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# Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 20**10** 

Open to Public Inspection

Department of the Treasury

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

► The organization may have to use a copy of this return to satisfy state reporting requirements 2010, and ending 20 10 For the 2010 calendar year, or tax year beginning January 1 December 31 C Name of organization United Steelworkers Local 1155L D Employer identification number Check if applicable Doing Business As 91-1922910 Address change E Telephone number Room/suite Number and street (or P O box if mail is not delivered to street address) Name change 931-815-1155 180 Arch Cope Road Initial return City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ 210483 Morrison TN 37357 Amended return F Name and address of principal officer Billy Dycus (President) Yes 🗹 No Application pending H(a) Is this a group return for affiliates? 180 Arch Cope Rd Morrison TN 37357 √ 501(c) ( 5 ) 
√ (insert no ) 
√ 4947(a)(1) or 
√ 527 If "No," attach a list (see instructions) 501(c)(3) Tax-exempt status H(c) Group exemption number ▶ 0260 Website: ▶ Form of organization Corporation Trust Association ✓ Other ► Labor Unio M State of legal domicile TN Part I Summary Local Union enforced collective bargaining Briefly describe the organization's mission or most significant activities. agreement to better working conditions of the Local Union and provide representation to its members ctivities & Governance SCANNED JUN 08 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 0 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year 0 8 Contributions and grants (Part VIII, line 1h) . . . 190182 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 138 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 20163 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 210483 1650 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits pato to progremment (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 137410 Expenses Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 Total fund purple expenses (Part ) column (D), line 25) b Other/expenses (Part KV blumhor), lines 11a-11d, 11f-24f) 17 65208 Total expenses-Add lines 13-17/must equal Part IX, column (A), line 25) 18 204268 19 6215 Beginning of Current Year 20 Total assets (Part X, line 16) 241748 247963 21 Total liabilities (Part X, line 26) 0 22 247963 Net assets or fund balances Subtract line 21 from line 20 241748 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here FINANCIAL Type or print name and title leyzenny Print/Type preparer's name Check [] If Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No. 11282Y



Form 990 (2010)

Form 99	0 (2010)				Page 2
	II • Stateme	nt of Program Service A Schedule O contains a re	Accomplishments esponse to any question in this F	Part III	. [
1 `	The mission sta		includes, but is not limited to on be	ehalf of its members, collective barg e working conditions of its members	
2	Did the organiz prior Form 990			e year which were not listed on the	e ☐ Yes ☑ No
3		be these new services on ization cease conducting		n how it conducts, any progran	n □ Yes 🗹 No
4	Describe the ex 501(c)(3) and 5	01(c)(4) organizations and	nts for each of the organization's	three largest program services by ired to report the amount of grants eported	expenses Sections and allocations to
4a	The Local Union members' wage	n continues in an ongoing e es, benefits and working cor	ffort to defend and enforce the neg	) (Revenue \$ otiated collective bargaining agreem d income and expenses are used to nprovements for our members	ent for our
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Sch including gr		nue \$ )	

4e Total program service expenses ▶

Part	V • Checklist of Required Schedules			
			Yes	No
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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		~
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		~
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		~
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		,
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 .	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		V
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		,
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
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? If "Yes," complete Schedule D, Part VII	11b		v
С	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		,
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	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		~
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	11f		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .	12a		~
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	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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? If "Yes," complete Schedule F, Parts I and IV	14b		,
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		,
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		,
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		v
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		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)		V	Na.
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	Yes	No V
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		V
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? If "Yes," complete Schedule J	23		V
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, 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		,
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 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.	25b		
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		v
27	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		,
28	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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
С	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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		,
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? <i>If "Yes," complete Schedule R, Part I </i>	33		V
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		~
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  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 Volume 1	35		
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		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	V	
		F	- aar	2010

Part				
	Check if Schedule O contains a response to any question in this Part V	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a  0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	~	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_	
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)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		-
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
- Cu	organization solicit any contributions that were not tax deductible?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<b></b> -		
	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		
9	Sponsoring organizations maintaining donor advised funds.	•		
а	Did the organization make any taxable distributions under section 4966? .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? .	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter.			Ì
а	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			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand			
14a		14a		1
h	If "Voc " has it filed a Form 720 to report those payments? If "No " provide an explanation in Schedule O	13/1h		1

Part	VI • Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.	62 III	SCIII	eduie
	Check if Schedule O contains a response to any question in this Part VI .	<u>.</u>		V
Secti	on A. Governing Body and Management			
4.	Estable and of the control of the control of the control of the target of the target of the control of the cont		Yes	No
1a b	Enter the number of voting members of the governing body at the end of the tax year			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2	İ	V
3	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?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6	~	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			
h		7a 7b	V	<del> </del>
ь 8	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	76	_	-
Ū	the year by the following.		1	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, 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		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
40-	December and a base to a land at a start to a land at a land at a start to a land at a start to a land at a	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	10a		~
~	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	ĺ	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1.05		
	form?	11a	1	
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	~	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	~	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	120		,
13	Does the organization have a written whistleblower policy?	12c	-	~
14	Does the organization have a written document retention and destruction policy?	14		1
15	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?	1		
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		~
40-	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?	١.,	ŀ	١.
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		~
D	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			ļ
	organization's exempt status with respect to such arrangements?	16b	1	
Secti	on C. Disclosure	1.00	L	·
17	List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	)s onl	y) ava	ulable
	for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	if inte	rest p	olicy,
20	and financial statements available to the public	of the		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization ► Van Tenpenny 180 Arch Cope Rd Morrison, TN (615) 406-6742	OI THE	;	
	vali relipently Tourist Cope Ru Montson, TN (010) 400-0742	• • • • • • • • • • • • • • • • • • •		

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Daga	- 1

Part VII	Compensation of Officers, Directors, Trus	tees, 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

- 1a 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

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 neither the organization noi	any relate	d org	anız	atıo	n c	ompe	nsa	····	t officer, director,	or trustee
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated at employee	Former	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) Billy Dycus	46.5					-				7575
President				~	<u> </u>	ļ	<u> </u>			
(2) Billy Wright	46 5									6342
Vice-President				~						
(3) Ron Kreiter	20									202
Recording Secretary	ļ	ļ		~	<u> </u>	ļ	ļ			
(4) Van Tenpenny	42 5									4618
Financial Secretary				~						
(5) Richard Jackson	8									45
Treasurer				~						
(6) Joe Roberts	2				ĺ	1				0
Trustee	*	-		~						U
(7) Brian Seay										704
Trustee	2			V						781
(8) John Carter										4500
Executive Board	2	ļ		~						1593
(9) Samuel White										
Policy Committee	2			~						2469
(10) Ronald Black							-			
Executive Board	2			V						0
(11) Donna Radar	-		_							
Trustee	2			~						0
(12)					-					
	]									
(13)										
(14)										
(15)	-									
(16)	-			-						

Part	VII Section A. Officers, Directors, Trus	tees, Key	Emplo	oyee	es, a	and	Highe	est	Compensated	Employees (con	tinued)		
	(A)	(B)			•	C)			(D)	(E)		(F)	
•	Name and title	Average hours per week (describe hours for related	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	oly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	C	Estimated amount of other ompensate from the organization	of tion
		organizations in Schedule O)	trustee	al trustee		yee	mpensateo		(W-2/1033-WIIGO)			and relate rganizatio	ed
(17)													
(18)											<u> </u>		
(19)							. <u>-</u>					, -	
(20)								_					
(21)											-		
(22)													
(23)						-							
(24)													
(25)													
(27)													
(28)				-				-		-			
1b	Sub-total .	l		l			]						23625
c d	Total from continuation sheets to Part Total (add lines 1b and 1c).		n A	•	-	•		<b>&gt;</b>					23625
2	Total number of individuals (including bur reportable compensation from the organic						above	e) w	rho received m	ore than \$100,0	00 ın		
												Ye	s No
3	Did the organization list any <b>former</b> or employee on line 1a? If "Yes," complete							emp	oloyee, or high	iest compensat	- 1	3	1
4	For any individual listed on line 1a, is the organization and related organizations												
5	<ul><li>individual</li><li></li><li>Did any person listed on line 1a receive of</li></ul>	 or accrue co	 ompe	nsat	tion	 fro	m any	 un	 ırelated organı:	 zation or individu	<u> </u>	4	~
	for services rendered to the organization	? If "Yes," o	comp	lete	Sch	nedu	ıle J f	or s	such person			5	~
	on B. Independent Contractors  Complete this table for your five highest	nampanant	od in	don	ond	ont	contr	act	ore that receive	nd more than \$1	00.00	) of	
1	compensation from the organization	compensat	ea m	uep:	ena	ent	CONT	acı		- more than \$1		J 01	
	(A) Name and business add	ress							(B) Description of s	ervices	Com	(C) pensation	ı 
2	Total number of independent contractor received more than \$100,000 in compens								nose listed ab	ove) who			

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	la 0				
ran	b		lb 0	1			
s, g	С	Fundraising events .	lc 0				
gift ar a	d		ld 0				
ons, gifts, grants similar amounts	е	9 \ , <u> </u>	le 0				
ıtıoı er s	f	All other contributions, gifts, grants,					
tributio		<u> </u>	1f 0				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	•		Business Code	400400			
leve	2a	Membership Dues	900099	190182			
Se H	b						
Ž	c d						
Š	e						
grar	f	All other program service revenue		0		-	
Pro	g	Total. Add lines 2a–2f	· . • • •	190182			J
	3	Investment income (including di	vidends, interest,				
		and other similar amounts)	. ▶	138			
	4	Income from investment of tax-exemp	t bond proceeds	0			
	5	Royalties	<u>.</u> . ▶	0			
		(ı) Real	(II) Personal				
	6a	Gross Rents				]	
	b	Less rental expenses					
	C	Rental income or (loss)					
	d 7a	Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	0			
	14	assets other than inventory	(,,, 0				
	b	Less cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	o			
ne	8a	Gross income from fundraising					
Revenue		events (not including \$					
Re		of contributions reported on line 1c).					
ē		See Part IV, line 18	а				
Other	b	Less direct expenses	b				
		Net income or (loss) from fundraisi		0			
	9a	Gross income from gaming activitie	s.				
	_	See Part IV, line 19 .	а				
		Less direct expenses .	b				
	100	Net income or (loss) from gaming		0		-	
	iva	Gross sales of inventory, les returns and allowances .					
	h		a b				
	b	Less' cost of goods sold .  Net income or (loss) from sales of		اه			
		Miscellaneous Revenue	Business Code	<del> </del>		<del> </del>	<u> </u>
	11a	Reimbursement from Company	900099	20163			
	b						
	С						
	d	All other revenue		0			
	е	Total. Add lines 11a-11d	•	20163			
	12	<b>Total revenue.</b> See instructions.	. <b>▶</b>	210483			1

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
other organizations must complete columns (A) but are not required to complete columns (B) (C), and (C)

•	All other organizations must complete co	lumn (A) but are not	requirea to compi	ete columns (B), (C),	ano (U)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and			1	
	organizations in the U.S. See Part IV, line 21.	o i			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1650			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	o			
4		0	·····		
4 5	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	22225			
_	- ' -	23625	<del> </del>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			j	
	persons described in section 4958(c)(3)(B) .	0		ļ	
7	Other salaries and wages	113785			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes .	0	···		
11	Fees for services (non-employees)				
а	Management .	0			
b	Legal .	11229			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	26729			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	24125			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0	<u> </u>	-	
20	Interest	0			
21	Payments to affiliates .	3125			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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.)				
а		0		_	
b		0		-	
C	•	0			-
d		0			
e		0		-	
f	All other expenses	0			-
25	Total functional expenses. Add lines 1 through 24f	204268	<del></del>		
26	Joint costs. Check here ▶ ☐ If following	204200	<del></del>	<del>                                     </del>	
20	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation				
				,	•

	art X	Balance Sheet	(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash – non-interest-bearing	18872	_1_	25087
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, and highest compensated employees Complete Part II of		_ }	_
	_	Schedule L	0	5	0
	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)	o		0
Assets	-	· · · · · · · · · · · · · · · · · · ·	0	7	0
ASS	. 7 . 8	Notes and loans receivable, net  Inventories for sale or use	0	8	
`	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment, cost or		<del></del>	
	104	other basis Complete Part VI of Schedule D 10a 222876			
	b	Less accumulated depreciation 10b 0	222876	10c	222876
	11	Investments – publicly traded securities			0
	12	Investments—other securities See Part IV, line 11	0		0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	241748	16	247963
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0	20	0
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
İ	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons			_
_		Complete Part II of Schedule L	0	22	0
	23 24	Secured mortgages and notes payable to unrelated third parties	0	23	0
	2 <del>4</del> 25	Unsecured notes and loans payable to unrelated third parties	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here ▶ ✓ and complete		20	
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	241748	27	247963
Net Assets or Fund Balance	28	Temporarily restricted net assets	0		0
J PC	29	Permanently restricted net assets	0	29	0
Fur		Organizations that do not follow SFAS 117, check here ▶ ☐ and			
o		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	241748	33	247963
	34	Total liabilities and net assets/fund balances .	241748	34	247963

rm 9	90 (2010)			Page 12
ar	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		210483
2	Total expenses (must equal Part IX, column (A), line 25)	2		204268
3	Revenue less expenses Subtract line 2 from line 1	3		621
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		241748
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		24796
art	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990	kplain in	Ye	es No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1
b	Were the organization's financial statements audited by an independent accountant?	•	2b	~
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for confidence of the audit, review, or compilation of its financial statements and selection of an independent acco		2c	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O	xplain in		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years are used on a separate basis, consolidated basis, or both.	ear were		

Form 990 (2010) Part XI

Part XII

Separate basis Consolidated basis Both consolidated and separate basis

the Single Audit Act and OMB Circular A-133?. .

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

.

. . . . . .

Form 990 (2010)

За

3b

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number
United Steelworkers Local 1155L 91-1922910

Par	organization answered "Yes" to F	orm 990, Part IV, line 6.	r Funds or Accounts. Complete if the
		(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 .		and hald in donor odwood
5	Did the organization inform all donors and funds are the organization's property, subject	ct to the organization's exclusive legal	control? .
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or donor adviso	
Par	Conservation Easements. Comp		
1	Purpose(s) of conservation easements held		
2	Preservation of land for public use (e.g., Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	recreation or education) Preserva	ution of an historically important land area ution of a certified historic structure
_	easement on the last day of the tax year	ation field a qualified consolvation con-	and the form of a contest value.
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	sements	2b
С	Number of conservation easements on a ce		2c
d	Number of conservation easements include historic structure listed in the National Regis		d not on a
3			or terminated by the organization during the
4 5	Number of states where property subject to Does the organization have a written polyiolations, and enforcement of the conserva	licy regarding the periodic monitoring	ng, inspection, handling of
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring,  > \$	inspecting, and enforcing conservation	n easements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requiren	nents of section 170(h)(4)(B)
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation expensions.	e text of the footnote to the organization	
Part	Organizations Maintaining Colle	ections of Art, Historical Treasure vered "Yes" to Form 990, Part IV, II	
1a	If the organization elected, as permitted un-	der SFAS 116 (ASC 958), not to repor similar assets held for public exhibiti	t in its revenue statement and balance sheet ion, education, or research in furtherance of
b	•	similar assets held for public exhibit ts relating to these items	in its revenue statement and balance sheeton, education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII	l, line 1 .	▶ \$
2	If the organization received or held works following amounts required to be reported u	of art, historical treasures, or other	similar assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Iir Assets included in Form 990, Part X		<b>&gt;</b> \$

Part	III Organizations Maintaining C	ollections of	Art, Hist	orical	Treasures,	or Otl	ner Similar <i>i</i>	Assets (	contin	ued)
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and o	ther recor	ds, che	ck any of th	e follow	ing that are a	a significa	nt use	of its
а	☐ Public exhibition				an or exchai	-				
b	Scholarly research		<b>e</b> (	Ot	her					
С	Preservation for future generations									
4	Provide a description of the organization	n's collections	and expla	un how	they further	the org	anization's ex	empt pur	pose i	n Part
_	XIV							1		
5	During the year, did the organization so assets to be sold to raise funds rather th	olicit or receive	donations	soran	, nistoricai tr	easures	s, or other sin		V [	¬ N-
Part									Yes [	
	line 9, or reported an amount of	on Form 990,	Part X, III	ne 21.					O, 1 di	
1a		ustodian or otl	her interm	ediary	for contribut	ions or	other assets	_	<b>.</b> .	¬
	included on Form 990, Part X?					•	•		Yes [	_) No
b	If "Yes," explain the arrangement in Part	XIV and comp	lete the fo	llowing	table.		1	Amount		
_	Decimaling holongs					1c		Amount		
q	Beginning balance Additions during the year	• •			•	1d				
d e	Distributions during the year			•		1e				
f	Ending balance				• •	1f				
2a	Did the organization include an amount	on Form 990 F	art X. line	21?	•				Yes [	No
	If "Yes," explain the arrangement in Part		<b></b>			•				_
Par			zation an	swered	d "Yes" to F	orm 99	90, Part IV, li	ne 10.		
		(a) Current year	(b) Prio		(c) Two year		(d) Three years b		our years	back
1a	Beginning of year balance									
b	Contributions .									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses				<u>.</u>					
g	End of year balance .	· <del>- · · · · · · · · · · · · · · · · · ·</del>	l	. =				_		
2	Provide the estimated percentage of the		nce held a	s.						
a	Board designated or quasi-endowment		%							
b	Permanent endowment ►	, <b>%</b>								
C	Term endowment ► %	onennen of t	ha araani		hat are hold	and ad	ministered for	tho		
3a	Are there endowment funds not in the porganization by	ossession or t	ne organiz	zanon u	nat are nelu	and ad	ministered for	lile	Vac	No
	(i) unrelated organizations .							3a	Yes	No
	(ii) related organizations	•						3a(		<del> </del>
h	If "Yes" to 3a(ıı), are the related organiza	tions listed as i	required o	n Sche	dule R2		• •	. 3t		+
4	Describe in Part XIV the intended uses of								<u></u>	
Part										
	Description of investment	(a) Cost or o	ther basis	(b) Cost	or other basis (other)		Accumulated epreciation	(d) E	Book valu	ie
1a	Land . , .		0		48188					48188
b	Buildings		0		140000		- 0	<b> </b>		40000
c	Leasehold improvements .		0		0		0	<del> </del>	<del></del>	0
d	Equipment		0		34688		0			34688
е	Other		0		0		0	1		0
Total.	Add lines 1a through 1e. (Column (d) mus	st equal Form 9	990, Part )	(, colun	nn (B), line 10	)(c)) .	>		2	22876

Part VII	Investments - Other Securities	. See Form 990, Part X	, line 12.	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
	ıl derivatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)	4)			
	(b) must equal Form 990, Part X, col (B) line 12 ) ►			
Part VIII	Investments – Program Related		<del></del>	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
_(1)				
_(2)				
(3)				-
(4)	<del></del>			
(5) (6)	<del> </del>	<u>-</u>		
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets. See Form 990, Pa			
	(	a) Description	(b) Book value	
(1)		<del></del>		
(2)				
(3)	· · · · · · · · · · · · · · · · · · ·	<del></del>		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, c			
Part X	Other Liabilities. See Form 990	<del>,</del>		
1. (1) Federa	(a) Description of liability I income taxes	(b) Amount	_	
(2)	Theome taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			_	
(9)				
(10)				
(11)	<u> </u>		_	
	(b) must equal Form 990, Part X, col (B) line 25.)	11 1 1 1 1 1 1 1 1		
	ASC 740) Footnote. In Part XIV, provide n's liability for uncertain tax positions L		to the organization's financial statements that reports the	3

P	ane	4
	aut	~

Schedu	le D (Form 990) 2010			rage
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2.	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year Subtract line 2 from line 1	3_		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	. 5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV )	8		
9	Total adjustments (net) Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Part		ue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants 2c		1	
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d	2	e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV) 4b			
c	Add lines 4a and 4b	4	c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	nses per l	Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities   2a			
b	Prior year adjustments		1	
c	Other losses			
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d		te l	
3	Subtract line 2e from line 1	<b> </b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	-		
C	Add lines 4a and 4b		c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>├</b>	5	
Part			<u> </u>	
Comp Part V	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a /, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. A dditional information			
			·••••••	

Schedule D (Form 990) 2010 Page <b>5</b>						
Part XIV	Supplemental Information (continued)					
•						
•						
		·				
•						
•••••						

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

91-1922910

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.

United Steelworkers Local 1155L	91-1922910
Part VI Lines 6,7a and 7b- As a Local Union our members elect officers every 3 years  The approval of the control of the contr	of the officer's actions is done at
regularly scheduled Union meetings.	
Part VI Line 11b- Form 990 was reviewed at the regularly scheduled Executive Board meeting	
Part VI Line 19- Governing document, conflict of interest and financial statements are available upon	request

Schedule O (Form 990 or 990-EZ) (2010)	Page Z
lame of the organization	Employer identification number
•	