See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JANUARY 01 , 2012, and ending DECEMBER 31 , 20 12

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED STEELWORKERS LOCAL #1

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
102 BONANZA LANE

City or town, state or country, and ZIP + 4
FAIRMONT, WV 26554-3432

D Employer identification number
55-0324343

E Telephone number
304-363-0020

F Group Exemption Number ▶ 0260

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

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

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 99579

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	96804
	4	Investment income		4	230
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	2545
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	99579
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	4722
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	66300
	13	Professional fees and other payments to independent contractors		13	2467
	14	Occupancy, rent, utilities, and maintenance		14	8097
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe in Schedule O)		16	33490
	17	**Total expenses.** Add lines 10 through 16 ▶		17	115076
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-15497
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	154108
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	138611

P
10

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	152541	22	137044
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	1567	24	1567
25	**Total assets**	154108	25	138611
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	154108	27	138611

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **COLLECTIVE BARGAINING**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 LOCAL ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE LOCAL UNION AND PROVIDE REPRESENTATION TO IT'S MEMBERS.

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

29

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

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALAN D. DANIELS TRUSTEE	1 HOUR	530	0	14
JODY ARBOGAST VICE PRESIDENT	3 HOURS	2777	0	0
EUGENE B. JONES VICE PRESIDENT	3 HOURS	100	0	0
MIKE STINGO PRESIDENT	5 HOURS	7955	0	521
ROBERT L. MORRIS TREASURER	5 HOURS	900	0	0
NORMAN A. CLEVENGER RECORDING SECRETARY	3 HOURS	900	0	0
GARY W. HESS TRUSTEE	1 HOUR	516	0	0
JOHN A. SLAUGHTER FINANCIAL SECRETARY	10 HOURS	3461	0	323
DOUGLAS R. CLINE GUARD	1 HOUR	1268	0	166

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ **WEST VIRGINIA**			
42a	The organization's books are in care of ▶ **JOHN A. SLAUGHTER** Telephone no. ▶ **304-363-0020**			
	Located at ▶ **102 BONANZA LANE, FAIRMONT WV** ZIP + 4 ▶ **26554-3432**			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ **N/A** See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ **N/A**			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 . . . . ▶ 0

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ Yes ☑ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 1-20-13

▶ JOHN A. SLAUGHTER - FINANCIAL SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED STEELWORKERS LOCAL #1

Employer identification number

55-0324343

PART 1 LINE 8 OTHER REVENUE - SUNDRY RECEIPTS

PART 1 LINE 10 GRANTS AND SIMILAR AMOUNTS PAID - DONATIONS AND FLOWERS

PART 1 LINE 16 OTHER EXPENSES - EDUCATION, RECREATION AND CONFERENCE FEES, TAXES PAID, SUNDRY EXPENSES, FEES AND DUES REMITTED

PART 2 LINE 24 - OTHER ASSETS - OFFICE SUPPLIES

U S Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No 1245-0003
Expires: 10-31-2013

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

For Official Use Only	1. FILE NUMBER	2 PERIOD COVERED	3 (a) AMENDED - If this is an amended report correcting a previously filed report, check here ☐
E	014-192	MO DAY YEAR From 01/01/2012 Through 12/31/2012	(b) TERMINAL - If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here. ☐

4 AFFILIATION OR ORGANIZATION NAME
STEELWORKERS AFL-CIO

5. DESIGNATION (Local, Lodge, etc.)
LOCAL UNION

6 DESIGNATION NUMBER
1

7 UNIT NAME (if any)

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes [X] No [ ]

8. MAILING ADDRESS (Type or print in capital letters)

First Name	Last Name
JOHN	SLAUGHTER

P O. Box - Building and Room Number (if any)

Number and Street
102 BONANZA LANE

City
FAIRMONT

State	ZIP Code + 4
WV	26554-3432

56 ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions)

57 SIGNED: _____ PRESIDENT (If other title, see instructions)
1-21-13 Date
304 694 4280 Telephone Number

58 SIGNED: _____ TREASURER (If other title, see instructions)
1-21-2013 Date
304 677-0428 Telephone Number

g the Reporting Period Did Your Organization:

ve a 'subsdiary organization' as defined in Section X of the tions?
Yes ☐ No ☒

ate or participate in the administration of a trust or other fund or zation, as defined in the instructions, which provides benefits for ers or their beneficiaries?
Yes ☐ No ☒

ve a political action committee (PAC) fund?
Yes ☐ No ☒

quire or dispose of any goods or property in any manner other than by ase or sale?
Yes ☐ No ☒

ve an audit or review of its books and records by an outside ntant or by a parent body auditor/representative?
Yes ☐ No ☒

scover any loss or shortage of funds or other property? (Answer "Yes" f there has been repayment or recovery.)
Yes ☐ No ☒

ve any officer who was paid $10,000 or more by your organization and eceived $10,000 or more as an officer or employee of another labor ization or of an employee benefit plan?
Yes ☐ No ☒

y any employee salary, allowances, and other expenses which, together ny payments from affiliates, totaled more than $10,000?
Yes ☒ No ☐

ave loans totaling more than $250 to any officer, employee, or er, or make any loans to a business enterprise?
Yes ☐ No ☒

19. How many members did the labor organization have at the end of the reporting period?
530

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?
25,212

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws or practices/procedures have changed, see the instructions.)
Yes ☐ No ☒

22. What is the date of the labor organization's next regular election of officers?
04/2015

23. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees	1 45% + $ 02	per	Hour	N/A	N/A
(b) Initiation Fees	$10	per	Person	N/A	N/A
(c) Transfer Fees	0	per	N/A	N/A	N/A
(d) Work Permits	0	per	N/A	N/A	N/A

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER 014-192

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) (B) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *				Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
1.	Last Name DANIELS	First Name ALAN	Initial D	$530	$14	$544
	Title TRUSTEE		Status C			
2.	Last Name ARBOGAST	First Name JODY	Initial	$2,777	$0	$2,777
	Title VICE PRESIDENT		Status N			
3.	Last Name JONES	First Name EUGENE	Initial B	$100	$0	$100
	Title VICE PRESIDENT		Status P			
4.	Last Name STINGO	First Name MICHAEL	Initial	$7,955	$521	$8,476
	Title PRESIDENT		Status C			
5.	Last Name MORRIS	First Name ROBERT	Initial L	$900	$0	$900
	Title TREASURER		Status C			
6.	Last Name CLEVENGER	First Name NORMAN	Initial A	$900	$0	$900
	Title RECORDING SECRETARY		Status C			

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER 014-192

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) (B) Name (Enter title of officer, such as PRESIDENT or TREASURER)			(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	TOTAL (F)
7.	Last Name HESS	First Name GARY	Initial W		$516	$0	$516
	Title TRUSTEE			Status C			
8.	Last Name SLAUGHTER	First Name JOHN	Initial A		$3,481	$323	$3,804
	Title FINANCIAL SECRETARY			Status C			
9.	Last Name CLINE	First Name DOUGLAS	Initial R		$1,268	$166	$1,434
	Title GUARD			Status N			
10.	Last Name	First Name	Initial				
	Title			Status			
11.	Last Name	First Name	Initial				
	Title			Status			
12.	Last Name	First Name	Initial				
	Title			Status			
	Total				$18,427	$1,024	$19,451
						Less Deductions	$4,820
	The Total from Net Disbursements will be entered in Item 45					Net Disbursements	$14,631

* Code for (C) Status past officer - P, continuing officer - C, new officer during the reporting period - N

(If the officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on Page 1)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER 014-192

STATEMENT A ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash	$152,541	$137,044	32. Accounts Payable	$0	$0
26. Loans Receivable	$0	$0	33. Loans Payable	$0	$0
27. U.S. Treasury Securities	$0	$0	34. Mortgages Payable	$0	$0
28. Investments	$0	$0	35. Other Liabilities	$0	$0
29. Fixed Assets	$1,567	$1,567	36.TOTAL LIABILITIES	$0	$0
30. Other Assets	$0	$0			
31. TOTAL ASSETS	$154,108	$138,611	37. NET ASSETS (Item 31 Less Item 36)	$154,108	$138,611

STATEMENT B RECEIPT AND DISBURSEMENTS

Item CASH RECEIPTS	AMOUNT	Item CASH DISBURSEMENTS	AMOUNT
38. Dues	$96,804	45. To Officers (from Item 24)	$14,631
39. Per Capita Tax	$0	46. To Employees (less deductions)	$51,669
40. Fees, Fines, Assesments & Work Permits	$0	47. Per Capita Tax	$0
41. Interest & Dividends	$230	48. Office & Administrative Expense	$8,097
42. Sale of Investments & Fixed Assets	$0	49. Professional Fees	$2,467
43. Other Receipts	$2,545	50. Benefits	$0
44. TOTAL RECEIPTS	$99,579	51. Contributions, Gifts & Grants	$4,722
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form		52. Purchase of Investments & Fixed Assets	$0
		53. Loans Made	$0
		54. Other Disbursements	$33,490
		55. TOTAL DISBURSEMENTS	$115,076

56. ADDITIONAL INFORMATION SUMMARY

FILE NUMBER 014-192

Question 17: Charles Lemasters earned $14781 72

VALIDATION SUMMARY PAGE

FILE NUMBER: