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DLN: 93493310019805

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year begi	nning 01-01-2014 , and ending	12-31-2014						
B Ch	eck if a	applicable	C Name of organization UNITED STEEL PAPER AND FO	RESTRY			D Empl	oyer iden	ntification number		
✓ Ad	dress c	hange	RUBBER MANUFACTURING EN	ERGY ALLIED			25-0	818080)		
∏ Na	me cha	ange	Doing business as UNITED STEELWORKERS USW								
Ini	tıal retu	ım			\ D /+		E Teleph	one numb	ber		
⊢ Fir		mınated	60 BLVD OF THE ALLIES	x if mail is not delivered to street addre	ss) Room/suite	e	(412) 562-2	400		
☐ An	nended	return	City or town, state or province	, country, and ZIP or foreign postal code	<u> </u>			,			
_		n pending	PITTSBURGH, PA 15222	, ,,			G Gross	receipts \$	1,076,564,079		
			F Name and address o	f principal officer		H(a) Ic+	- ∴his a grou	n roturn	for		
			LEO W GERARD				ordinates?		r Yes r No		
			60 BLVD OF THE ALLI PITTSBURGH,PA 152			H(b) A ro	all subord	ınatas	┌ Yes ┌ No		
							uded?	mates	j řesj No		
I Ta	ıx-exer	npt status	「 501(c)(3)) ◀ (insert no)	527	If"	No," attac	n a list	(see instructions)		
J W	ebsit	e:► WW	/W USW ORG			H(c) Gr	oup exemp	tion nun	nber ► 0260		
K For	m of o	rganızatıon	Corporation Trust Asso	ociation Other 🕨	<u> </u>	L Year of	formation 1	936 M	State of legal domicile PA		
Pa	rt I	Sum	mary								
	1	Briefly d	escribe the organization's m	nission or most significant activit	ies						
		TO CON	ITINUE TO WORK TOGETH	IER TO PROMOTE FAIRNESS, J	USTICE & E	QUALITY	IN THE W	ORKPL	ACE & IN SOCIETY		
ž											
lla											
Governance	2	Check th	nis box দ if the organization	on discontinued its operations or	disposed of	more than	25% of its	s net as:	sets		
	3	Number	of voting members of the go	verning body (Part VI, line 1a)			_	з	21		
Activities &	1			pers of the governing body (Part \				4	0		
Ě	5	Total nu	mber of individuals employe	d ın calendar year 2014 (Part V,	line 2a) .			5	1,560		
	6	Total nu	mber of volunteers (estimat	e ıf necessary)				6	0		
•	1			om Part VIII, column (C), line 12				7a	0		
	Ь	Net unre	lated business taxable inco	me from Form 990-T, line 34 .		1		7b	0		
	١.					Pr	ior Year		Current Year		
ā			butions and grants (Part VI				471,028	622	476,327,887		
Revenue	9 10			ervice revenue (Part VIII, line 2g)					28,676,598		
Щ.			revenue (Part VIII, column	17,405,6			225,735				
	12	Totalı	revenue—add lines 8 throug	h 11 (must equal Part VIII, colu	mn (A), line						
	40						489,354		505,230,220		
	13 14			Part IX, column (A), lines 1–3) art IX, column (A), line 4)			7 4 1 8		6,208,712 7,819,272		
	15			ployee benefits (Part IX, column		7,418,048					
8		5-10)		, , , , , , , , , , , , , , , , , , , ,	(,,		146,108	,180	128,388,627		
Expenses	16a	Profes	sional fundraising fees (Par	t IX, column (A), line 11e)				0	0		
ਡੌ	Ь	Total fu	ndraising expenses (Part IX, colur	nn (D), line 25) ► 0							
_	17	Other	expenses (Part IX, column	(A), lines 11a-11d, 11f-24e) .			250,913	,589	9 255,287,751		
	18		•	(must equal Part IX, column (A)	· ·		406,266	,154	397,704,362		
	19	Reven	ue less expenses Subtract	line 18 from line 12		+	83,088		107,525,858		
Net Assets or Fund Balances						Beginni	ng of Curre Year	ent	End of Year		
o de la companya de l	20	Total	assets (Part X, line 16)				598,109	,924	689,101,596		
A B	21	Totall	liabilities (Part X, line 26)				619,551	,977	629,099,252		
žZ	22	Netas	sets or fund balances Subt	ract line 21 from line 20			-21,442	,053	60,002,344		
	rt II		ature Block								
my k	nowle	dge and i		e examined this return, including d complete Declaration of prepar							
		****	**				2015-10-27				
Sigi		Signa	ature of officer				Date				
Her	е		ILEY W JOHNSON SECRETARY-TRI	EASURER							
		17	or print name and title	Dronamile construe	I p=	to T		Гртты			
De:	4		Print/Type preparer's name SUSAN M KIRSCH	Preparer's signature SUSAN M KIRSCH	Da	٦٠	heck 🗍 ıf elf-employed	PTIN P00341	397		
Pai			irm's name FSCHNEIDER DOV	Firm's EIN ► 25-1408703							
	pare On	1 -	rim's address 🕨 ONE PPG PLACE S	SUITE 1700		P	none no (41	2) 261-36	644		
US	<i>,</i> UII	עיי	PITTSBURGH, PA	15222							

Form	990 (2	(014)	Page							
Par	t III	Statement of Program Service Accomplishmen Check if Schedule O contains a response or note to any line								
1	Briefl	y describe the organization's mission								
		ETHER TO IMPROVE JOBS, BUILD A BETTER FUTURE, PRO E AND IN SOCIETY)MOTE FAIRNESS, JUSTICE AND EQUALITY IN THE							
	Dıd th	e organization undertake any significant program services dur								
		or Form 990 or 990-EZ?								
		s," describe these new services on Schedule O								
3		e organization cease conducting, or make significant changes es?	In how it conducts, any program 							
	If "Yes," describe these changes on Schedule O									
4	expen	ibe the organization's program service accomplishments for esses. Section 501(c)(3) and 501(c)(4) organizations are requital expenses, and revenue, if any, for each program service re	red to report the amount of grants and allocations to others,							
4a	(Code) (Expenses \$ including gr	rants of \$) (Revenue \$)							
		TIATION OF COLLECTIVE BARGAINING AGREEMENTS AND THE ADMINISTRAT NIZATION	TON AND ENFORCEMENT OF THE AGREEMENTS MADE BY THE LABOR							
4b	(Code) (Expenses \$ including gr	rants of \$) (Revenue \$)							
	ORGA	NIZING EFFORTS TO BECOME THE EXCLUSIVE BARGAINING REPRESENTATIV	/E FOR ANY UNIT OF EMPLOYEES AND TO RECRUIT NEW MEMBERS							
4c	(Code) (Expenses \$ including gr	rants of \$) (Revenue \$)							
	ASSISTING WITH LOCAL UNION ADMINISTRATION INCLUDING MEMBERSHIP EDUCATION PROGRAMS, MEMBERSHIP MEETINGS AND ELECTIONS									
4d	Othe	r program services (Describe in Schedule O)								
	(Exp	enses \$ including grants of \$) (Revenue \$							
4e	Total	program service expenses 🕨								

Part IV	Checklist of	Required	Schedules
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	Yes	
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	Yes	
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
1	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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
.2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
.5	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	Yes	
.6	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
.7	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		No
8.	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
L 9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a	Yes	
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	Yes	
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		No
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	Yes	
		F	orm 99 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V			Г
	check in Schedule of Contains a response of note to any fine in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 372			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable]		
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►CA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			N.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		INU
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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_	1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ı	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to an	/ line in this Part VI

					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	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	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management cor			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?	l by) r	nembers, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	dertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not i	requi	red by the Internal R	even	ue Cod	e.)
					Yes	NI-
					1 63	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	NO
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10a 10b		NO
b	If "Yes," did the organization have written policies and procedures governing the act	on's e	xempt purposes?	10b	Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its	on's e s gov	xempt purposes? erning body before filing	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gov • • orm 9	xempt purposes? erning body before filing	10b	Yes	NO
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gov orm 9	xempt purposes? erning body before filing	10b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form?	on's e s gov orm 9 ly inte	xempt purposes? erning body before filing	10b 11a 12a	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	on's e s gov orm 9 ly inte	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	on's e s gov orm 9 ly inte	xempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	on's ess gov form 9 ly inte the p	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revi	on's es gov orm 9 ly inte the p lew an	erning body before filing 90 rests that could give olicy? If "Yes," describe dapproval by peration and decision?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisite persons, comparability data, and contemporaneous substantiation of the	on's ess gov form 9 ly inte the p lew an e deli	erning body before filing 90 rests that could give olicy? If "Yes," describe dapproval by peration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisited persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	on's ess gov form 9 ly inte the p lew an e deli	erning body before filing 90 rests that could give olicy? If "Yes," describe dapproval by peration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisite persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	on's es gov form 9 ly inte the p lew an e deli	erning body before filing 90 rests that could give olicy? If "Yes," describe dapproval by peration and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 of	on's ess gov form 9 ly inte the p lew an e deli cr sim	erning body before filing erning body before filing 90 rests that could give blicy? If "Yes," describe dapproval by peration and decision? for a rrangement with a to evaluate its sto safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. 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 of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take	on's ess gov form 9 ly inte the p lew an e deli cr sim	erning body before filing erning body before filing 90 rests that could give blicy? If "Yes," describe dapproval by peration and decision? for a rrangement with a to evaluate its sto safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V 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 interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►STANLEY W JOHNSON

60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 (412) 562-2400

Form 990 (2014)	
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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, or 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) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	organizations (W- 2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ŧ			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	3,798,994	0	1,331,073

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►329

			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee						
	on line 1a? If "Yes," complete Schedule J for such individual	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No			

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BREDHOFF & KAISER 805 FIFTEENTH STREET NW STE 1000 WASHINGTON, DC 20005	LEGAL SERVICES	899,547
PHILION LEBLANC BEAUDRY 565 BOUL CREMAZIE EST BUREAU 5400 MONTREAL, QC H2M 2V6 CA	LEGAL SERVICES	820,675
FEINSTEIN DOYLE PAYNE & KRAVEC LLC 429 FORBES AVE STE 1705 PITTSBURGH, PA 15219	LEGAL SERVICES	745,366
VICTORY SQUARE LAW OFFICE LLP 500-128 W PENDER ST VANCOUVER, BC V6B 1R8 CA	LEGAL SERVICES	603,749
GILBERT & SACKMAN 3699 WILSHIRE BLVD SUITE 1200 LOS ANGELES, CA 900102732	LEGAL SERVICES	568,365
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►33

Part V	/++1		o f Revenue ule O contains a respoi	nse or note to any li	ne in thic Dart \/III			_
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fror tax under sections 512-514
क इं	1a	Federated cam						
ran Our	b	Membership du	ues 1 b					
٦	C	Fundraising ev	ents 1c					
iffs ar /	d	Related organiz	zations 1d					
, E	e	Government grant	ts (contributions) 1e					
Sis	f	All other contributi	ons, gifts, grants, and 1f		i	i		<u> </u>
tributions, Giffs, Grants Other Similar Amounts		sımılar amounts no	ot included above		ļ			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ions included in lines					
Cont	h	Total. Add line	s 1 a - 1 f	📦				
				Business Code				
JII.	2a	MEMBERSHIP DUE	SS .	900099	473,275,474	473,275,474		
Program Serwce Revenue	ь	LOCAL UNION ESC	ROW	900099	1,927,995	1,927,995		
93	c	SHARED SERVICES	S/EXP REIMB	900099	554,977	554,977		
ja Ja	d	LEGAL SETTLEMEN	TS	900099	315,091	315,091		
<u>မ</u>	е	EDUCATIONAL CO	NFERENCES	900099	229,347	229,347		
E	f	All other progra	am service revenue		25,003	25,003		
Š	g	Total. Add line	s 2a-2f		476,327,887			
	3	Investment inc	come (ıncludıng dıvıden	ds, interest,				0 220 5
	_		ar amounts)		9,339,551			9,339,5
	4 5		stment of tax-exempt bond	·	1,840,637			1,840,6
		Royalties :	(ı) Real	(II) Personal	, ,			· · ·
	6a	Gross rents		,				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	590,670,906					
		assets other than inventory	, ,					
	ь	Less cost or other basis and	571,333,859					
		sales expenses						
	C	Gain or (loss)	19,337,047		19,337,047			19,337,0
	d 8a	Net gain or (los	ss) from fundraising		13,537,047			15,557,0
o		events (not inc	luding					
Other Revenue		\$	 s reported on line 1c)					
æ		See Part IV, lir						
<u>.</u>	١.		a					
돌	Ь		(loss) from fundraising	events -				
_	9a		from gaming activities	evenes				
			ne 19					
			a 					
	b c		(penses b (loss) from gaming acti	vities				
		Gross sales of		Vicies 1 1 1				
		returns and allo	owances .					
			a					
	Ь		oods sold b (loss) from sales of inv	entory F				
	٣	Miscellaneou		entory Business Code				
	11a		IN SUBSIDIARY	900003	-1,614,902			-1,614,9
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d		-1,614,902			
	12	Total revenue.	See Instructions .	📦	505,230,220	476,327,887	0	28,902,3
	1				303,230,220	710,321,001	U	20,302,3

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) ordanizations must complete all columns. All other ordanizations must complete column) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	olumn (A
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	Check if Schedule O contains a response or note to any line in this Part IX										
Do no 7b, 8l	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	5,527,618									
2	Grants and other assistance to domestic individuals See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	681,094									
4	Benefits paid to or for members	7,819,272									
5	Compensation of current officers, directors, trustees, and	7,013,272			-						
•	key employees	4,128,302									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	65,314,269									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,023,466									
9	Other employee benefits	40,199,989									
10	Payroll taxes	7,722,601									
11	Fees for services (non-employees)										
а	Management										
b	Legal	8,346,613									
C	Accounting	198,169									
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees	1,857,435									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,699,680			_						
12	Advertising and promotion										
13	Office expenses	3,819,706									
14	Information technology	1,412,290									
15	Royalties										
16	Occupancy	12,518,220									
17	Travel	17,858,402									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	3,564,745									
20	Interest										
21	Payments to affiliates	0.55.004									
22	Depreciation, depletion, and amortization	866,081									
23 24	Insurance										
24	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)										
а	LOCAL UNION REFUNDS	179,576,443									
b	DIST EDUC/LEGIS FUNDS	7,908,521									
c	PER CAPITA DUES	6,205,255									
d	PRINTING/PUBLICATIONS	3,852,914									
e		5,603,277									
25	Total functional expenses. Add lines 1 through 24e	397,704,362									
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)										

Part X Balance Sheet

Coah-non-interest-bearing Coah-non-interest-bearing	Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 2 2				(A)		(B)
3 Fledges and grants receivable, net 3 3		1	Cash-non-interest-bearing	191,842,227	1	257,044,050
4		2	Savings and temporary cash investments		2	_
100 1.2		3	Pledges and grants receivable, net		3	
### Sendule L.		4	Accounts receivable, net	515,778	4	364,241
1		5	employees, and highest compensated employees Complete Part II of			
Prepaid expenses and deferred charges 2,707.500 9 2,944,755	इ	6	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'	2,000	_	0
Prepaid expenses and deferred charges 2,707.500 9 2,944,761	×	7	Notes and loans receivable net	122.119		161,801
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part IV of Schedule D 10b Less accumulated depreciation 11 Investments—publicly traded secunties 12 Investments—publicly traded secunties 13 Investments—publicly traded secunties 14 Interestments—publicly traded secunties 15 Investments—publicly traded secunties 16 Total assets See Part IV, line 11 17 Interestments—publicly traded secunties 18 Other assets See Part IV, line 11 19 Other assets See Part IV, line 11 10 Total assets. Add lines 1 through 15 (must equal line 34) 10 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 213,181 17 20,442,111 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 21 Unsecured notes and loans payable to unrelated third parties 22 Unsecured mortes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17-24) Complete Part X of Schedule 26 Total liabilities not included on lines 17-24 Complete Part X of Schedule 27 Organizations that foliow SFAS 117 (ASC 958), check here ▶ 7 and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund 31 Paid-in or capital surplus, or land, building or equipment fund 31 Otal inet assets or fund balances 21 Add 21,142,053 22 Add 21,142,053 23 Capital stock or trust principal, or current funds	Ť			· ' '		
10a						·
11 Investments—publicly traded securities 385,251,594 11 412,337,781 12 11,000,000 12 1,000,000 12 1,000,000 12 1,000,000 12 1,000,000 12 1,000,000 12 1,000,000 13 1,000,000 12 1,000,000 13 1,000,000 13 1,000,000 14 1,000,000 14 1,000,000 14 1,000,000 15 1,000,000 15 1,000,000 16 1,000,000 16 1,000,000 12 1,000,000 13 14 1,000,000 14 14,521,510 15 13,163,100 16 16 17 17 18 17 18 17 18 18		-	Land, buildings, and equipment cost or other basis	, ,		
11 Investments—publicly traded securities 385,251,584 11 412,337,793 12 Investments—other securities 586 Part IV, line 11 1,000,000 12 1,000,000 13 Investments—program-related 586 Part IV, line 11 13 14 Intangible assets 14 15 Other assets 588 Part IV, line 11 14,521,510 15 13,163,10 16 Total assets. Add lines 1 through 15 (must equal line 34) 598,109,924 16 689,101,594 17 Accounts payable and accrued expenses 17,213,181 17 20,442,116 18 Grants payable 18 18 19 20 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule 22 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 24 26 Total liabilities, Add lines 17 through 25 619,551,977 26 629,099,255 27 Total liabilities, Add lines 17 through 25 619,551,977 26 629,099,255 28 Temporarily restricted net assets 28 29 00,002,344 29 Permanently restricted net assets 29 00,002,344 29 Permanently restricted net assets 29 00,002,344 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances -21,442,053 33 60,002,344 30 Capital stock or trust principal, or current funds 31 32 Total net assets or fund balances -21,442,053 33 60,002,344 33 Total net assets or fund balances -21,442,053 33 60,002		Ь	' - 	1,357,783	10c	1,365,925
12 Investments—other securities See Part IV, line 11 1,000.000 12 1,000.000 13 1,000.000 13 1,000.000 14 1,000.000 15 1,000.000 16 1,000.000 17 1,000.000 18 1,000.000 18 1,000.000 18 1,000.000 19 1,000.000 10 1,000.000 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,000.000 10 1,		11	· · · · · · · · · · · · · · · · · · ·	385,251,594	11	412,337,793
13			·	1,000,000		1,000,000
14				, ,	13	
15 Other assets See Part IV, line 11			· -			
16 Total assets. Add lines 1 through 15 (must equal line 34)				14.521.510		13,163,104
17						
18 Grants payable		-				
19 Deferred revenue				,,,		
20 Tax-exempt bond liabilities						
21 Escrow or custodial account liability Complete Part IV of Schedule D 21						
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L						
Unsecured notes and loans payable to unrelated third parties 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	200		Loans and other payables to current and former officers, directors, trustees,		21	
Unsecured notes and loans payable to unrelated third parties 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	졅				22	
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		23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets				· ' '		
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		619,551,977	26	629,099,252
30 Capital stock or trust principal, or current funds	S B O		- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
30 Capital stock or trust principal, or current funds	an I	27	Unrestricted net assets	-21,442,053	27	60,002,344
30 Capital stock or trust principal, or current funds	Ba	28	Temporarily restricted net assets		28	
30 Capital stock or trust principal, or current funds	돧	29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds	r Fui		- · · · · · · · · · · · · · · · · · · ·			
33 Total net assets or fund balances	ر رو	30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	Şet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
34 Total liabilities and net assets/fund balances	<u>ಹ</u>	33	Total net assets or fund balances	-21,442,053	33	60,002,344
	~	34	Total liabilities and net assets/fund balances	598,109,924	34	689,101,596

Par	t XI Reconcilliation of Net Assets			<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u> . 	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		505,2	230,220	
2	Total expenses (must equal Part IX, column (A), line 25)	2		04,362		
3	Revenue less expenses Subtract line 2 from line 1	3	107,525,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-21,4	142,053	
5	Net unrealized gains (losses) on investments	5		4,4	120,360	
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		-30,5	501,821	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		60,0	002,344	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 区	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed or	ו			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate				
	☐ Separate basis ☐ Both consolidated and separate basis					
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n				
3 a	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?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Software ID: Software Version:

EIN: 25-0818080

Name: UNITED STEEL PAPER AND FORESTRY

RUBBER MANUFACTURING ENERGY ALLIED

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11130/	2/1033 1130/	related organizations
(1) LEO W GERARD	40 00	x		×				186,655	0	64,655
PRESIDENT (1) STANLEY W JOHNSON	1 90									
SECRETARY/TREASURER	2 20	×		Х				157,447	0	58,431
(2) THOMAS M CONWAY	40 00	×		Х				149,849	0	56,713
VICE PRESIDENT (3) FREDRICK D REDMOND	1 90 40 00				-			,		,
VICE PRESIDENT	1 90	х		х				152,378	0	56,790
(4) KENNETH G NEUMANN	40 00			, ,				150 701		22.024
NATIONAL DIRECTOR-CANADA (5) CAROL LANDRY	0 80	×		X				158,791	0	33,934
VICE PRESIDENT	0 80	×						150,886	0	56,925
(6) JON T GEENEN	40 00	x						150,887	0	51,098
VICE PRESIDENT (7) GARY BEEVERS	0 30 40 00				-			150,007		31,030
VICE PRESIDENT	0 30	x						149,774	0	36,829
(8) DAVID R MCCALL	40 00	×						131,833	0	50,878
DIRECTOR	2 00	_ ^						131,633	0	30,676
(9) MICHAEL BOLTON DIRECTOR	40 00	×						124,566	0	46,223
(10) STEVE HUNT	40 00	x						138,245	0	31,745
DIRECTOR (11) JOHN E SHINN	0 30 40 00							130,243		31,7+3
DIRECTOR	2 00	×						123,245	0	50,775
(12) DANIEL ROY	40 00	х						147,304	0	29,827
DIRECTOR (13) ORVILLE M WARREN	0 30									
DIRECTOR	0 30	X						138,383	0	29,827
(14) JAMES S ROBINSON	40 00	×						36,532	0	15,907
DIRECTOR (1-1-14 TO 2-28-14) (15) MICHAEL R MILLSAP	2 00				_			33,332		10,501
DIRECTOR (3-1-14 TO PRESENT)	2 00	×						120,018	0	50,047
(16) ERNEST R THOMPSON	40 00	х						124,244	0	51,003
DIRECTOR (17) R DANIEL FLIPPO	2 00									
DIRECTOR	2 00	X						122,992	0	50,691
(18) JOHN P DEFAZIO	40 00	х						57,624	0	24,662
DIRECTOR (1-1-14 TO 2-28-14) (19) ROBERT J MCAULIFFE	2 00							, 		<u> </u>
DIRECTOR (3-1-14 TO PRESENT)	2 00	Х						121,326	0	50,144
(20) ROBERT J BRATULICH	40 00	x						22,284	0	8,479
DIRECTOR (1-1-14 TO 2-28-14) (21) EMIL A RAMIREZ	2 00								_	
DIRECTOR (3-1-14 TO PRESENT)	2 00	X						121,429	0	50,362
(22) ROBERT LAVENTURE	40 00	×						123,651	0	50,894
DIRECTOR (23) JOHN M BREAUX	2 00									
DIRECTOR (1-1-14 TO 2-28-14)	2 00	Х						30,786	0	9,316
(24) RUBEN A GARZA	40 00	x				_	_	121,210	0	49,808
DIRECTOR (3-1-14 TO PRESENT)	2 00							<u> </u>		<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) KIM A SIEGFRIED ASSISTANT	40 00					x		141,363	0	53,965
(1) LISA M JORDAN DEPARTMENT HEAD	40 00					х		162,713	0	48,757
(2) RICHARD J BREAN GENERAL COUNSEL	40 00					х		153,737	0	55,988
(3) DANIEL M KOVALIK ASSISTANT GENERAL COUNSEL	40 00 0 30					х		139,588	0	53,070
(4) BRUCE A FICKMAN ASSOCIATE GENERAL COUNSEL	40 00					х		139,254	0	53,330

DLN: 93493310019805

Cat No 50084S Schedule C (Form 990 or 990-EZ) 2014

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

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

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization **Employer identification number** UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 3 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-(1) USW WORKS 60 BLVD OF THE ALLIES 46-4517192 0 4,234,021 PITTSBURGH, PA 15222 (2) UNITED STEELWORKERS NON-60 BLVD OF THE ALLIES 20-5395553 0 852,998 **FÉDERAL ACCOUNT** PITTSBURGH, PA 15222

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	dule C (101111 9 90 01 9 90 - LZ) 20 1					Р	age 3
Pa		ganization is exempt under section 501(c)(3) and has lelection under section 501(h)).				(1)	
For e	ach "Yes" response to lines 1a throug	nh 11 below, provide in Part IV a detailed description of the lobbying	((a) 	Ι	(b)	—
activ	ity.		Yes	No	/	Moun	ıt
1	legislation, including any attempt through the use of	anization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,					
а	Volunteers?						
b	= '	e compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?						
d	Mailings to members, legislators,	 					
e	Publications, or published or broa						
f	Grants to other organizations for						
g		eir staffs, government officials, or a legislative body?					
h		s, conventions, speeches, lectures, or any similar means?					
<u>.</u>	Other activities?						
j Pa	Total Add lines 1c through 1i	the community to be not decombed in contrar 501/2/2/2		1			
2a b	If "Yes," enter the amount of any	the organization to be not described in section 501(c)(3)?			-		
C		tax incurred by organization managers under section 4912			-		
d		a section 4912 tax, did it file Form 4720 for this year?		l			
		ganization is exempt under section 501(c)(4), section !	501(c)(5) c	L S	ectio	<u> </u>
	501(c)(6).	gamzation is exempt under section sol(e)(1), section t	01(0	,,,,,			••
	• • • • • • • • • • • • • • • • • • • •			_		Yes	No
1	Were substantially all (90% or m	ore) dues received nondeductible by members?			1	Yes	
2	_	-house lobbying expenditures of \$2,000 or less?			2		No
3		ry over lobbying and political expenditures from the prior year?			3		Νo
Par		ganization is exempt under section 501(c)(4), section ! ither (a) BOTH Part III-A, lines 1 and 2, are answered " d "Yes."					
1	Dues, assessments and similar a		1				
2	Section 162(e) nondeductible lob expenses for which the section 5	bying and political expenditures (do not include amounts of political 27(f) tax was paid).					
а	Current year		2a				
Ь	Carryover from last year		2b				
c	Total		2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess rryover to the reasonable estimate of nondeductible lobbying and	4				
5		oolitical expenditures (see instructions)	5				
Pa	art IV Supplemental Info	·					
	vide the descriptions required for l	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groue 1 Also, complete this part for any additional information	ıp lıst),	Part II	-A,I	ınes 1	and
	Return Reference	Explanation					
PΔR	T I-A, LINE 1	THE ORGANIZATION PROVIDED INFORMATION TO ITS MEMBERS	ΔBOII	T FLFC	TOR	ΔΙ	
		CAMPAIGNS AND ISSUES, ENCOURAGES ITS MEMBERS TO PARTI PROCESS, AND COLLABORATES WITH OTHER LABOR ORGANIZAT ON ELECTORAL MATTERS, ALL IN ORDER TO SERVE THE BEST INT ORGANIZATION'S MEMBERS, THEIR FAMILIES AND ALL WORKING ORGANIZATION ALSO SPONSORS SEPARATE SEGREGATED FUND AS FEDERAL POLITICAL COMMITTEES WITH THE FEDERAL ELECT AND A SEPARATE SEGREGATED FUND THAT IS REGISTERED AS A ORGANIZATION WITH THE INTERNAL REVENUE SERVICE (IRS) TIPROVIDED ADMINISTRATIVE SUPPORT FOR THESE FUNDS IN ACCRESPECTIVE FEC AND IRS REGULATIONS	CIPATIONS A EREST PEOPI S THATION CO POLIT	EINTH AND AL SOFT LE THE TARE F DMMISS ICAL GANIZA	IE EL LIED HE REGI SION	ECTO GRO STERE (FEC	UPS ED

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493310019805

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public

lan IN∏	ne of the organization ED STEEL PAPER AND FORESTRY BER MANUFACTURING ENERGY ALLIED	<u></u>		ployer identific	ation numbe	
	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990				s. Comple	te ıf the
		(a) Donor advised funds		(b) Funds and	other accou	ınts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	-	onor adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the beneft conferring impermissible private benefit?				┌ Yes	┌ No
ar	t III Conservation Easements. Complete if	the organization answered "Yes"	to Forr	n 990, Part I	V, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a	a certifie	d historic struc	cture	
	easement on the last day of the tax year			Hold of the	- Fud of the	
	Total number of conservation easements		2a	Heid at the	e End of the	Year
	Total acreage restricted by conservation easements		2a 2b			
	Number of conservation easements on a certified histo	uric structure included in (a)				
	Number of conservation easements included in (c) acq historic structure listed in the National Register	, ,	2c 2d			
	Number of conservation easements modified, transferr					
	Number of states where property subject to conservation conservation between the organization have a written policy regarding the enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspe	the periodic monitoring, inspection, ha	ements (during the year	☐ Yes	┌ No
	A mount of expenses incurred in monitoring, inspecting \$ \bigsup \$					
	Does each conservation easement reported on line 2(α and section 170(h)(4)(B)(II)?				┌ Yes	┌ No
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financi				
	Organizations Maintaining Collection Complete if the organization answered "Y	es" to Form 990, Part IV, line 8.				
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	n, or rese	earch in further		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education				lıc
	(i) Revenue included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			icial gain, prov	ide the	
	Revenue included in Form 990, Part VIII, line 1			► \$		
	Assets included in Form 990, Part X			► \$		
_						

Par	TIL Organizations Maintaining Co	<u>llections of Art,</u>	His	tori	cal T	reasu	<u>ires, or Ot</u>	:he	<u>r Similar As</u>	sets (c	<u>ontınued)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	neck	any of	the foll	owing that ai	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ms			
b	Scholarly research		е	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	n hov	w the	y furth	er the d	organization's	s ex	empt purpose ı	n	
5	During the year, did the organization solicit o									_	_
Do	assets to be sold to raise funds rather than t									Yes	No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	l Y	es to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other asse	ets r	ot	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving	able						
									An	ount	
c	Beginning balance						<u>_</u> :	1c			
d	Additions during the year						<u></u>	1d			
е	Distributions during the year						<u></u>	1e			
f	Ending balance						_ :	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for e	scrow	orcust	odıal accoun	t lıa	bility?	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been r	provided in Pa	art)	KIII		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year) Prior					hree years back	(e)Four y	ears back
1 a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1 g	, colun	nn (a))	held as		-		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
С	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c show	ıld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ition 1	that	are hel	d and a	admınıstered	for	the		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(
b	(ii) related organizations								3a(<u> </u>
4	Describe in Part XIII the intended uses of th							•		<u>' </u>	
	t VI Land, Buildings, and Equipme					n ansv	wered 'Yes'	to	Form 990. Pa	rt IV. l	ne
	11a. See Form 990, Part X, line 1			. 9							
	Description of property) Cost o		(b)Cost or other		(c) Accumulated depreciation	(d) B	ook value
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment						30,716,	105	29,350,18	0	1,365,925
e	Other	<u> </u>	<u>. </u>								
	I. Add lines 1a through 1e (Column (d) must e										1,365,925

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of v	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Co. See Form 990, Part X, line 13.	mplete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization), Part IV, line 11d See	
(a) Descrip	otion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15			mo dda an ddf. Con
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25.	nization answered 'Yes' t	o Form 990, Part IV,	line 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
FUNDS FOR INACTIVE LOCAL UNIONS	4,902,726		
DEFERRED COMPENSATION DISTRICT POLITICAL EDUCATION AND	2,154,999		
LEGISLATIVE FUNDS	5,554,077		
ACCRUED PENSION EXPENSE	65,382,800		
DISTRICT EDUCATION FUNDS	1,295,330		
ACCRUED POSTRETIREMENT BENEFIT DUE TO UNITED STEELWORKERS BUILDING FUND	522,827,696 2,766,061		
LINDEN HALL	1,255,174		
DUE TO UNITED STEELWORKERS EDUCATION			
CENTER Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,518,273 608,657,136		

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		nts W	ith F	Reve	nue _l	per Re	eturn Complete If
1		er support per audited financial statements						1	
2	Amounts included on line 1 bu	ut not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses)	on investments	2a						
b	Donated services and use of f	acılıtıes	2b						
c	Recoveries of prior year grant	s	2c						
d	Other (Describe in Part XIII)		2d					1	
e	Add lines 2a through 2d .		·					2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.							3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a						
b	Other (Describe in Part XIII)		4b					1	
c	Add lines 4a and 4b							4c	
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)					5	
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line			With	Expe	ense	s per	Return. Complete
1		r audited financial statements						1	
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25							
а	Donated services and use of f	acılıtıes	2a						
b	Prior year adjustments		2b						
c	Otherlosses		2c						
d	Other (Describe in Part XIII)		2d						
e	Add lines 2a through 2d							2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.							3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:							
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII)		4b						
c	Add lines 4a and 4b							4c	
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lin	e 18)					5	
Par	Supplemental Int	formation							
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and							le any additional
	Return Reference	Explanation							
PART	X, LINE 2	THE USW'S STATEMENT OF FINANCIAL NOT INCLUDE ANY LIABILITIES ASSOCITHE USW HAS NO UNRECOGNIZED TAX RECOGNIZED IN THE STATEMENTS OF 2014 AND 2013 THE STATUTORY TAX	IATEI BENE ACTIV	O WIT FITS 'ITIE:	H UN THER S FOR	CERT LE WE LTHE	AIN T RE NC YEAR	AX PO INTE S END	SITIONS, FURTHER, REST OR PENALTIES ED DECEMBER 31,

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 25-0818080

Name: UNITED STEEL PAPER AND FORESTRY

RUBBER MANUFACTURING ENERGY ALLIED

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
FUNDS FOR INACTIVE LOCAL UNIONS	4,902,726
DEFERRED COMPENSATION	2,154,999
DISTRICT POLITICAL EDUCATION AND LEGISLATIVE FUNDS	5,554,077
ACCRUED PENSION EXPENSE	65,382,800
DISTRICT EDUCATION FUNDS	1,295,330
ACCRUED POSTRETIREMENT BENEFIT	522,827,696
DUE TO UNITED STEELWORKERS BUILDING FUND	2,766,061
LINDEN HALL	1,255,174
DUE TO UNITED STEELWORKERS EDUCATION CENTER	2,518,273

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310019805

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED Employer identification number

25-0818080

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria

No

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	4	270			60,914,085
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	4	270			60,914,085

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
			l			l		l

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized a	as
tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
				I.	I .		

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	▽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	CONTRIBUTIONS ARE APPROVED BY MEMBERS OF THE INTERNATIONAL EXECUTIVE BOARD

Additional Data

Software ID: Software Version:

EIN: 25-0818080

Name: UNITED STEEL PAPER AND FORESTRY

RUBBER MANUFACTURING ENERGY ALLIED

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA	4	270	COLLECTIVE BARGAINING	PROGRAM SERVICES	60,745,860
EUROPE	0	0	SUPPORT WORKERS RIGHTS	PROGRAM SERVICES	83,718
SOUTH AMERICA	0	_	SUPPORT WORKERS RIGHTS	PROGRAM SERVICES	42,891

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region agents in region		(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
SUB-SAHARAN AFRICA	0	_	SUPPORT WORKERS RIGHTS	PROGRAM SERVICES	260				
EAST ASIA AND THE PACIFIC	0	=	SUPPORT WORKERS RIGHTS	PROGRAM SERVICES	24,726				
SOUTH ASIA	0	_	SUPPORT WORKERS RIGHTS	PROGRAM SERVICES	7,145				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region				
CENTRAL AMERICA AND THE CARIBBEAN	0		COLLECTIVE BARGAINING	PROGRAM SERVICES	5,464				
MIDDLE EAST AND NORTH AFRICA	0	=	SUPPORT WORKERS RIGHTS	PROGRAM SERVICES	4,021				

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	GENERAL SUPPORT	75,000	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	64,000	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	50,000	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	35,000	CHECK		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
		NORTH AMERICA	GENERAL SUPPORT	27,500	CHECK		N/A	N/A		
		NORTH AMERICA	GENERAL SUPPORT	25,000	CHECK		N/A	N/A		
		NORTH AMERICA	GENERAL SUPPORT	20,000	CHECK		N/A	N/A		
		NORTH AMERICA	GENERAL SUPPORT	20,000	CHECK		N/A	N/A		

Form 990 Schedule F Part II - Grants or Entities Outside The United States									
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		NORTH AMERICA	GENERAL SUPPORT	20,000	CHECK		N/A	N/A	
		NORTH AMERICA	GENERAL SUPPORT	18,000	CHECK		N/A	N/A	
		NORTH AMERICA	GENERAL SUPPORT	15,000	СНЕСК		N/A	N/A	
		NORTH AMERICA	GENERAL SUPPORT	15,000	CHECK		N/A	N/A	

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	GENERAL SUPPORT	14,200	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	14,000	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	13,000	CHECK		N/A	N/A
		EUROPE	GENERAL SUPPORT	12,500	CHECK		N/A	N/A

Form 990 Schedu	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		NORTH AMERICA	GENERAL SUPPORT	12,500	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	11,000	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	10,000	CHECK		N/A	N/A
		NORTH AMERICA	GENERAL SUPPORT	10,000	CHECK		N/A	N/A

Form 990 Schedu	Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
		NORTH AMERICA	GENERAL SUPPORT	8,350	CHECK		N/A	N/A				
		NORTH AMERICA	GENERAL SUPPORT	8,000	CHECK		N/A	N/A				
		NORTH AMERICA	GENERAL SUPPORT	8,000	CHECK		N/A	N/A				
		NORTH AMERICA	GENERAL SUPPORT	7,500	CHECK		N/A	N/A				

Form 990 Scheau	orm 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)				
		NORTH AMERICA	GENERAL SUPPORT	5,750	CHECK		N/A	N/A				
								-				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

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

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

OMB No 1545-0047

DLN: 93493310019805

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization		Employer identification	n number					
UNITED STEEL PAPER AND FORESTR RUBBER MANUFACTURING ENERGY A	JBBER MANUFACTURING ENERGY ALLIED							
Part I General Information	on Grants and	Assistance						
 Does the organization maintain rethe selection criteria used to awar Describe in Part IV the organization 	d the grants or as:	sistance?			_		▽ Yes ̄ N	
Part II Grants and Other Ass Form 990, Part IV, line							s" to	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance	
See Addıtıonal Data Table					,			

Enter total number of other organizations listed in the line 1 table

17

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Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental II	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Refere	ence	Explanation
PART I. LINE	2	CONTRIBUTIONS ARE APPROVED BY MEMBERS OF THE INTERNATIONAL EXECUTIVE BOARD

Additional Data

Software ID:

Software Version:

EIN: 25-0818080

Name: UNITED STEEL PAPER AND FORESTRY

RUBBER MANUFACTURING ENERGY ALLIED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USW WORKS60 BLVD OF THE ALLIES PITTSBURGH,PA 15222	46-4517192	527	4,234,021		N/A	N/A	GENERAL SUPPORT

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INSTITUTE FOR GLOBAL LABOUR & HUMAN RIGHTS 60 BLVD OF THE ALLIES SIXTH FLOOR PITTSBURGH,PA 15222	13-3695377	501(C)(3)	196,843		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COLLEGE ATHLETES PLAYERS ASSOCIATION 11748 MAGNOLIA AVENUE SUITE C1 RIVERSIDE,CA 92503	46-4601824	501(C)(5)	170,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Pai	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ALLIANCE FOR RETIRED AMERICANS815 16TH STREET NW 4TH FLOOR WASHINGTON,DC 20006	52-2277805	501(C)(4)	131,500		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ECONOMIC POLICY INSTITUTE1333 H ST NW STE 300 EAST TOWER WASHINGTON,DC 20005	52-1368964	501(C)(3)	100,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AFL-CIO SECRETARY- TREASURER815 16TH STREET NW WASHINGTON,DC 20006	53-0228172	501(C)(5)	72,500		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNITED WAY OF ALLEGHENY COUNTY1250 PENN AVENUE PITTSBURGH,PA 15222	25-1043578	501(C)(3)	51,600		N/A	N/A	GENERAL SUPPORT				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
LOS ANGELES ALLIANCE FOR A NEW ECONOMY464 LUCAS AVENUE SUITE 202 LOS ANGELES,CA 90017	95-4459427	501(C)(3)	35,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NATIONAL COLLEGE PLAYERS ASSOCIATION (NCPA)PO BOX 6917 NORCO,CA 92860	02-0635571	501(C)(3)	31,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AIDS-FREE WORLDTIDES CENTER857 BROADWAY THIRD FLOOR NEW YORK, NY 10003	94-3213100	501(C)(3)	25,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAMPAIGN FOR AMERICA'S FUTURE1825 K STREET NW SUITE 400 WASHINGTON,DC 20006	52-1971942	501(C)(4)	25,000		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JDRF - WESTERN PENNSYLVANIA CHAPTER 501 MARTINDALE STREET SUITE 670 PITTSBURGH,PA 15212	23-1907729	501(C)(3)	25,000		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICANS UNITED FOR CHANGE1250 EYE ST NW SUITE 250 WASHINGTON, DC 20005	03-0556312	501(C)(4)	20,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THE AMERICAN IRELAND FUND211 CONGRESS STREET 10TH FLOOR BOSTON,MA 02110	25-1306992	501(C)(3)	15,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICANS FOR DEMOCRATIC ACTION 1629 K STREET NW SUITE 300 WASHINGTON, DC 20006	53-0180733	501(C)(4)	12,500		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CARNEGIE LIBRARY OF PITTSBURGH - FRANK J LUCCHINO KIDS FUND 4400 FORBES AVENUE PITTSBURGH,PA 15213	25-0965281	501(C)(3)	10,075		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMMUNITY COLLEGE OF ALLEGHENY COUNTY EDUCATIONAL FOUNDATION808 RIDGE AVENUE 102 PITTSBURGH,PA 15212	25-1384469	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
USACTION1825 K STREET NW SUITE 210 WASHINGTON,DC 20006	52-2214305	501(C)(4)	10,000		N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WORKING AMERICA815 16TH STREET WASHINGTON,DC 20006	20-0263611	501(C)(5)	10,000		N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED STUDENTS AGAINST SWEATSHOPS 1150 17TH STREET NW WASHINGTON,DC 20036	52-2094677	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
APRI815 16TH STREET NW 4TH FLOOR WASHINGTON,DC 20006	13-2548181	501(C)(4)	10,000		N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
EPILEPSY FOUNDATION OF WESTERNCENTRAL PENNSYLVANIA1501 REEDSDALE STREET PITTSBURGH,PA 15233	23-7241930	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE AMERICAN PROSPECT INC1710 RHODE ISLAND AVE NW 12TH FLOOR FLOOR WASHINGTON,DC 20036	52-1617061	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNION SPORTSMEN'S ALLIANCE3340 PERIMETER HILL DRVIE NASHVILLE,TN 37211	27-2345009	501(C)(4)	10,000		N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TRANSAFRICA1718 M STREET NW SUITE 370 WASHINGTON,DC 20036	52-1093189		10,000		N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LABOR COUNCIL FOR LATIN AMERICAN ADVANCEMENT815 16TH STREET NW 4TH FLOOR WASHINGTON, DC 20006	52-1002207	501(C)(3)	9,500		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PENNSYLVANIA AFL-CIO 319 MARKET STREET 3RD FLOOR HARRISBURG,PA 17101	23-1575065	501(C)(5)	9,250		N/A	N/A	GENERAL SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BLUE GREEN ALLIANCE 2828 UNIVERSITY AVE SE 2 MINNEAPOLIS,MN 55414	26-4086284	501(C)(4)	8,200		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PROGRESSOHIOORG172 EAST STATE STREET SUITE 600 COLUMBUS,OH 43215	20-5462965	501(C)(4)	7,500		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
INTERFAITH WORKER JUSTICE1020 W BRYN MAWR AVENUE CHICAGO,IL 60660	36-4063982	501(C)(3)	7,500		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ALLEGHENY COUNTY LABOR COUNCIL AFL-CIO 401 WOOD STREET SUITE 501 PITTSBURGH,PA 15222	25-0728563	501(C)(5)	7,400		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
APRI - PITTSBURGH CHAPTERPO BOX 22194 PITTSBURGH,PA 15222	80-0564629	501(C)(3)	7,000		N/A	N/A	GENERAL SUPPORT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICAN RED CROSS225 BLVD OF THE ALLIES PITTSBURGH,PA 15222	53-0196605	501(C)(3)	6,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HEALTH CARE - NOWINC 1315 SPRUCE STREET PHILADELPHIA,PA 19107	86-1086915	501(C)(4)	6,000		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COALITION OF KAISER PERMANENTE UNIONS 8484 GEORGIA AVENUE SUITE 620 SILVER SPRING,MD 20910	52-2360920	501(C)(5)	5,349		N/A	N/A	GENERAL SUPPORT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JUST HARVEST - A CENTER FOR ACTION AGAINST HUNGER16 TERMINAL WAY PITTSBURGH,PA 15219	25-1549432	501(C)(4)	5,300		N/A	N/A	GENERAL SUPPORT				

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DLN: 93493310019805

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED 25-0818080 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Yes 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7

ın Part III

section 53 4958-6(c)?

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	 f W-2 and/or 1099-MI!	-2 and/or 1099-MISC compensation		(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4A	JOHN M BREAUX - \$9,627

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 25-0818080

Name: UNITED STEEL PAPER AND FORESTRY

RUBBER MANUFACTURING ENERGY ALLIED

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Pai	/T 11	- Officers, Direct	.ors, irustees, key	/ Employees, and	Hignest Compens	ated Employees		
(A) Name and Title		(i) Base Compensation		SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 LEO W GERARD, PRESIDENT	(I) (II)		0 0	10,275 0	37,057 0	27,598 0	251,310 0	0
1 STANLEY W JOHNSON, SECRETARY/TREASURER	(I) (II)		0 0	. ,1	31,583 0	26,848 0	215,878	0
2 THOMAS M CONWAY, VICE PRESIDENT	(I) (II)		0 0	,	30,039	26,674 0	206,562	0
3 FREDRICK D REDMOND, VICE PRESIDENT	(I) (II)		0 0	· · · · · ·	30,039	26,751	1 209,168	0
4 KENNETH G NEUMANN, NATIONAL DIRECTOR- CANADA	(I) (II)	134,773	<u> </u>	24,018	28,316 0	5,618 0	B 192,725 O 0	0
5 CAROL LANDRY, VICE PRESIDENT	(I) (II)		0 0		30,039	26,886 0	207,811	0
6 JON T GEENEN, VICE PRESIDENT	(I) (II)		0 0		24,491 0	26,607 0	7 201,985	0
7 GARY BEEVERS, VICE PRESIDENT	(I) (II)		0 0	1 ' 1	24,491 0	12,338	186,603	0
8 DAVID R MCCALL, DIRECTOR	(I) (II)		0 0	· 1	24,481	26,397 0	7 182,711	0
9 MICHAEL BOLTON, DIRECTOR	(I) (II)		0 0	1 ' 1	19,960	26,263 0	170,789	0
10 STEVE HUNT, DIRECTOR	(I) (II)		0 0	= - /	24,513	7,232	169,990	, o
11 JOHN E SHINN, DIRECTOR	(I) (II)		0 0	- /	24,481	26,294 0	174,020	0
12 DANIEL ROY, DIRECTOR	(I) (II)		0 0	· · · · · ·	24,513	5,314 0	177,131	0
13 ORVILLE M WARREN, DIRECTOR	(I) (II)		0 0	21,711	24,513	5,314 0	168,210	0
14 MICHAEL R MILLSAP, DIRECTOR (3-1-14 TO PRESENT)	(I) (II)	0	0 0	6,804 0	23,786 0	26,261 0	170,065	0 0
15 ERNEST R THOMPSON, DIRECTOR	(I) (II)		1 "	. ,		26,522 0		0 0
16 R DANIEL FLIPPO, DIRECTOR	(I) (II)		0 0		24,481 0	26,210 0	173,683	0 0
17 ROBERT J MCAULIFFE, DIRECTOR (3-1-14 TO PRESENT)	(I) (II)		0 0		23,786 0	26,358 0	B 171,470 0 0	
18 EMIL A RAMIREZ, DIRECTOR (3-1-14 TO PRESENT)	(I) (II)		0 0	1 ' 1	24,059 0	26,303 0	3 171,791 0 0	. 0
19 ROBERT LAVENTURE, DIRECTOR	(I) (II)		0 0			26,413 0	174,545	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
21 RUBEN A GARZA, DIRECTOR (3-1-14 TO PRESENT)	(I) (II)		0	8,546 0	23,671 0	26,137 0	171,018 0	0 0
1 KIM A SIEGFRIED, ASSISTANT	(ı) (ıı)) 130,320) 0	0	11,043 0	27,380 0	26,585 0	195,328 0	0
2 LISA M JORDAN, DEPARTMENT HEAD	(I) (II)) 108,070) 0	0	54,643 0	22,706 0	26,051 0	211,470 0	 0 0
3 RICHARD J BREAN, GENERAL COUNSEL	(1) (11)) 138,538) 0	0	15,199 0	29,107 0	26,881 0	209,725 0	0
4 DANIEL M KOVALIK, ASSISTANT GENERAL COUNSEL	(I) (II)		0	12,229 0	26,758 0	26,312 0	192,658 0	0
5 BRUCE A FICKMAN, ASSOCIATE GENERAL COUNSEL	(I) (II)		0	11,895 0	·	26,572 0	192,584	0

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2014

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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.

Name of the organization UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

25-0818080

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	ACTIVE MEMBERS IN GOOD STANDING MAY VOTE IN LOCAL AND INTERNATIONAL ELECTIONS
FORM 990, PART VI, SECTION A, LINE 7B	CONSTITUTIONAL AMENDMENTS MAY BE MADE BY A MAJORITY VOTE OF THE DELEGATES AT THE INTERNATIONAL CONVENTION
FORM 990, PART VI, SECTION A, LINE 8B	THE INTERNATIONAL EXECUTIVE BOARD DOES NOT AUTHORIZE COMMITTEES TO ACT ON ITS BEHALF
FORM 990, PART VI, SECTION B, LINE 11	THE COMPLETED FORM 990 WAS REVIEWED BY FINANCIAL MANAGEMENT UPON COMPLETION OF THE REVIEW , COPIES OF THE RETURN WERE PROVIDED TO THE INTERNATIONAL EXECUTIVE BOARD AND DISCUSSED AT A MEETING BEFORE FILING WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 15	ALL SALARIES FOR THE INTERNATIONAL OFFICERS AND DIRECTORS ARE PROVIDED FOR IN ARTICLE IV, SECTION 21 OF THE USW CONSTITUTION
FORM 990, PART VI, SECTION C, LINE 19	THE UNION DOES NOT ROUTINELY MAKE SUCH DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 9	BENEFIT CHANGES OTHER THAN NET PERIODIC BENEFIT COST -30,401,421 WORKERS UNITING EXPENSE -100,400
FORM 990, PART XII, LINE 2C, OVERSIGHT OF FINANCIAL STATEMENT AUDIT	USW'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, USW HAS IDENTIFIED CERTAIN INDIVIDUALS THAT ASSUME THE RESPONSIBILITY FOR OVERSIGHT OF THE AU DIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROC ESS HAS NOT CHANGED FROM THE PRIOR YEAR
SCHEDULE J, PART I, QUESTION 3, COMPENSATION	THE BASE SALARIES OF THE INTERNATIONAL OFFICERS AND DIRECTORS ARE PROVIDED FOR IN ARTICLE IV, SECTION 21 OF THE USW CONSTITUTION ALL AMENDMENTS TO THE CONSTITUTION ARE APPROVED BY A MAJORITY OF USW MEMBERS ALL OF WHOM ARE INDEPENDENT WITH RESPECT TO COMPENSATION MATTER S ANNUAL SALARY CHANGES ARE BENCHMARKED AGAINST MEMBERS WAGES, THEREFORE, THE PROCESS INC ORPORATES COMPARABILITY DATA AND IS INTENDED TO SATISFY THE REASONABLE COMPENSATION SAFE H ARBOR SET FORTH IN THE INTERNAL REVENUE CODE AND THE REGULATIONS ENACTED THEREUNDER

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DLN: 93493310019805

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Name of the organization UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED

Department of the Treasury

Internal Revenue Service

Employer identification number

25-0818080

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(g) Section 512((13) controll
					entity?
					Yes No
See Additional Data Table					

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 3-
	because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	al or	Percentage
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	manac	jing	ownership
		(state or	entity	unrelated,		assets			20 of	partne	er?	
		foreign		excluded from					Schedule K-1	İ		
		country)		tax under					(Form 1065)	İ		
				sections 512-						İ		
				514)						<u> </u>		
				,			Yes	No		Yes	No	
							•					

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i) contro enti	n 512 13) olled
								Yes	No
(1) LINDEN HALL CORPORATION 432 LINDEN HALL RD DAWSON, PA 15428 25-1299377	WHOLLY OWNED SUBSIDIARY OF THE USW		UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED	С	1,551,969	763,849	100 000 %		No
(2) AMERICAN FLINT GLASS WORKERS UNION SCHOLARSHIP FUND 1440 SOUTH BYRNE ROAD TOLEDO, OH 43614 34-1804857	SCHOLARSHIP	ОН	N/A	T					No

See Additional Data Table

cned	dule R (Form 990) 2014		Р	age 3
Pai	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	-
c	Gift, grant, or capital contribution from related organization(s)	1 c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
	Sale of assets to related organization(s)	1g		No
-	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
-	Reimbursement paid by related organization(s) for expenses	1q	1	
•				
r	Other transfer of cash or property to related organization(s)	1r	Yes	:
	Other transfer of cash or property from related organization(s)	1s		No
	· · · · · · · · · · · · · · · · · · ·			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	5		
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining an type (a-s)	mount	ınvolve	ed

Schedule	R (Form	9901	2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
								<u>, </u>	\Box	1			

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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Software ID: **Software Version:**

EIN: 25-0818080

Name: UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	Section (b)(1 contro entit	1512 .3) olled :y?
(1) STEELWORKER ORGANIZATION OF ACTIVE RETIREES	RETIREE ORGANIZATION	РА	501(C)(5)	[N/A	Yes	No No
60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 25-1501684	ONGANIZATION						
(1) STEELWORKERS CHARITABLE AND EDUCATIONAL ORGANIZATION	FORMED TO CONDUCT THE CHARITABLE	PA	501(C)(3)	509(A)(3) TYPE	UNITED STEEL PAPER AND FORESTRY RUBBER	Yes	
60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 83-0400973	ACTIVITIES OF THE UNITED STEELWORKERS				MANUFACTURING ENERGY ALLIED		
(2) UNITED STEELWORKERS NON-FEDERAL ACCOUNT 60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 20-5395553	527 ORGANIZATION	PA	527		N/A		No
(3) UNITED STEELWORKERS POLITICAL ACTION FUND 60 BLVD OF THE ALLIES PITTSBURGH, PA 15222	HELPS SPEAK WITH A UNITED VOICE TO FIGHT ISSUES	PA	527		N/A		Νo
(4) UNITED STEELWORKERS BUILDING FUND 60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 23-7270416	COMPANY HOLDS TITLE TO UNITED STEELWORKERS BUILDING	PA	501(C)(2)		UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED	Yes	
(5) UNITED STEELWORKERS EDUCATION CENTER 60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 25-1299546	HOLDS TITLE TO UNITED STEELWORKERS EDUCATION TRAINING CENTER	PA	501(C)(2)		UNITED STEEL PAPER AND FORESTRY RUBBER MANUFACTURING ENERGY ALLIED	Yes	
(6) UNITED STEELWORKERS OF AMERICA DISTRICT 3 HOLDING SOCIETY 300-3920 NORLAND AVENUE BURNABY V5G4K7	COMPANY HOLDS TITLE TO REAL PROPERTY	CA			N/A		No
(7) STEELWORKERS TRUSTEED BENEFIT PLAN	BENEFITS	CA			N/A		Νο
PO BOX 6020 STATION B ETOBICOKE M9W7A3 CA	BENETITS				IV/A		NO
(8) UNITED STEELWORKERS DISTRICT 1 PCE 777 DEARBORN PARK LANE SUITE J COLUMBUS, OH 43085 20-5461013	527 ORGANIZATION	ОН	527		N/A		No
(9) USWA DIST 1 OHIO PAC LA 766 777 DEARBORN PARK LANE SUITE J COLUMBUS, OH 43085 91-2101105	527 ORGANIZATION	ОН	527		N/A		Νo
(10) USW DISTRICT 2 WI NON-FEDERAL ACCOUNT 1244A MIDWAY ROAD MENASHA, WI 54952	527 ORGANIZATION	WI	527		N/A		No
46-5719094 (11) USW DISTRICT 4 MASSACHUSETTS NON-FEDERAL ACCOUNT 305 CAYUGA ROAD SUITE 175	527 ORGANIZATION	NY	527		N/A		No
CHEEKTOWAGA, NY 14225 20-5733533 (12) USW DISTRICT 4 RHODE ISLAND NON-FEDERAL ACCOUNT	527 ORGANIZATION	NY	527		N/A		No
305 CAYUGA ROAD SUITE 175 CHEEKTOWAGA, NY 14225 20-8978834	527 ORGANIZATION	NY	527		N/A		NI -
(13) USW DISTRICT 4 NY NJ DE ME NON-FEDERAL ACCOUNT 305 CAYUGA ROAD SUITE 175 CHEEKTOWAGA, NY 14225	527 ORGANIZATION	IN I	527		IV/A		Νo
20-8979911 (14) USW DISTRICT 7 NON-FEDERAL ACCOUNT 1301 TEXAS STREET ROOM 200	527 ORGANIZATION	IN	527		N/A		No
GARY, IN 46402 20-5397361 (15) USW DISTRICT 7 NON-FEDERAL ACCOUNT - ILLINOIS	527 ORGANIZATION	IN	527		N/A		No
1301 TEXAS STREET ROOM 200 GARY, IN 46402 20-5397474							
(16) USW DISTRICT 8 KY NON-FEDERAL ACCOUNT 85 C MICHAEL DAVENPORT BOULEVARD SU FRANKFORT, KY 40601 20-5488742	527 ORGANIZATION	КҮ	527		N/A		No
(17) USW DISTRICT 8 WV NON-FEDERAL ACCOUNT 85 C MICHAEL DAVENPORT BOULEVARD SU FRANKFORT, KY 40601	527 ORGANIZATION	КҮ	527		N/A		Νo
20-5488896 (18) USW DISTRICT 8 MD VA NON-FEDERAL ACCOUNT 85 C MICHAEL DAVENPORT BOULEVARD SU FRANKFORT, KY 40601	527 ORGANIZATION	KY	527		N/A		No
20-5488980 (19) USW DISTRICT 9 NON-FEDERAL ACCOUNT	527 ORGANIZATION	AL	527		N/A		No
1413 THOMPSON CIRCLE 1ST FL PO BOX GARDENDALE, AL 35071 20-5397114							

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a) (b) (c) (d) (e) (f) (g)									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	Sectio (b)(i contr	g) on 512 (13) crolled tity?		
(21) UNITED STEELWORKERS DISTRICT 11 NON-FEDERAL ACCOUNT	527 ORGANIZATION	MN	527		N/A	Yes	No No		
2929 UNIVERSITY AVENUE SE SUITE 150 MINNEAPOLIS, MN 55414 20-5476420									
(1) UNITED STEELWORKERS DISTRICT 12	527 ORGANIZATION	NM	527		N/A		No		
3150 CARLISLE BOULEVARD NE SUITE 11 ALBUQUERQUE, NM 87110 _20-5400370									
(2) UNITED STEELWORKERS DISTRICT 12 CALIFORNIA	527 ORGANIZATION	NM	527		N/A		No		
3150 CARLISLE BOULEVARD NE SUITE 11 ALBUQUERQUE, NM 87110 20-5670270									
(3) UNITED STEELWORKERS DISTRICT 12 COLORADO	527 ORGANIZATION	NM	527		N/A		No		
3150 CARLISLE BOULEVARD NE SUITE 11 ALBUQUERQUE, NM 87110 20-5670003									
(4) UNITED STEELWORKERS DISTRICT 12 UTAH	527 ORGANIZATION	NM	527	+	N/A		No		
3150 CARLISLE BOULEVARD NE SUITE 11 ALBUQUERQUE, NM 87110 20-5400494									
(5) UNITED STEELWORKERS DISTRICT 13 NON-FEDERAL ACCOUNT	527 ORGANIZATION	TX	527		N/A		No		
1300 ROLLINGBROOK DRIVE SUITE 504 BAYTOWN, TX 77521 _20-5445127									
(6) WORKERS UNITING	GLOBAL UNION	PA	501(C)(5)		N/A		Νo		
60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 27-0205511									
(7) STEELWORKERS HUMANITY FUND	BENEFITS	CA			N/A		No		
234 EGLINTON AVENUE 8TH FLOOR TORONTO M4P 1K7 CA									
(8) USW WORKS	HELPS SPEAK WITH A	PA	527		N/A		No		
60 BLVD OF THE ALLIES PITTSBURGH, PA 15222 46-4517192	UNITED VOICE TO FIGHT ISSUES								

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
DISTRICT 3 HOLDING SOCIETY	к	290,408	FMV
USW BUILDING FUND	К	1,589,817	FMV
LINDEN HALL CORPORATION	М	646,848	FMV
USW BUILDING FUND	Р	79,270	FMV
STEELWORKERS CHARITABLE AND EDUCATIONAL ORGANIZATION	Р	163,222	FMV
STEELWORKERS CHARITABLE AND EDUCATIONAL ORGANIZATION	Q	377,402	FMV
LINDEN HALL CORPORATION	R	1,714,286	FMV
USW BUILDING FUND	R	2,946,992	FMV
STEELWORKERS TRUSTEED BENEFIT PLAN	R	1,938,906	FMV
USW WORKS	В	4,234,021	FMV