schedule R (Form 990) 2010	rm 990)	2010

Schedule R	Form 990) 2010	UNITED STEELWORKERS 7-00001 LOCAL	35-0679800	Page 5
Part VII	Supplemental	Information		<u></u>
<u> </u>	Complete this	part to provide additional information for responses to question	ns on Schedule R	
	(see instructio	part to provide additional information for responses to questions).		
				·
				 _
				- ·

Supporting Statement of:

Sch. R, page 3/Amount Involved-2

Description	Amount
UTILITIES BILLS REIMBURSEMENTS	1,307.
PROPERTY INSURANCE REIMBURSEMENT	512.
Total	1,819.

Supporting Statement of:

Sch. R, page 3/Amount Involved-3

Description	Amount
BOND INSURANCE REQUIRED BY LAW	340.
Total	340.

Supporting Statement of:

Form 990 p 10/Line 10 col (C)

	Description	Amount
		10,962.
Total		10,962.

Supporting Statement of:

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

Description	Amount
ARBITRATION/MEDIATION	2,922.
UNION NEGOTIATION EXPENSE	400.
Total	3,322.

	LELWONNENO 7		
	(Form 990), Supp Page 2, Part III, Li	plemental Information to Form 990 ne 1 (continued)	
BENEFITS		cion's mission: CONDITIONS, AND PROTECT THE RIGHTS OF MEMBERS ITS AND FEDERAL AND STATE LAWS.	
		plemental Information to Form 990 ne 4d (continued)	
services.	Section 501(c)(3)	ose achievements for each of the organization's other program) and (4) organizations and 4947(a)(1) trusts are required to is and allocations to others, the total expenses, and revenue, if any, for orted	
		NEGOTIATION EXPENSE	
Expenses _	400.	EXPENSES ASSOCIATED WITH NEGOTIATION OF ISSUES REGARING	
Grants Of _		BENEFITS AND WORKING CONDITIONS, ETC. IN	
Revenue _		EMPLOYEE WORK CONTRACT WITH EMPLOYER	
Code:	Description.	LABOR LAW LIBRARY	
Expenses _	6,026.	EXPENSE OF LABOR LAW LIBRARY ONLINE SUBSCRIPTION	
Grants Of _		FOR RESEARCH PURPOSES REGARDING EMPLOYEE RIGHTS	
Revenue		UNDER FEDERAL AND STATE LABOR LAWS	