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**Short Form**

**Return of Organization Exempt From Income Tax**

**2013**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning **JANUARY 01**, 2013, and ending **DECEMBER 31**, 2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>USW LOCAL 2660</b>		<b>D</b> Employer identification number <b>41-0720474</b>
	Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P O BOX</b>		<b>E</b> Telephone number <b>218-778-6909</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>KEEWATIN MN 55753</b>		<b>F</b> Group Exemption Number ▶ <b>0260</b>

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ **NA**

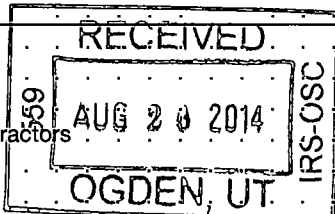
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 5 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other **LABOR UNION**

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **195,456**

**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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	0	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	0
2	Program service revenue including government fees and contracts . . . . .	2	0	11	Benefits paid to or for members . . . . .	11	0
3	Membership dues and assessments . . . . .	3	142,070	12	Salaries, other compensation, and employee benefits . . . . .	12	82,717
4	Investment income . . . . .	4	0	13	Professional fees and other payments to independent contractors . . . . .	13	0
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0	14	Occupancy, rent, utilities, and maintenance . . . . .	14	25,707
5b	Less: cost or other basis and sales expenses . . . . .	5b	0	15	Printing, publications, postage, and shipping . . . . .	15	585
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0	16	Other expenses (describe in Schedule O) . . . . .	16	10,575
6	Gaming and fundraising events			17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	119,584
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	75,872
6b	Gross income from fundraising events (not including \$ _____ 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	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	101,336
6c	Less: direct expenses from gaming and fundraising events . . . . .	6c	0	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	21	177,208
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0				
7b	Less: cost of goods sold . . . . .	7b	0				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0				
8	Other revenue (describe in Schedule O) . . . . .	8	53,386				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	195,456				



CONTINUED SEP 08 2014

**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
<b>22</b> Cash, savings, and investments . . . . .	38,436	114,308
<b>23</b> Land and buildings . . . . .	59,900	59,900
<b>24</b> Other assets (describe in Schedule O) . . . . .	3,000	3,000
<b>25</b> Total assets . . . . .	101,336	177,208
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	101,336	177,208

**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

What is the organization's primary exempt purpose? \_\_\_\_\_

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.

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

<b>28</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>NA</b>
<b>29</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>NA</b>
<b>30</b> _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>NA</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>NA</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	<b>0</b>

**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
DANIEL PIERCE PRESIDENT	15	12,476	0	0
CLIFFORD TOBEY VICE PRESIDENT	13	11,362	0	0
RORY AIMONETTI RECORDING SECRETARY	18	14,662	0	0
MERLE ETTER TREASURER	1.5	1,813	0	0
CARL JERANEK III FINANCIAL SECRETARY	2	3,128	0	0
THOMAS HAGEN INSIDE GUARD	.5	528	0	0
DONALD BOGDANOVICH OUTSIDE GUARD	.5	570	0	0
LORNE MIDDLESTEAD TRUSTEE	2	2,974	0	0
BRADLEY NORMAN TRUSTEE	2	3,328	0	0
JOSEPH PHELPS TRUSTEE	2	2,940	0	0
KELLY PETERSON GUIDE	.5	423	0	0
JACK THRONSON FORMER PRESIDENT	15	11,884	0	0

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 . . . . .		✓
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) . . . . .		✓
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)? . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
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? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 . . . . .		✓
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 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
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 . . . . .		✓
41	List the states with which a copy of this return is filed ▶ MN, PA		
42a	The organization's books are in care of ▶ CARL C JERANEK III Telephone no. ▶ 218-778-6909 Located at ▶ P O BOX 158, 103 W 3RD AVE KEEWATIN MN ZIP + 4 ▶ 55753-0158		
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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
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 . . . . .		✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
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 . . . . .		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
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) . . . . .		✓

<b>46</b> 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 . . . . .	Yes	No
<b>46</b>		✓

**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 . . . . .

<b>47</b> 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 . . . . .	Yes	No
<b>47</b>		✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .		✓
<b>49b</b>		✓

**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	(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
NA				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

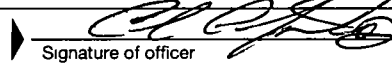
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NA		

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

**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.

<b>Sign Here</b>	 Signature of officer	8-1-2014 Date
	CARL C JERANEK III FINANCIAL SECRETARY Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**UNITED STEEL WORKERS LOCAL 2660**

Employer identification number

**41-0720474**

**PART I**

**ITEM 8 OTHER REVENUE**

**1,183 STATE OF MN REIMBURSEMENT**

**4,113 USW DISTRICT 11 REIMBURSEMENT**

**44,894 US STEEL CORP REIMBURSEMENT**

**2,527 USW DISTRICT 11 REIMBURSEMENT**

**669 MEMBERS EXPENSE REIMBURSEMENT**

**53,386 TOTAL**

**ITEM 16 OTHER EXPENSES**

**550 CONFERENCE FEES**

**1,193 DONATIONS AND FLOWERS**

**8,832 HOTEL AND PLANEFARE**

**10,575 TOTAL**

**PART III**

**PRIMARY PURPOSE; LOCAL ENFORCED COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS FOR THEIR**

**MEMBERS AND FAMILIES**