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

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning January 1 2013, and ending December 31 20 13 D Employer identification number C Name of organization United Steelworkers Local Union 1688 Check if applicable Address change Doing Business As 23-1092686 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 717-939-9366 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ 558744 Amended return Steelton, PA 17113 H(a) is this a group return for subordinates? Yes Vo No Application pending F Name and address of principal officer: Raymond Napoli, Pres. H(b) Are all subordinates included? 🗌 Yes 🔲 No 200 Gibson St, Steelton, PA 17113 If "No," attach a list. (see instructions) ) ◀ (insert no ) 4947(a)(1) or Tax-exempt status ✓ 501(c) ( 5 H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust Association ☐ Other ► Labor union L Year of formation. M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: The Local Union enforced collective bargaining agreement to better the working conditions for the members, and provide representation. Activitles & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 3 1300 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 55 6 Total number of volunteers (estimate if necessary) . . . . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h) . 0 Program service revenue (Part VIII, line 2g) 532003 534354 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1074 747 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 11 28846 23643 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 561923 558744 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6100 6332 Benefits paid to or for members (Part IX, column (A), line 4) . . . 14 13644 13329 Salaries, other compensation, employee benefits (Part IX, column (A), lines\_5-10) 15 196722 195952 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (M) line 25 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 309791 378462 Total expenses. Add lines 13-17 (must engal Part IX, column) (A) line 18 526257 594075 Revenue less expenses. Subtract line 18 from line 19 35666 35331 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 1147670 1112339 21 Total liabilities (Part X, line 26) . 144118 119197 22 Net assets or fund balances. Subtract line 21 from line 20 1003552 993142 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 aron Sian Date aneture of office Here menD Type or print name and title Date Print/Type preparer's name Preparer's signature Check [] if Paid self-employed **Preparer** Firm's EIN ▶ Firm's name Use Only Firm's address ▶ Phone no.

discuss this return with the preparer shown above? (see instructions)

Page 2
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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The mission statement of this organization includes, but is not limited to, on behalf of its members; collective bargaining, grievance
	procedures, arbitration, strike benefits, education, organize and to omporove the working conditions of its members.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	the Local union continues in an ongoing effort to defend and enforce the negotiated collective bargaining agreement for our
	members' wages, benefits and working conditions. The members dues, related income and expenses are used to carry out these
	activities. The local union is continually striving to maintain or accomplish improvements for our members.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ▶

Form 99				Page <b>3</b>				
Part I	V Checklist of Required Schedules							
	to the assessmentian described in coetion E01(a)(2) or 4047(a)(1) (athor than a private foundation)? If "Vec."		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		1				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1				
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		<b>,</b>				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1				
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 for which 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		<b>√</b>				
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	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		1				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1				
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.			_				
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	<i>J</i>					
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		1				
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		1				
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		1				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>				
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		✓				
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		✓				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1				
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>-</b>				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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		1				
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		1				
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		1				
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1				
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	1				

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or 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		1
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		
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 25a	24a		✓
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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		1
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	28b 28c		1
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	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		1
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		<b>√</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	i	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
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? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Form **990** (2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	<u> </u>	<b>-</b>	
<b>2a</b>	Statements, filed for the calendar year ending with or within the year covered by this return  2a 55			1	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	l	
b	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		1	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ė	
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)?	4 <del>a</del>		✓	
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.	İ			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1	
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 as charitable contributions?	6a		✓	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	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		ļ		
	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?	7.			
_	If "Yes," indicate the number of Forms 8282 filed during the year	7c			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		<u> </u>		
•	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	i	ľ	
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:	1	[		
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]	1			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	4			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	1	ŀ	ł	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	├	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	┨	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	├	├	
а	Is the organization licensed to issue qualified health plans in more than one state?	138	<del> </del>	-	
h	Enter the amount of reserves the organization is required to maintain by the states in which			1	
J	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand	1			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	† <del>-</del>	广	
	and the state of t			_	

Part '										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S									
Saction	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	<u>. Li</u>						
Section	on A. doverning body and management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 1300			_						
-	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent . 1b									
2	any other officer, director, trustee, or key employee?									
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? .									
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		<b>✓</b>						
6 7-	Did the organization have members or stockholders?	6	<u> </u>	<u> </u>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	/							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_						
	stockholders, or persons other than the governing body?	7b		<u> </u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	✓	-						
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	ا ۾ ا								
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	nde l	<b>✓</b>						
ocou	on b. I dides (This decisor b requests information about policies not required by the internal never		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		1						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b>✓</b>						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	<u> </u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>✓</b>	├—						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1						
13	Did the organization have a written whistleblower policy?	13		✓						
14	Did the organization have a written document retention and destruction policy?	14		✓						
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?									
а	The organization's CEO, Executive Director, or top management official	15a		1						
b	Other officers or key employees of the organization	15b		<b>✓</b>						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
h	with a taxable entity during the year?	16a		✓						
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	466								
Secti	on C. Disclosure	16b		Ь						
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)						
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and						
00	financial statements available to the public during the tax year.	• • •								
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Edward Breach, Fianacial Secretary, 200 Gibson St., Steelton, PA 17113 717-939-9366	of the	<b>:</b>							
	Luwaru Breach, Flanaciai Secretary, 200 Gibson St., Steelion, PA 17113 717-939-9300									

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Form **990** (2013)

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

Check if Schedule O cor	ntains a response or note to any line 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 nor	r any related	d orga	anız		n co C)	ompe	nsa	ited any curren	it officer, director	, or trustee.
				•	ر. Ition				_	_
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	eck s pe d a d	more rson irect	than o	n an tee)	1 4	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Raymond Napoli, President	40			1				14492		879
(2) Ramon Fernandez, vice pres.	4			1				960		59:
(3) Carol Bricker, Recording Secretary	4			1				2989		98
(4) Edward Breach, Financial Secretary	4			1				2512		55
(5) Robert Butler, Treasurer	4			1				960		
(6) David Shellenberger, Trustee	2			1				5129		93
(7) Lynn Myers, Trustee	2			/				0		
(8) Robert Crater, Jr.	2			1				337		74
(9) Maurice Cobb, Inside Guard	1			/				6500		145
(10) John Zalek, Outside Guard	1			1				0		
(11) Patrick McHugh, Guide	1			1				1765		100
(12) Linda Hare, Officer Manager	40				/		Γ	51010		56
(13) Betty Cobb, Social Hall Manager	20				1			15017		15
(14) Gregory Reese, Grievance Committeeman	40		T		1			22036		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)								
	(A)	(B)	(do n	ot ch		rtion more	e than o	one	(D)	(E)	-	1	(F)	
	Name and title	Average hours per	rage box, unless person is both a						Reportable compensation	Reportable compensation			mated ount of	
		week (list any				_		·	from	related	""		ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key a	흋	Forme	the organization	organization (W-2/1099-M			ensation m the	m
		organizations	ecto	ut io	۳ ا	employee	oyer o	ĕ	(W-2/1099-MISC)	(44-22 1033-141	.55,		nization	1
		below dotted line)	1 4 2	nal t		ş	Ä						related ization	
		11110)	stee	nst		•	ens					organ	Zauon	3
				8			Highest compensated employee							
(15) Ma	rin Ivanoff, Safety Chairman				$\vdash$		<del>-</del>					-		
(10)1112	in Ivanon, Surety Chairman	<del> </del>			1				1419					0
(16)				<u> </u>										
3		†	ĺ		l									
(17)														
		Ī												
(18)														
(19)			]											
							ļ							
(20)		<b></b>					ļ		l					
				<u> </u>		<u> </u>	<u> </u>	<u> </u>						
(21)		ļ				1								
				<u> </u>	<u> </u>	<u> </u>		-		<u> </u>				
(22)		ļ			ŀ									
(00)		ļ.		├	_	<u> </u>	<u> </u>	<b>├</b>	ļ					
(23)		<b></b>												
(0.4)				├	$\vdash$		-	-	<del> </del>					
(24)			-											
(25)		<u> </u>		┢╌	<del> </del>	-		<u> </u>		<u> </u>				
(20)		<b>+</b>	1				ļ		i					
1b	Sub-total	<u> </u>		<u> </u>		<u> </u>		┢	1419					0
c	Total from continuation sheets to Part	VII. Section	n A					<b>•</b>	123707					7877
d	Total (add lines 1b and 1c)							<b>•</b>	125126	<del></del>				7877
2	Total number of individuals (including bu				_			e) w			00.000	of		
	reportable compensation from the organ							-,		• • • • • • • • • • • • • • • • • • • •	,			
													Yes	No
3	Did the organization list any former of													
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3		✓
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	пре	nsatio	on a	and other comp	pensation fro	om the	İ	İ	
	organization and related organizations													
	individual											4		<b>/</b>
5	Did any person listed on line 1a receive of													
	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	nea	uie J	tor :	sucn person	<u></u>	<u>· · ·                                  </u>	5		<b>√</b>
	on B. Independent Contractors										<b>A</b> 100	000		
1	Complete this table for your five highest													· ov
	compensation from the organization. Re	port compe	nsau	OH I	Or u	ne c	zaienc	ıaı	year ending wi	in or within i	ine orga	ırıızatı	טוו 5 נ	ax
	year.							Т				(0)		
	(A) Name and business add	dress						1	(B) Description of s	services	С	(C) compens		
		<del></del> -	<del></del>					+						
								+						
	<del></del>	<del></del>						T						
	<del></del>							T						
								T						
2	Total number of independent contractor	ors (includi	ng b	ut r	not	limi	ted to	o ti	hose listed ab	ove) who				
	received more than \$100,000 of compen									-				

Part	VIII	Statement of Reve						
		Check if Schedule O	contains a res	ponse or note to				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b					
	С	Fundraising events .	1c			ļ		
	d	Related organizations	3 <b>1d</b>					
	•	Government grants (con				İ		
ar S	f	All other contributions, g						
휼축		and similar amounts not inc		<u></u>		1		
<u>a</u> 5	g	Noncash contributions include						
	h	Total. Add lines 1a-1	<u>f</u>	Business Code				-
2	•	Marchardin Bura						
eve	2a	Membership Dues		900099	360477	360477		<del>                                     </del>
8	b					· ·		
e Z	d			-			·-	
S	e							
Program Service Revenue	f	All other program ser			· -			
P	g	Total. Add lines 2a-2		•	360477			
	3	Investment income					•	
		and other similar amo	•					
	4	Income from investmen	•	•	747	747		
	5	Royalties						
		0	(i) Real	(ii) Personal				
	6a	Gross rents	173877	1	-			
	b	Less: rental expenses Rental income or (loss)		-	-			
	d	Net rental income or	(1)	· · · · •	173877		-	
	7a	Gross amount from sales of	(i) Securities	(ii) Other	1/30//			
		assets other than inventory		<u> </u>	1			
	b	Less: cost or other basis			1			
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		▶				
97	8a	Gross income from fu	undraising					
Ven		events (not including \$	_					
Other Revenue		of contributions report			1			
ē		See Part IV, line 18 .	a	1	1			
₹		Less: direct expenses		L	]			
		Net income or (loss) t	_	events . ►				
	9a	Gross income from gassee Part IV, line 19 .	-					
		•	a	-	<u> </u>			
		Less: direct expenses Net income or (loss) to		L	1			
		Gross sales of in			-		<del></del> -	
		returns and allowance		,				
	ь	Less: cost of goods s	_		1 1			
	1	Net income or (loss) t		·	1			1
		Miscellaneous F		Business Code				
	11a	Social Activity Receip	ts	900099	6958			
	ь	Misc. Reimbursement	S	900099	15185			
	С	Gate Collections		900099	1500			
	d	All other revenue .						
	е	Total. Add lines 11a-			23643			<del> </del>
	12	Total revenue. See i	nstructions	▶	558744			1

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	6332			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				<del></del>
·	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	13329			
5	Compensation of current officers, directors,				
	trustees, and key employees	133003			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	20717			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0	<del></del>		
b	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0	# ·		
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1801			
12	Advertising and promotion	0			
13	Office expenses	113649			
14	Information technology	0			<del> </del>
15	Royalties	0			
16	Occupancy	80040		·	
17 18	Travel	16818			
10	for any federal, state, or local public officials	اه			
19	Conferences, conventions, and meetings .	11187			<u> </u>
20	Interest	0			
21	Payments to affiliates	3798			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	8231			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	•				
a	Caterer , Social Hall Rentals	67369			
b C	Social Hall Expenses	32591 22261		-	
d	Electric Bills	22201			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	594075		· · · · · · · · · · · · · · · · · · ·	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	į l		1	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	300570	1	265239
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	
S	6	Loans and other 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). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
Ϋ́	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	•	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	847100	100	847100
	11	Investments—publicly traded securities	047100	11	047100
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	,
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1147670	16	1112339
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			r
Ĕ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	144118	22	119197
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	·	25	
	26	Total liabilities. Add lines 17 through 25	144118	26	119197
or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	1003552	27	993142
Baj	28	Temporanly restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
5		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	1003552		993142
	34	Total liabilities and net assets/fund balances	1147670	34	1112339

Pana	1	1

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<b>4</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			5	58744
2	Total expenses (must equal Part IX, column (A), line 25)			594075		
3	Revenue less expenses. Subtract line 2 from line 1	3			-:	 35331
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			10	03552
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			+	24921
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			9	93142
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	in			
	Schedule O.		j			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled (	or			ı
	reviewed on a separate basis, consolidated basis, or both:			Ì		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ı		
b	Were the organization's financial statements audited by an independent accountant?		· L	2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a	1		:
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				_	ر _
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			!
	Schedule O.		1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	Torth				
_	the Single Audit Act and OMB Circular A-133?	• •		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.		3b	000	_✓_
				Form	990	(2013)

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public

Name o	f the organization		Employer identification number
United	Steelworkers Local Union 1688		23-1092686
Par		r Advised Funds or Other Similar Fu	
		ered "Yes" to 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		
	funds are the organization's property, subject		<del></del>
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the		
		<u> </u>	· · · · · · · · · Yes 🗌 No
Par			_
		ered "Yes" to Form 990, Part IV, line 7	<u>′.                                    </u>
1	Purpose(s) of conservation easements held to		
	Preservation of land for public use (e.g., i		
	Protection of natural habitat	☐ Preservation	of a certified historic structure
•	Preservation of open space	tion hold a gualified concentation contribu	tion in the form of a concentation
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	tion neid a quaimed conservation continud	Held at the End of the Tax Year
_	•		<del></del>
a	Total number of conservation easements . Total acreage restricted by conservation eas	oments	•
b	Number of conservation easements on a cer		
c d	Number of conservation easements includ		· · · · · · · · · · · · · · · · · · ·
u	historic structure listed in the National Regis		2d
3	Number of conservation easements modified		
_	tax year ▶	·, · · · · · · · · · · · · · · · · · ·	, ,
4	Number of states where property subject to	conservation easement is located ►	
5	Does the organization have a written pol		nspection, handling of
	violations, and enforcement of the conservat	tion easements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported		
	***************************************		
9	In Part XIII, describe how the organization re	ports conservation easements in its reven	ue and expense statement, and
	balance sheet, and include, if applicable, the		financial statements that describes the
	organization's accounting for conservation e		ou Othou Similar Assets
Part		ections of Art, Historical Treasures, ered "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted und		
14	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted un		
U	works of art, historical treasures, or other	sımılar assets held for public exhibition,	
	public service, provide the following amount		
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>▶</b> \$
-	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lin	·	
	Assets included in Form 990, Part X		

Page	: 2

Part									
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and other			•			significant u	se of its
а	☐ Public exhibition				or exchange				
b	☐ Scholarly research		е [	☐ Other		<b></b>			
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections an	id expla	in how th	ey further the	e orga	ınızatıon's exe	mpt purpose	ın Part
5	During the year, did the organization s assets to be sold to raise funds rather t								☐ No
Part					•				
	Complete if the organization a 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Par	rt XIII and complete	e the fol	lowing ta	ble:		ļ ,	Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount								
b	If "Yes," explain the arrangement in Par	t XIII. Check here	ıf the ex	planation	has been pr	ovided	in Part XIII .		
Par			_			_			
	Complete if the organization a			<del></del>					
-	<b>-</b>	(a) Current year	(b) Prio	r year	(c) Two years b	ack (	d) Three years bad	ck (e) Four ye	ars 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								
g	End of year balance								
2	Provide the estimated percentage of th		balance	e (lıne 1g,	, column (a)) I	neld a	s:		
а	Board designated or quasi-endowment	· <b>-</b>	%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
_	The percentages in lines 2a, 2b, and 2c								
3a	Are there endowment funds not in the	possession of the	organiz	tation tha	it are neid an	a aan	ninistered for t		
	organization by:								es No
	(i) unrelated organizations							3a(i)	+-
	(ii) related organizations							3a(ii)	+-
ь 4	If "Yes" to 3a(ii), are the related organiz Describe in Part XIII the intended uses							_3b_	
Pari			1 5 61100		iiius.				
raj	Complete if the organization a		to Forn	n 990 P	art IV line 1	1a S	ee Form 990	Part X line	<b>-</b> 1∩
	Description of property	(a) Cost or other	1		r other basis		ccumulated	(d) Book v	
		(investmen	nt)		her)		preciation	(u) Dook v	
1a	Land		18944		18944				18944
b	Buildings		601766		601766				601766
C	Leasehold improvements								
d	Equipment	<del></del>	81482		81482		<del></del>		81482
e Total	Add lines 1a through 1e. (Column (d) mu	ust equal Form 000	144908	/ column	144908	1.)	•		144908
· vial.	AUG IIIICO TA ITITUUUTI TE. IUUIUITII (A) MI	usi eduai FOIIII 990	u. raii X	. LUIUIIIN	וטו. וווופ TUIC	1.1 .	<b>-</b> 1		847100

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of accuracy or category  (b) Book value  (c) Cost or and of-year market value  (c) Costs) held equity interests  (c) Costs) held equity interests  (d) Costs)  (d) Costs  (e) Costs  (f) Costs  (f) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Costs  (g) Description of investment  (g) Description of investment  (g) Description of investment  (g) Description of investment  (g) Description of investment  (g) Costs  (g	Part VII	Investments - Other Securities		<del></del>		
Cost or end-of-year market value		Complete if the organization ans	wered "Yes" to For	m 990, Part IV,	line 11b. See Fon	m 990, Part X, line 12.
2) Closely-held equity interests			y	(b) Book value		
(3) Other (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial	derivatives				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-h	eld equity interests				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other					
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(A)					
(5)   (6)   (7)   (8)   (7)   (8)   (7)   (8)   (7)   (8)   (8)   (9)   (9)   (9)   (1)						
(i) (ii) (iii) (iii) (iii) (iiii) (iiii) (iiiiiiii	(C)					
(i) (ii) (iii) (iiii) (iiiiiiiiiiiiiiii	(D)			<del>-</del>		
(i) (iii) (iii) (iii) (ivi) (	(E)					<del> </del>
(ii) (iii) (iv) (iv) (iv) (iv) (iv) (iv)				<u> </u>		
Total, (Column (b) must equal Form 990, Part X, col. (B) Inte 12)						
Investments - Program Related.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Gost or end-of-year market value (c) Gost or end-of-year market value (c) Gost or end-of-year market value (d) Gost or end-of-year market value (e) Gost or end-of-year market value (f) Gost or end-of-year market value (g) G			<del> </del>	<u> </u>		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII				" 44 0 5	000 5 13/11 10
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(6) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total: (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total: (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total: (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)					
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(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description in liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(3)		<del></del>			·
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	_(7)					
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Other Assets.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		15 000 D 114 1 D11 101 b				_ <del></del>
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		·	<del></del>	<u> </u>	<u></u>	
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(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						
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Part X Other Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Total, (Colu	mn (b) must equal Form 990. Part X. o	ol. (B) line 15.)			<del> </del>
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶						<del></del>
1.	T GIV X		wered "Yes" to For	m 990. Part IV.	line 11e or 11f. Se	ee Form 990 Part X
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<del></del>	line 25.				
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			(b) Book value			
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		come taxes		<del>i</del>		
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(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			<del>                                     </del>			
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			<del> </del>	<del></del> }		
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			<del> </del>			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			<del> </del>	<del></del> -		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		<del></del>	<del> </del>			
		b) must equal Form 990 Part X col (R) line 251				
			ude the text of the footn	ote to the organization	ation's financial state	nents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
rail	Complete if the organization answered "Yes" to Form 990, P		110121111
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:		<u> </u>
	Net unrealized gains on investments	2a	
a	Donated services and use of facilities	2b	1 1
b	Recoveries of prior year grants		1
C	Other (Describe in Part XIII.)	2d	†
d	Add lines 2a through 2d		2e
e	Subtract line 2e from line 1		3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII.)	4b	1 1
b	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	
ı ar c	Complete if the organization answered "Yes" to Form 990, F		
1	Total expenses and losses per audited financial statements		T1
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 1
C	Other losses		<b>†</b>
d	Other (Describe in Part XIII.)	2d	<b>-</b>
e			2e
3	Subtract line 2e from line 1		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	4a	
b	Other (Describe in Part XIII.)		1
	·		<del> </del>
C	Add lines 4a and 4b		4c
С 5	Add lines <b>4a</b> and <b>4b</b>		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line

Schedule D (For	m 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

20**13** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization		<del>-</del>	mployer identification number
United Steelworkers Local	Union 1688		23-1092686
Dort IV Casting C line 40	The Level Heim will make a wileble	it according decomposite appliet of inte	reat malian and financial statements
		it governing documents, conflict of inte	rest policy, and financial statements
to the public, upon reques	<u>t.                                    </u>		
Part XI, line 5: Other Cha	anges in Net Assets or Fund Balances		
	Start of Period	End of Period	+/- Change in Assets
Mortgage Payable:	144118	119197	+24921
			······································
<del></del>			
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·			·····