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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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

_int	emal Reveni	ue Service ´	► Information about Form	990 and its instruction	ons is at www.ii	rs.gov/ton	m990.		Inspection
<u>A</u>	For the	2013 cal	lendar year, or tax year beginning		, and e	ending			
В	Check if	applicable	C Name of organization UNITED STE	ELWORKERS LOCA	AL 12-675		D Employer	identificati	on number
	Address	change	Doing Business As						
<u></u>	,	zago	Number and street (or PO box if mail is not it	delivered to street address) Room/suite		5-0865902		
L	Name ch	ange	1200 EAST 220TH STREET		,	_	E Telephone	number	·
	1		- · · ·	01-4-	7/0 4-		L releptione		
L.	Initial retu	ım.	City or town	State	ZIP code	·- 3	10-522-227	77	
	Terminate	ed	CARSON	CA	90745-350				
=)	_	Foreign country name Foreign	province/state/county	Foreign posta				
	Amended	i return					Gross rece	ipts \$	2,217,785
	Applicatio	on pending	F Name and address of principal officer			H(a) Is this	a group return fo	r cubordinate	es? Yes X No
_] Application	on pending	i ' '	U CEDEET CADOO	N CA 00745	1	=		
			DAVID CAMPBELL 1200 EAST 220T	H STREET, CARSO	N, CA 90745	H(b) Are	all subordinates	s included?	Yes No
1	Tax-exem	pt status	501(c)(3) X 501(c) (5) ◀	(insert no.) 4947(a	a)(1) or 527	If "N	o," attach a list	(see instru	uctions)
	Moboite	: ► NA				H(a) Cm.	ip exemption n	umbor 🕨 l	0260
<u> </u>	AAGDZIIG	11/						uniber -	0200
K	Form of o	rganization	Corporation Trust Associa	tion X Other ▶ LA	BOR UNIC L YE	ar of formati	on: 1917	M State	of legal domicile CA
	Part I	Su	mmary						
	1		escribe the organization's mission or i	most significant activ	ities: LOC	AL LINIC	N ENFORC	ED COL	LECTIVE
6	<u> </u>		INING AGREEMENT TO BETTER WO	DRKING CONDITIO	NS OF THE LC	CAL UNI	ON AND PI	KOVIDE	
2018.	!	REPRE	SENTATION TO ITS MEMBERS.						
≪.	2	Check ti	his box • I if the organization disc	continued its operation	ons or disposed	d of more	than 25% o	f its net a	assets
2018.	3		of voting members of the governing b	•			ı	3	24
							·	4	0
6	8 4		of independent voting members of the						
PR 19	g 5		mber of individuals employed in calen	· ·	-		· ·	5	138
OZ :	6	Total nu	mber of volunteers (estimate if necess	sary)			[6	0
APR	(7a	Total un	related business revenue from Part VI	II, column (C), line 1	2		. [7a	0
	Ь	Net unre	elated business taxable income from F	form 990-T, line 34.			[7b	0
SCANNED -	-						Prior Year	Ì	Current Year
)	, 8	Contribu	utions and grants (Part VIII, line 1h).					0	0
Ş			<u> </u>				1,635	858	1,902,461
2	9 10	_	n service revenue (Part VIII, line 2g) .				1,033		
Ÿ,] 10		ent income (Part VIII, column (A), line					128	37,603
(D)	⁻ 11		evenue (Part VIII, column (A), Ines/5			_		,391	277,721
	12		<u>'enue—add lines 8 through 11 (mūst equa</u>				2,391	,377	2,217,785
	13	Grants a	and similar amounts paid (Part IX, colu	ımn (A)∱lines 1–3) .				0	190,147
	14		s paid to or for members\(Part/IXncôlûi					0	0
	1		, other compensation, employee benefits				1,179	013	1,453,971
	j 10		ional fundraising fees (Part IX, column		•	 	1,110	0	0
	<u>2</u> 16a					<u> </u>			<u> </u>
	15 16a b		ndraising expenses (Part 1X-column (I			0			
L	□ 17		xpenses (Part IX, column (A), lines 11					,152	962,647
	18	Total ex	penses. Add lines 13-17 (must equal	Part IX, column (A),	line 25)		2,093	,165	2,606,765
	19	Revenu	e less expenses. Subtract line 18 from	line 12			298	,212	-388,980
· -						Beginn	ng of Current		End of Year
Ì	Balances 20	Total as	sets (Part X, line 16)				3,589		3,245,388
į	20 24		· · · · · · · · · · · · · · · · · · ·				3,303	-	
•	[] - '							0	0
	∄ 22	Net ass	ets or fund balances. Subtract line 21	from line 20	<u> </u>		3,589	,033	3,245,388
	art II	Sic	gnature Block						
			ry, I declare that I have examined this return, inclu	iding accompanying sched	ules and statemen	ts, and to the	e best of my kn	owledge	
а	nd belief, it	is true, com	ect, and complete Declaration of preparer (other	than officer) is based on al	I information of who	ich preparer	has any knowle	edge	
_			Down william			_	63	.28.	14
S	ign						Date	<u> </u>	
Here Signature of onicer									
			David Campbell		Sec	cretary- ir	easurer		
			Type or pnnt name and title						
		Prır	nt/Type preparer's name	Preparer's signature		Date			PTIN
F	aid						I	heck	l If
	repare	r					s	elf-employe	0
	Jse On		m's name				Firm's EIN		
•	,36 OIII	עי עי	m's address ▶				Phone no		
-				-h	·				П, П.
	nay the i	KS discu	ss this return with the preparer shown	above (see instruct	uons)				Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
UNITED STEELWORKERS LOCAL 12-675	95-0865902
•	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
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Schedule O (Form 990 or 990-EZ) (2013)

Form 99	0 (2013) UNITED STEELWORKERS LOCAL 12-675	95-0865902	Page 2
Part	Statement of Program Service Accomplishments		
	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 THE ORGANIZATION INCLUDES, BUT IS NOT LIMITED TO ON BEHA	ALF OF ITS	
	MEMBERS, COLLECTIVE BARGAINING, GRIEVANCE PROCEDURES, ARBITRATION, STRIKE BENE		
_	EDUCATION ODCANIZE AND TO IMPROVE 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?		X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	T	X No
	If "Yes," describe these changes on Schedule O.		٠
	Describe the organization's program service accomplishments for each of its three largest program service	ces as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
	the total expenses, and revenue, if any, for each program service reported.		•
,	no total experience, and forestee, it any, for each program corride reported.		
4a ((Code:) (Expenses \$ including grants of \$) (Reve	enue \$	<u> </u>
	THE LOCL UNION CONTINUES IN AN ONGOING EFFORT TO DEFEND AND ENFORCE THE NEGOT		
_	BARGINING AGREEMENT FOR OUR MEMBERS' WAGES, BENEFITS AND WORKING CONDITIONS		
	RELATED INCOME AND EXPENSES ARE USED TO CARRY OUT THESE ACTIVITIES. THE LOCAL L		
	CONTINUALLY STRIVING TO MAINTAIN OR ACOMPLISH IMPROVEMENTS FOR OUR MEMBERS.		
-			
-			
-			
-	_		-
-			
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
-			
_			
_			
-			
_			
_			
_			
_			
			<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
_			
•			
•			
•			
•			
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
46	Total program service expenses		

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		Į,	
	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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	ļ	×
420	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		 ^
12d		12a	ł	×
1	Schedule D, Parts XI and XII	124	 -	 ^
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	401		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		.
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		l	1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	<u> </u>	X
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	<u> </u>	X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

UNITED STEELWORKERS LOCAL 12-675 Form 990 (2013) 95-0865902 Part IV 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	×	
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		
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		x
240		23		<u> </u>
24 a	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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	_		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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.	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		1	
	disqualified persons? If so, complete Schedule L, Part II	26		<u> </u>
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	27		V
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Strot 1	X
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 current or former officer, director, trūstee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		v
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		ŵ
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,			
٠.	Part I	31	l	X
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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		ļ	
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		[
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

Form 990 (2013) **UNITED STEELWORKERS LOCAL 12-675** 95-0865902 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 28 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. 138 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 3b 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 4a If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or h 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a ь If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . е 7е 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? . . . g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. h 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 9 Sponsoring organizations maintaining donor advised funds. 9a а þ 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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-	uou)Z	raue	•

Part VI

Secti	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24							
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 0							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	Х	<u> </u>				
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť						
7a	one or more members of the governing body?	7a	х					
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,			\vdash				
b		7b	Х					
	stockholders, or persons other than the governing body?	H-5						
8				į į				
_	the year by the following: The governing body?	8a	X					
a	The governing body?	8b	$\frac{\hat{x}}{x}$	 				
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	100	<u> </u>	\vdash				
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		×				
C = =4	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u>' </u>					
Sect	ion B. Policies (This Section B requests information about policies not required by the internal Nevenue	Juue.	Yes	No -				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	_	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	··· <u>u</u>						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	تسسما				
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	\vdash				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.22		-				
C	describe in Schedule O how this was done	12c		Х				
13	Did the organization have a written whistleblower policy?	13	-	X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by							
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_	The organization's CEO, Executive Director, or top management official.	15a		X				
a b	Other officers or key employees of the organization	15b		X				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.00		13				
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.		[·_ '				
16a	with a taxable entity during the year?	16a	-	X				
		100	,	2				
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	, ,	_~~'	ξ., ' ξ.ε				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	16b		<u> </u>				
	the organization's exempt status with respect to such arrangements?	100						
	List the states with which a copy of this Form 900 is required to be filed	_						
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3))	lle onl	·					
18	available for public inspection. Indicate how you made these available. Check all that apply.	,j3 UIII	y)					
40	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	ازمر ء	nd					
19	·	iiuy, di	·u					
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the							
20		77						
	organization: ► DAVID CAMPBELL 310-522-22 1200 EAST 220TH STREET, CARSON, CA 90745-3505	::	-					

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orm 990 (2013)	UNITED STEEL WORKERS LOCAL	12-6

Part VII

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

Check if Schedule O contains 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 any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	neck ss pe	ition more rson irecto	n oth strust Highest compensated error employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAVID CAMPBELL	40.00			l						
SECRETARY-TREASURER	0.00	<u> </u>		Х		\vdash		118,409		
(2) SCOTT HARRINGTON	10.00							4.000		
DELEGATE (2) MARISSA OSTERMANI	0.00 10.00			X				1,683	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(3) MARISSA OSTERMAN DELEGATE	0.00			x				1,188		
(4) CHARLES HAAKER	10.00		\vdash	Ĥ				1,100		
DELEGATE	0.00	Ì		x	İ			2,370		
(5) LEONARD PATTERSON	10.00	<u> </u>	_		┢					
DELEGATE	0.00			x				5,856		
(6) JAMES SANCHEZ	10.00									
TRUSTEE	0.00			X				4,693		
(7) RYAN HEUSTIS	10.00									
DELEGATE	0.00			X				2,160		
(8) ALFREDO ESTRADA	10.00									
2ND VICE PRESIDENT	0.00	<u></u>	L	X			L	1,570		
(9) RAY SISNEROS	10.00									
TRUSTEE	0.00			X			_	2,939		
(10) SANDY HARPER	10.00	l		ł						
DELEGATE	0.00			X				10,872		
(11) MARIA RENDON	10.00					1				
DELEGATE	0.00	<u> </u>	<u> </u>	X	<u> </u>		_	690		
(12) GWEN GAMPON	10.00	1		1						
TRUSTEE	0 00		ļ_	X	igspace	<u> </u>	<u> </u>	4,618	S	
(13) DAVID SIMMONS	10.00			l						
GUIDE	0.00		<u> </u>	X	├	-	<u> </u>	4,013	-	
(14) JAMES NORRIS	20.00	•						10.74		
PRESIDENT	0.00		<u> </u>	X	<u> </u>	<u> </u>		13,744	<u> </u>	- 200

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is both officer and a director/trus					an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	MARIO LOPEZ	10.00	l								
	DRDING SECRETARY	0.00 10.00	_		X	-		-	0		
	TEODORICO ALBIS AT ARMS	0.00	1		x				436		
	LAAWRENCE BARRAGAN	10.00									-
	VICE PRESIDENT	0.00	_	_	X	L		_	0		
	RAUDEL COVARRUBIAS	10.00		1					4		
GUID		10.00		\vdash	Х	-	 		474		
	CHRISTY MCCLUNEY CHAIR	0.00			x	ļ			1,330		
	SHAWNA NEVINS	10.00	+					 	1,000		
	GATE	0.00	1		х				0		
(21)	ROBERT HERNANDEZ	10.00	1				1				
	GATE	0 00	1	<u> </u>	X	├-		-	0		
	GEORGE GALVAN	10 00	1		x	1			4,968		
	GATE PHILIP BAKER	10.00	! 	\vdash	<u> </u>	╁		┢	7,900		
DELE	GATE	0.00	1		x		_	ł	_ 3,222		
(24)	STEVE MCKOY	10.00						ĺ			
	GATE	0.00	├ ─	<u> </u>	X	<u> </u>	ļ	<u> </u>	817		
(25)											
1b	Sub-total				٠.		٠	┢	186,052	0	0
c	Total from continuation sheets to Part VII, S								0	_0	0
d	Total (add lines 1b and 1c)							>	186,052	0	0
2	Total number of individuals (including but not li		sted a	abov		vho	rece	ived	I more than \$100),000 of	
	reportable compensation from the organization	<u> </u>			0						Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched								t compensated		3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations greated in the sum that is the sum										4 X
5	Did any person listed on line 1a receive or acc										
Soci	for services rendered to the organization? If "Yoin B. Independent Contractors	res, complete Si	cneat	iie .	TO	Suc	эп ре	rsor	7 <u> </u>	<u> </u>	5 X
1	Complete this table for your five highest compound to compensation from the organization. Report of year.										tax
	(A) Name and business add	dress							(B) Description of ser	rvices	(C) Compensation
											C
											C
								╄			
								+			
2	Total number of independent contractors (inclu	udina but not limi	ted to	the	se	liste	d ah	ove.) who received		
~	more than \$100 000 of compensation from the		•				(J. J.	,		

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1a	Federated campaigns 1a		i			
ran	b	Membership dues					
9, G	C	Fundraising events					
Sift.	d	Related organizations 1d	0				
8, E	е	Government grants (contributions) 1e	0				
ig a	f	All other contributions, gifts, grants, and					
章 됨		similar amounts not included above 1f	0				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	0	··			
	h	Total. Add lines 1a–1f		0			
9			Business Code				
N N	2a	MEMBERSHIP DUES	900099	1,902,461	1,902,461		
8	b			0			
3	С			0			
Ser	d			0			
Ta	е			0			
Program Service Revenue	f	All other program service revenue		0			
-	<u>_a</u>	Total. Add lines 2a–2f		1,902,461			
	3	Investment income (including dividends, interest other similar amounts)		37,603	37,603		
	4	Income from investment of tax-exempt bond pro		37,003	37,003		
	5	Royalties		0			
	•	(i) Real	(II) Personal				
	6a	Gross rents	1				
	b	Less: rental expenses		Í	4	,	
	С	Rental income or (loss) 149,469	0				` :
ļ	d	Net rental income or (loss)		149,469	149,469		
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory	0			٠	,
	b	Less: cost or other basis		,		w 2 ^	*
		and sales expenses		`	*	*	
	С	Gain or (loss)	0		***************************************		
	d	Net gain or (loss)	. <u> </u>	0			
a ,						-	
ng i	8a	Gross income from fundraising	1	^		,	
×e		events (not including \$0		٠.	, ,	-	
æ		of contributions reported on line 1c).			,	:	,
Other Revenue		See Part IV, line 18 a				٠ .	ž
5	b	Less: direct expenses b					
	C	Net income or (loss) from fundraising events Gross income from gaming activities.	· · · · · · ·	U,	2 5 2 5 6	* ^	
	Эа	0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0				ر د بوه ي
	ь	Less: direct expenses b		A	ر آن الله المحماس المام ال المام إلى المام الما	www.co.j.T.	
	C	Net income or (loss) from gaming activities		_ 0	18.1 J 18.2 S 18.2 S		m 12 1 vs 10 1 1
		Gross sales of inventory, less		_ <u> </u>			. ** */,
	''"	returns and allowances	o			,	365
	ь	Less: cost of goods sold b		/ / · · · · · · · · · · · · · · · · · ·	egger in the last in the authority in the last in the		m, 37 47 .
	c			0	<u></u>		
	_ <u>_</u>	Miscellaneous Revenue	Business Code				
	11a	Reimbursement of expenses	900099	20,455	20,455	<u> </u>	
			900099	15,044	15,044		
	С	Chili Cookoff Contest Fees & Tickets	900099	12,290	12,290		
	d	All other revenue		80,463	80,463		
	е	Total. Add lines 11a-11d		128,252			. ~ ~. 3
	12	Total revenue. See instructions		2 217 785	2 217 785	Δ.	

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Par	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other or	ganizations must c	omplete column (A).	•
	Check if Schedule O contains a response or note		·		
	Check in Ochedule O Contains a response of flote				 _
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	190,147			
2	Grants and other assistance to individuals in the				· · · · · · · · · · · · · · · · · · ·
-	United States See Part IV, line 22	o			
3	Grants and other assistance to governments,	-			
,	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
		0			
4	Benefits paid to or for members	U U			
5	Compensation of current officers, directors,	400.050			
_	trustees, and key employees	186,052			
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	928,251			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	245,326			
10	Payroll taxes	94,342			
11	Fees for services (non-employees):		Ì		
а	Management	0			
b	Legal	115,884		_	
С	Accounting	0			
d	Lobbying	0			
е	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.)	l ol		ļ	
12	Advertising and promotion	0			
13	Office expenses	395,785			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	210,883			
17	Travel	138,698			
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials	l ol			
19	Conferences, conventions, and meetings	32,182			
20	Interest	0			
21	Payments to affiliates	68,166			_
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance				
24	Other expenses. Itemize expenses not covered				
24	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.)	600			
a	Return of Dues	600			
b					
C		0			
d		0			
е	All other expenses	449			
25	Total functional expenses. Add lines 1 through 24e	2,606,765	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ ☐ If				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or	note to	any line in this Part X			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			786,582	1	370,037
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and for				1	
		trustees, key employees, and highest compens					,
						5	
	6	Loans and other receivables from other disqualified personal	ons (as o	defined under section			*
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e			m		
ts		organizations (see instructions). Complete Part II of Sche				6	
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use		F		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D	10a	2,024,601			~
	ь	Less: accumulated depreciation	10b	0	1,997,036	10c	2,024,601
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line		7	805,415	12	850,750
	13	Investments—program-related. See Part IV, line			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line	34) <u>.</u>	3,589,033	16	3,245,388
	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				21	
es	22	Loans and other payables to current and forme	r office	rs, directors,	*		
Liabilities		trustees, key employees, highest compensated	emplo	yees, and	~		
abi		disqualified persons. Complete Part II of Sched				22	
Ξ	23	Secured mortgages and notes payable to unrel			0		0
	24	Unsecured notes and loans payable to unrelate		-	0	24	0
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-2	1). Complete		İ	
	Į.	Part X of Schedule D			0		0
	26	Total liabilities. Add lines 17 through 25	<u> </u>	<u> </u>	0	26	0
		Organizations that follow SFAS 117 (ASC 95	8), che	ck here 🕨 🔙 and	The state of the s	100	e the second to
Ses		complete lines 27 through 29, and lines 33 a				1.7	
ă	27	Unrestricted net assets				27	
3a	28	Temporarily restricted net assets				28	
ᅙ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958)		_	CANADA (A) TO COMPANY	A ST	William W.
Ĕ	1	complete lines 30 through 34.	, check	nere and	The state of the s		
ş		•			706 500	30	370,037
ŝe	30	Capital stock or trust principal, or current funds			786,582		2,024,601
As	31	Paid-in or capital surplus, or land, building, or			1,997,036	_	850,750
de t	32	Retained earnings, endowment, accumulated i			805,415	_	3,245,388
2	33	Total net assets or fund balances			3,589,033	_	3,245,388
	34	Total liabilities and net assets/fund balances.		· · · · · · · · · · · · · · · · · · ·	3,589,033	34	J,240,300

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,217	7,785
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,606	3,765
3	Revenue less expenses. Subtract line 2 from line 1	3		-388	3,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, ∞lumn (A))	4		3,589	9,033
5	Net unrealized gains (losses) on investments	5		45	5,335
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		3,245	388
Part					
	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: X Cash Accrual Other		_ .		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			3. 14.	
	Schedule O.		<u> </u>	* 15%	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		`	, ,	
	reviewed on a separate basis, consolidated basis, or both:		, ۳		1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2)	٠ ي	
	separate basis, consolidated basis, or both:		- پ.	۲.	1
	Separate basis Consolidated basis Both consolidated and separate basis		-54,	,	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	_			أخستاً
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		ا قوا		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		├
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		26		
	- required audit as audite, evalua why in Schodule D and decorbe any ctope taken to underge cuch sudite		176		

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Form **990** (2013)

Form 990 (2013) UNITED STEELWORKERS LOCAL 12-675

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.

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization **UNITED STEELWORKERS LOCAL 12-675** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year). Aggregate grants from (during year) . . . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X.

Part	III Organizations Maintaining Colle	octions of	Art Llice	orical Tr	agelires A	r Other Similar A	Seete /	continue	ad)
	Using the organization's acquisition, accession							JOHNINE	,,,
3	use of its collection items (check all that apply		records, (LINEUR AITY	OF THE TOHOW!	ng marare a signin	Caril		
		y):	. —	1					
а	Public exhibition		- d	Loan	or exchange p	programs			
b	Scholarly research		e	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and	explain h	ow thev fu	urther the ora	anization's exempt i	ourpose #	n	
•	Part XIII.								
5	During the year, did the organization solicit or	receive don	ations of a	art historia	cal treasures	or other similar			
J	assets to be sold to raise funds rather than to							Yes	No
			- as par				<u></u>	<u> </u>	
Part				000 5					
	Complete if the organization answ	ered "Yes"	to Form	990, Par	t IV, line 9, (or reported an an	nount on	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other in	itermediar	y for conti	ributions or ot	her assets not	_		_
	included on Form 990, Part X?						Ц	Yes _	No
b	If "Yes," explain the arrangement in Part XIII	and complete	e the follow	wing table	:				
							Amou	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			0
2a	Did the organization include an amount on Fo	orm 990 Par	t X line 2	17				Yes X	No
	If "Yes," explain the arrangement in Part XIII.						· ·	· =	i
b		CHECK HEIE	ii tile expi		as been provi	ded III Fall AIII			
Part									
	Complete if the organization answ								·
		Current year	(b) Pn	or year	(c) Two years	back (d) Three year	s back (e) Four yea	rs back
1a	Beginning of year balance		_						
b	Contributions								
С	Net investment earnings, gains,		ļ				1		
	and losses								
d	Grants or scholarships	_				-			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0	ļ	0	0		0
2	Provide the estimated percentage of the curr	ent year end	balance (line 1g, co	olumn (a)) hel	d as:			
а	Board designated or quasi-endowment	•	<u>%</u>						
b	Permanent endowment	<u>%</u>							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100	%.						
3a	Are there endowment funds not in the posses	ssion of the o	organizatio	on that are	e held and adı	ministered for the			
	organization by:						_	Yes	No
	(i) unrelated organizations						. <u>[3</u>	a(i)	
	(ii) related organizations						. 3a	a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as red	guired on	Schedule	R?		. [:	3b	
4	Describe in Part XIII the intended uses of the								
Pan									-
	Complete if the organization answ		to Form	990. Pai	rt IV. line 11	a. See Form 990.	. Part X.	line 10.	
	Description of property	(a) Cost or o		T	ost or other	(c) Accumulated	T T	(d) Book va	
	pescription of property	(investr			sis (other)	depreciation	1	(3) 200K Ya	
	Land	· · · · · · · · · · · · · · · · · · ·	. 0		822,681				322,681
b	Buildings		0		1,029,410		0		029,410
C	Leasehold improvements		0		1,023,410		0		0
d	Equipment	<u> </u>	0		172,510		0		172,510
	Other		0	+	172,510		0		0
<u>e</u> Tota	II. Add lines 1a through 1e. (Column (d) must e	gual Form 9			<u>_</u>		-	21	024,601
			,			,		,	,~~ .

Schedule D (Form 990) 2013 UNITED STEELWORKER			95-0865902	Page 3
Part VII Investments—Other Securitie		0 Dani IV Para 445 Octobril	- 000 D- 4 V	t: . 40
Complete if the organization and				line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year i		
(1) Financial derivatives	0			
(2) Closely-held equity interests	0			
(3) Other Wells Fargo (General)	179,796			
(A) Wells Fargo (Organizing)	518,845			
(B) Wells Fargo (Defense)	152,109			_
(C)			· -	_
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	850,750			
Part VIII Investments—Program Relate				
Complete if the organization ans	swered "Yes" to Form 99	0, Part IV, line 11c. See Forn	<u>ı 990, Part X,</u>	line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year		
		Cost of end-of-year	narket value	
(1)				
(2)				
(3)				
(4)				_
(6)			 	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0			
Part IX Other Assets.				
Complete if the organization an	swered "Yes" to Form 99	0, Part IV, line 11d. See Forn	n 990, Part X,	line 15.
(a) Description		(b) Book v	alue
(1)				
(2)			<u> </u>	
(3)				
(4)				
(5)				
			 	·
			-	
(8)			_	
(9) Total. (Column (b) must equal Form 990, Part X, col	(P) line 15)	•		
Part X Other Liabilities.	. (b) line 13.)			
Complete if the organization an	swered "Ves" to Form 00	0 Part IV line 11e or 11f Se	e Form 990 F	Dart Y
line 25.	swered tes to roilli 99	o, Fait IV, line Tie of Til. Se	;e i onn 990, i	ait A,
	(b) Book value			
1. (a) Description of liability (1) Federal income taxes	(b) Book value		•	
	<u> </u>	* * * * * * * * * * * * * * * * * * * *	* * *	4.4
(2)		44 7	£ #	
(4)	····	+	*	
(5)		The second of th	ورفع مدم مدور	2 100
(6)	· · · · · · · · · · · · · · · · · · ·	and the second s		.,
		1 .	* 69 3 **	

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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■ Column (b) must equal Form 990, Part X, col (B) line

(8)

Pari	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, F			er Return	
4				11	
1	Total revenue, gains, and other support per audited financial statements			- 	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	امما			
a	Net unrealized gains on investments	2a		-∤	
b	Donated services and use of facilities	2b			
С	Recoveries of pnor year grants	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>)</u>	<u> </u>	5	0
Part	XII Reconciliation of Expenses per Audited Financial State	ments W	ith Expenses	per Return	
-	Complete if the organization answered "Yes" to Form 990, F	Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments		-	┦	
c	Other losses			7	
ď	Other (Describe in Part XIII.)			7	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. i . i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)			┥ .	
C	Add lines 4a and 4b			4c	C
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	
_	XIII Supplemental Information	.,	<u> </u>	<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 t XI, lines 2d and 4b. Also complete this part to part t				
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-					
				·	

Schedule D (Form	990) 2013	UNITED STEELWORKERS LOCAL 12-675	95-0865902	Page 5
Part XIII	Supple	emental Information (continued)		
			·	
			·	
				·
		·		
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				-

Schedule D (Form 990) 2013

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

Open to Public Inspection

▶ Information abc

Employer identification number

UNITED S	UNITED STEELWORKERS LOCAL 12-675	92-(95-0865902
Part I	Part I General Information on Grants and Assistance		
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tance, and	
the	the selection criteria used to award the grants or assistance?		Yes X No
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Part II	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	tion answered	"Yes" to Form 990
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ğ.	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) USW DISTRICT 12 3150 CARLISLE BLVD ALBERQUERG	20-5400494		7,498				DONATION
(2) COMMUNITY FOR A BETTER EN 6325 PACIFIC BLVD STE 3 OAKLAND	94-2998086		14,800				DONATION
(3) KIWA 3465 WEST 8TH STREET LOS ANGE			65,750				DONATION
(4)				:			
(5)							
(9)							
(7)							
(8)							
(6)			-				
(10)			-				
(11)							
(12)							
	501(c)(3) and g	overnment organiza	tions listed in the line 1	table			c
3 Enter total number of other organizations listed in the line 1 table	rganizations liste	ed in the line 1 table					0

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III

SCHEDULE 0 (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. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

s on	2013				
ov/form990.	Open to Public Inspection				
Employer identification number					

UNITED STEELWORKERS LOCAL 12-675	95-0865902
Form 990, Part VI, Section A, Line 6: THE LABOR ORGANIZATION HAS FULL DUES PAYING M	EMBERS
Form 990, Part VI, Section A, Line 7A: THE LABOR ORGANIZATION'S ACTIVE MEMBERS EAC	H HAVE ONE
VOTE AND ELECT OFFICERS OF THE GOVERNING BODY EVERY THREE YEARS AS SPECI	FIED IN THE
CONSITUTION	
Form 990, Part VI, Section A, Line 7B: THE LABOR ORGANIZATION'S ACTIVE MEMBERS EAC	H HAVE ONE
VOTE AND APPROVE ALL DECISIONS OF THE GOVERNING BODY AND DECISIONS THAT A	RISE DURING SCHEDULED
MEMBERSHIP MEETINGS.	
Form 990, Part VI, Section B, Line 11B: THE LABOR ORGANIZATION'S FINANCIAL OFFICERS	AND
PRESIDENT REVIEW THE FORM BEFORE FILING	
Form 990, Part VI, Section B, Line 19: THE LABOR ORGANIZATION DOES NOT ROUTINELY M	AKE SUCH
DOCUMENTS AVAILABLE TO THE PUBLIC	
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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
UNITED STEELWORKERS LOCAL 12-675	95-0865902
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