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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

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

► Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection -2014, and ending For the 2014 calendar year, or tax year beginning D Employer identification number UNITED STEELWORKERS 7-00001 LOCAL C Name of organization Check if applicable 35-0679800 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change (219) 659-1181 nitial return 2045 SCHRAGE AVENUE City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$ 2,697,941 IN 46394 Amended return WHITING H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) MICHAEL N. BOYD 3 CARIBOU COURT BOLINGBROOK IL 60490 X 501(c) (5) ◀ (insert no.) 4947(a)(1) or Tax-exempt status 501(c)(3) H(c) Group exemption number Website: ▶ 0260 USW7-1.ORG L Year of formation 1937 M State of legal domicile X Corporation Other • Form of organization Association Part I Summary Briefly describe the organization's mission or most significant activities REPRESENT 1,129 UNION MEMBERS' RIGHTS, NEGOTIATE COLLECTIVE BARGAINING AGREEMENTS FOR MEMBERS' Governance BENEFITS AND WORKING CONDITIONS, AND PROTECT THE RIGHTS OF MEMBERS UNDER THOSE AGREEMENTS AND FEDERAL AND STATE LAWS. Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 200. b Net unrelated business taxable income from Form 990-Taipe 34-1/ **Current Year** ၁၈ 625,616. 639,607. Contributions and grants (Part VIII, line 1h). Investment income (Part VIII, column (A), lines 3, 4, and 7d) 244,234 257,054. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 6**,**503. 8,061. 11 876,353. 904,722. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,484 3,830. Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 198,043. 15 165,684 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 192,911 188,287. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 366,079 390,160. Revenue less expenses. Subtract line 18 from line 12 510,274. 514,562. **End of Year Beginning of Current Year** Assets Balan 3,638,680. 4,153,438. 20 21 698 894. 3,637,982. 4,152,544. Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

PRESIDENT

Type or print name and title Print/Type preparer's name

Date

Check 04/29/15 self-employed P00670188

Ronald W. Borto Paid Preparer Use Only Firm's address

DAVID J. DANKO

Borto & Borto CPA's 1802 Robin Hood Blvd. Ste. Firm's EIN ► 35-1<u>381228</u> (219) 865-3500 463751844 Schererville

May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 05/28/14

Form 990 (2014)

Form	n 990 (2014) UNITED STEELWORKERS 7-00001 LOCAL	35-0679800	Page 2
Par	rt III Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·	
	. Check if Schedule O contains a response or note to any line in this Part II		X
1	Briefly describe the organization's mission		
	REPRESENT 1,129 UNION MEMBERS'		
	RIGHTS, NEGOTIATE COLLECTIVE BARGAINING AGREEMEN	ITS FOR MEMBERS'	
			-
	200 10111 200, 1 250 1, 1 dt 111, 1110 1 12011 1112 20 1		
	Did the organization undertake any significant program services during the year v	thich were not listed on the prior	
-	Form 990 or 990-EZ?	_	X No
			NO NO
_	If 'Yes,' describe these new services on Schedule O		□
3	Did the organization cease conducting, or make significant changes in how it con	ducts, any program services? Yes	X No
_	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its thre Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	e largest program services, as measured by expense	es .
	and revenue, if any, for each program service reported	in grants and allocations to others, the total expenses	•
4-	a (Code:) (Expenses \$ 3,830. including grants of	\$) (Revenue \$	
40			
	WHITING HIGH SCHOOL SCIENCE OLYMPIAD TEAM \$1,100) 	
	LAKE COUNTY POLICE ASSOC. LOCAL #72 \$200		
	LAKE AREA UNITED WAY \$1,000		
	OPERATION CARE \$530		
	SOAR CHAPTER 31-9 - SOAR SCHOLARSHIP \$1000		
			_ _
4 E	b (Code) (Expenses \$8,065. including grants of	\$) (Revenue \$)
	LEGAL FEES FOR CONSULTATIONS, ARBITRATIONS, HEAR	RINGS RE: EMPLOYEE RIGHTS, ETC.	
4 0	c (Code) (Expenses \$ 7,904. including grants of	\$) (Revenue \$)
	LABOR LAW LIBRARY - EXPENSE OF LABOR LAW LIBRARY		
	FOR RESEARCH PURPOSES REGARDING EMPLOYEE RIGHTS		
	STATE LABOR LAWS AND OTHER LABOR RELATED PUBLICATION		
	SILIE BIRGI, BIRG IND GIRDN BIRGI NEBRIED LOBBICI		
	d Other program services. (Describe in Schedule O)		
71	(Expenses \$ 3,720. including grants of \$) (Revenue \$	1
		Viveseine A	1
46	e Total program service expenses ► 23,519.		

	•		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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		12	Liai
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	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	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	Х
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	d .	1

Partive Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J . 23 Х Х 24a 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a 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 25b Х 26 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 Х of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х c 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' Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 Х 35a Х 35b 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х BAA

Form 990 (2014)

orn	n 990 (2014) UNITED STEELWORKERS 7-00001 LOCAL 35-06798	<u> </u>	F	age
₽ai	ttv Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	1	, ,
1	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		3
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	·	3	- 2
	(gambling) winnings to prize winners?	10	X	
2 8	a 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 2 a			٠ ٠,
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2334	1211	الملاك
3 2	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	b If 'Yes,' enter the name of the foreign country. ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	ı	Х
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	>	Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	:	
6	a 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?	6 a	1	Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6 t	o	
7	Organizations that may receive deductible contributions under section 170(c).			. 332
	a 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?	7 a	1	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	•	<u> </u>
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	,,	ŀ	X
	1 1	7 c		1
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	+	X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>	∔	<u> </u>
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	,	
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 1	,	
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		
9	Sponsoring organizations maintaining donor advised funds.	521	1	7.3
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	1	
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	,	İ
	Section 501(c)(7) organizations. Enter	117	3.3	2.07
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		19
11	Section 501(c)(12) organizations. Enter	7		. .
	a Gross income from members or shareholders			3
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1	,	- A
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 8	1	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O		1	
	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	W. F		
	c Enter the amount of reserves on hand	7		

14 a

Parl	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes a Schedule O. See instructions.	'n		_
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		. X
Sect	tion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	×	٠.	,
	Enter the number of voting members included in line 1a, above, who are independent 1b 1,129			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	Х
_	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_	Did the organization have members or stockholders?	6	X	
6 7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	,
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	<u> </u>	Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
c	: Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			62.00
а	a The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Indiana			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply	avaılat	 le	
	Own website Another's website X 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 the public during the tax year.	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID J. DANKO 2045 SCHRAGE AVE. WHITING IN 46394 (2	19) (
BAA	TEEA0106 11/13/14	Form	990 (2014)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
			(C))							
(A) Name and Title		than	one i both dire	oox, i an o ector/	o not check more ox, unless person an officer and a ctor/trustee)		n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
	40.00			Х				2 , 850.	0.	0.	
(2) HAROLD J. BAXTER VICE PRESIDENT	40.00			Х				2,250.	0.	0.	
(3) DAVID J. DANKO PRESIDENT	- 40.00			Х				5,550.	0.	0.	
(4) MICHAEL R WOLFF REPRESENTATIVE	_ 40.00			Х				7,240.	0.	0.	
(5) LAWRENCE C SINCLAIR REPRESENTATIVE	- 40.00			Х				9,112.	0.	0.	
(6) DAVID GRABARCZYK REPRESENTATIVE	40.00			х				5,753.	0.	0.	
_(7)_TIMOTHY_ENRIGHTREPRESENTATIVE	40.00			х				900.	0.	0.	
(8) GLEN T. WEISS REPRESENTATIVE	_ 40.00			х				5,400.	0.	0.	
(9) STEPHEN M HALJCSIK VICE PRESIDENT	_ 40.00			х				10,374.	0.	0.	
(10) MACK G FOREMAN REPRESENTATIVE	- 40.00			х				5,711.	0.	0.	
(11) BRIDGET BECKER COMMITTEE MEMBER	_ 24.00			х				884.	0.1	0.	
(12) THOMAS J MICHNIEWICZ SECRETARY-TREASURER	40.00			х				3,461.	0.	0.	
(13) RUSSEL H HAMILTON REPRESENTATIVE	40.00			х				8,541.	0.	0.	
(14) ERIC M SCHULTZ REPRESENTATIVE	_ 40.00			х				4,737.	0.	0.	

Part VII Section A. Officers, Directors, Tr	ustees,	Key	Emp	loye	es,	an	d Highest Con	pensated Emp	loyees (continued)
	(B)			(C)					
(A) Name and title	Average hours per	box	Po not chec unless ; cer and a	erson	is both	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any	or director				Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
(15) JEFFERY A ERNAT DELEGATE	24.00		,	,	1		1 065	0	0
(16) REBECCA ESQUIVEL		,	 '	+	+		1,865.	0,	0.
COMMITTEE MEMBER	- 8 - 0 c	1	,	,		ĺ	317.	0.	0
(17) JOHN C GIOIOSA COMMITTEE MEMBER	8.00		}				317.	0.	0.
(18) JOHN E GRABOVAC	8.00								
COMMITTEE MEMBER	16.00	 -	}	_	-	ļ	385.	0.	0.
(19) JOHN V JANSKY	_ 16.00	İ	,						
COMMITTE MEMBER (20) STEPHEN L KEYL	8.00	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	+	<u> </u>	622.	0.	0.
COMMITTEE MEMBER	- 1 2 - 00	"	,				311.	0.	0.
(21) LUCAS A KIRSCH	8.00	1	 		 	 	311.		
COMMITTEE MEMBER	- 1		>		ŀ		311.	0.	0.
(22) RAMON MARQUEZ	8.00								
COMMITTEE MEMBER			}				311.	0.	0.
(23) JONATHAN D PHELPS	_ 16.00								
COMMITTEE MEMBER		<u> </u>	}			<u> </u>	622.	0.	0.
(24) JONATHAN RODRIGUEZ	_ 8.00								
COMMMITTE MEMBER		_	}	4		ļ	311.	0.	0.
(25) MICHAEL W STILLEY	_ <u>8.0</u> 0	기	ΙΙ,	,		ŀ	204		
COMMITTEE MEMBER 1 b Sub-total	<u> </u>		<u> </u>	<u> </u>	.1	•	324.	0.	0.
c Total from continuation sheets to Part VII, Sect	ion A			٠	• •	•	78,453. 648.	0.	0.
d Total (add lines 1b and 1c)						•	79,101.	0.	0.
Total number of individuals (including but not limite						IVE		<u> </u>	
from the organization		113100	above	, ****	0 1000	21461	u more than \$100,		mperisation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such a									Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	than \$150,	000?	If 'Yes	' con	nplete	Scl	hèdule J for		. 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'									. 5 X
Section B. Independent Contractors									
Complete this table for your five highest compensation from the organization. Report compensation.	ated indepe	nden	t contra	actor	s that	rec	eived more than \$	100,000 of	ar
(A)		1 1110	calcilo	ai ye	ai cii	<u> </u>	(B)	(C)
Name and business address Description of services Compensation									
		 							
		-							
2 Total number of independent contractors (including	g but not lin	nited	to thos	e list	ed ab	ove) who received mo	re than	
\$100,000 of compensation from the organization									5 000 (001)
BAA		TEEA	0108 05	728/14					Form 990 (2014)

Part VIII Statement of Revenue

	•	Check if Schedule O co	ontains a respon	se or note to any lir	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns . Membership dues	1b	639,607.		· ·		ş a
iifts, Car Am		c Fundraising events			v i	,	· · · · · ·	``
ons, Giff Similar		Government grants (contribution	·		*	ч р	•	
Contributic and Other		All other contributions, gifts, grasimilar amounts not included al	<u> </u>			·	*	
털	_	Noncash contributions included	· —					ì
	h	Total. Add lines 1a-1f .	 		639,607.			*
꼴	_		-	Business Code				* J
- Š	2 a							
œ l	b							
Ş	С							
Ser	d							
Program Service Revenue	е							
ğ		All other program service	<u>L</u>					
4	g	Total. Add lines 2a-2f .						
	3	Investment income (inclu	dıng dıvıdends, ı	nterest and				
		other similar amounts) .			100,403.	0.	0.	100,403.
	4	Income from investment	of tax-exempt bo	nd proceeds				
	5	Royalties		. <u>.</u>				
			(ı) Real	(II) Personal		1000000	\$4 yet 5 50 k.	\$ * A \$ 7 . \$\$ \$ € \$
	6 a	Gross rents	200.		lika sika nika ika i			
	b	Less rental expenses						
	С	Rental income or (loss)	200.				or the first st	42 4 A A A A A A A A A A A A A A A A A A
	d	Net rental income or (loss		<u></u>	200.	0 -	200.	1
		` 1	(ı) Securities	(II) Other	200.			
	/ a	Gross amount from sales of assets other than inventory	1,949,870	 				1. 10 . 10 . 10 .
	_	·	1,949,070		18. 4 4 50			
	b	Less cost or other basis and sales expenses	1,793,219					
	_	Gain or (loss)	156,651		(A. B. A. B.)	Part San San San San San San San San San San	i i ka sa	
		Net gain or (loss)	130,631	·	156,651.	0.	0.	150 (51
					136,631.	, , , , , , , , , , , , , , , , , , ,	·	156,651.
₹	8 a	Gross income from fundr	aising events					
ē		(not including. \$ of contributions reported	on line 1c)			`		3 43 4.
Other Reven		See Part IV, line 18	•		10 · 1 · 1 · 2 ·		* * * * * * * * * * * * * * * * * * * *	2 4 54
<u></u>				———	1			
Ę.		Less direct expenses .		b <u> </u>	 		* ** **	\ *
0		Net income or (loss) from	_	::::::::::::::::::::::::::::::::::::::		* * *		<u> </u>
	9 a	Gross income from gami See Part IV, line 19	ng activities.	a		*		
	b	Less direct expenses .		b				
	С	Net income or (loss) from	n gaming activitie	es				
	10 =	Gross sales of inventory,	less returns					
	"	and allowances		a				
	Ь	Less: cost of goods sold		b	1			
	c	Net income or (loss) fron	n sales of invento	ory ▶				
		Miscellaneous Revenu		Business Code				
	11 a	REIMBURSEMENTS		900099	6,095.	6,095.	0.	0.
		FROM MEMBERS TO DISBURSE			530.	530.	0.	0.
	c			900099	1,236.	1,236.	0.	0.
	ì	All other revenue		200033	1,236.	1,230.	†	1
		Total. Add lines 11a-11d	· ·		7 201			
					7,861.			0.5 =
	լ12	Total revenue. See insti	ructions		904,722.	7,861.	200.	257,054.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. 3,830 3,830 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. Compensation of current officers, directors, trustees, and key employees 79,101 79,101 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 7 67,003 67,003 Pension plan accruals and contributions (include section 401(k) and 403(b) 14,928 employer contributions). 14,928 Other employee benefits 22,252 22,252 14,759 14,759 Fees for services (non-employees) **b** Legal 8,065 8,065 12,010 12,010 4 6 01 6 4 5 6 5 5 · e Professional fundraising services. See Part IV, line 17 . 41.942 41,942 Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . Advertising and promotion 12 14,435 13 14,435 Information technology 2,862 2,862 Rovalties 15 14,851 16 14,851 17 Payments of travel or entertainment 18 expenses for any federal, state, or local 19,038 19,038 Conferences, conventions, and meetings . . . Interest 20 21 Depreciation, depletion, and amortization . . . 14,336 14,336 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 3,619 3,619 a ARBITRATION & MEDIATION _ 4.100 b PER CAPITA TAX 4.100 7.904 7.904 C LABOR LAW LIBRARY SUBSCRIPTION 101 101 d NEGOTIATION ____ 45,024 45,024 e All other expenses 23,519 366,641 25 Total functional expenses. Add lines 1 through 24e. . 390,160 Joint costs. Complete this line only i 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). . . .

Form 990 (2014) UNITED STEELWORKERS 7-00001 LOCAL

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to ar	ny line	in this Part X			
					(A) Beginning of year		(B) End of year
I	1	Cash - non-interest-bearing				1	
ĺ	2	Savings and temporary cash investments			146,457.	2	159,539.
- [3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	_	Loans and other receivables from current and former offi			,	,	./
	5	trustees, key employees, and highest compensated emp Part II of Schedule L	loyees	s. Complete			
						5	<u> </u>
	6	Loans and other receivables from other disqualified persisection 4958(f)(1)), persons described in section 4958(c)	(3)(B)	, and contributing	*		* * * * * * * * * * * * * * * * * * * *
		employers and sponsoring organizations of section 501(dependent organizations (see instructions). Complete Pa	ert II o	f Schedule L		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges				9	
	10 2	Land, buildings, and equipment, cost or other basis				4 19	
	iva	Complete Part VI of Schedule D	10 a	496,587.	\$ 4 2 × 2 × 5 × 6×	\$ x + 1 &	Ja Ja Carlon Carlon Col
	b	Less accumulated depreciation	10 b	251,218.	_258,757.	10 c	245,369.
	11	Investments – publicly traded securities			3,233,462.	11	3,748,526.
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11 .				13	
- 1	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4.	15	4.
	16	Total assets. Add lines 1 through 15 (must equal line 34	·) · <u>·</u>	<u> </u>	3,638,680.	16	4,153,438.
	17	Accounts payable and accrued expenses				17	
- 1	18	Grants payable				18	
	19	Deferred revenue				19	
١	20	Tax-exempt bond liabilities				20	
<u>e</u> s	21	Escrow or custodial account liability Complete Part IV of			V 2 32 4 8 8	21	5 28 N 3 3 4 - 3 4 5 1 - 2 1
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d Complete Part II of Schedule L	direct isqual	tors, trustees, Ified persons.		22	
	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa			· ·	24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Comple	relat	ed third parties.	698.	25	894.
	26	Total liabilities. Add lines 17 through 25				26	894.
\neg		Organizations that follow SFAS 117 (ASC 958), check			a	738 18	
S S		lines 27 through 29, and lines 33 and 34.		<u> </u>	* *	13	\$ * 7 * *
ξļ	27	Unrestricted net assets			3,230,203.	27	3,738,505.
<u>a</u>	28	Temporarily restricted net assets			407,779.	28	414,039.
8	29	Permanently restricted net assets			0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958 and complete lines 30 through 34.					
Ö	30	Capital stock or trust principal, or current funds				30	1
ě	31	Paid-in or capital surplus, or land, building, or equipment				31	
188	32	Retained earnings, endowment, accumulated income, or				32	
) t	33	Total net assets or fund balances			3,637,982.	33	4,152,544.
ž	34	Total liabilities and net assets/fund balances			3,638,680.	34	4,153,438.
BA		. Old. Ildolling direction decision of the control			J, 030, 000.	<u>, </u>	Form 990 (2014)
	_						(1

orm	990 (2014) UNITED STEELWORKERS 7-00001 LOCAL 35-	0679800		Page 12
Par	t XI Reconciliation of Net Assets			
	· Check if Schedule O contains a response or note to any line in this Part XI			$\cdots \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	904	,722.
2	Total expenses (must equal Part IX, column (A), line 25)	2	390	,160.
3	Revenue less expenses. Subtract line 2 from line 1	3	514	,562.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,637	,982.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	4,152	<u> 544.</u>
Pai	rt XII. Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · ·	X
			Ye	s No
1	Accounting method used to prepare the Form 990. Cash Accrual X Other MODIFIED CASI	H BASIS		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?		2 b	
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis Consolidated 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 of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 	2 c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	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?		3 a	Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	
3AA	A. Company of the com		Form 990	0 (2014)

BAA

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

35-0679800

UNITED STEELWORKERS 7-00001 LOCAL

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and **Highest Compensated Employees** (E) (F) (C) (D) Position (check all that apply) Estimated amount of other compensation from the Name and Title Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Average hours per week (list any hours for related Highest compensated employee Institutional trustee Individual trustee or director Key employee Former organization and related organizations organiza-tions below dotted line) 16.00 _26_CHARLES_L_MANVILLE___ COMMITTEE MEMBER Х 648 0. 0.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

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

• 5	Section 527 organizations: Comp	plete Part I-A only.				
		' to Form 990, Part IV, line 4, or Form 990-				
		that have filed Form 5768 (election under sec				
	Section 501(c)(3) organizations t Part II-A	that have NOT filed Form 5768 (election und	er section 501(h)) Cor	nplete Part II-B Do not c	omplete	
f the		' to Form 990, Part IV, line 5 (Proxy Tax) (s n	ee instructions) or F	orm 990-EZ, Part V, line	35c	
• 5	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.				
lame	of organization			Employer identifica	ition number	
INC	TED STEELWORKERS 7	-00001 LOCAL		35-067980	0	
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.	
1	Provide a description of the org	ganization's direct and indirect political campa	aign activities in Part IV	/		
2	Political expenditures			≻ \$		
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·		
Par	t I-B Complete if the or	ganization is exempt under section	on 501(c)(3).			
1	Enter the amount of any excise	e tax incurred by the organization under secti	on 4955			_
		e tax incurred by organization managers unde				
	· · · · · · · · · · · · · · · · · · ·	ection 4955 tax, did it file Form 4720 for this				No
4 a	a Was a correction made?				Yes	No
t	o If 'Yes,' describe in Part IV.					
Par	rt I-C Complete if the or	ganization is exempt under section	on 501(c) , excep	t section 501(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	/ities ▶ \$		
2	Enter the amount of the filing of	organization's funds contributed to other orga	nizations for section 52	27 exempt		_
	function activities			▶ \$		
3	Total exempt function expendine 17b	tures. Add lines 1 and 2 Enter here and on F	orm 1120-POL,			
4	Did the filing organization file F	Form 1120-POL for this year?			· · · Yes	No
5		nd employer identification number (EIN) of al				
Ĭ	organization made payments amount of political contribution	For each organization listed, enter the amous is received that were promptly and directly de action committee (PAC) If additional space is	nt paid from the filing of divered to a separate p	rganization's funds. Also political organization, suc	enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received an promptly and directly delivered to a separate political organization If none, enter -0-	
[1)						
(2)						
(3)						
(4)						
(5)		 				

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 20	⁰¹⁴ UNITED STEELW	ORKERS 7-00001	LOCAL	35-067	9800 Page 2
	the organization is	s exempt under se			
address,	EIN, expenses, and sha	o an affiliated group (and ire of excess lobbying ex box A and 'limited control	penditures).	ated group member's na	me,
(The term	Limits on Lobbying 'expenditures' means	Expenditures amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
a Total lobbying expenditu b Total lobbying expenditu c Total lobbying expenditu d Other exempt purpose e Total exempt purpose ex	res to influence a legisla res (add lines 1a and 1b xpenditures	tive body (direct lobbying))		
f Lobbying nontaxable am	umn (a) or (b) is Th 209 1,000,000 \$10 \$1,500,000 \$17 \$17,000,000 \$22		over \$500,000 over \$1,000,000.		
g Grassroots nontaxable a h Subtract line 1g from line i Subtract line 1f from line j If there is an amount oth	mount (enter 25% of line a 1a. If zero or less, enter 1c If zero or less, enter er than zero on either lin	e 1f)		0 reporting	
· · · · · · · · · · · · · · · · · · ·	4-Your desired that me organizations that me	ear Averaging Period U ade a section 501(h) ele pelow. See the instruction	nder Section 501(h) ection do not have to d	complete all of the five	
	Lobbyin	g Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal	(2) 2011	(b) 2012	(c) 2013	(4) 2014	(e) Total

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total		
2 a Lobbying non-taxable amount							
b 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))	† \$	\$ & b 30	*				
f Grassroots lobbying expenditures					n 990 or 990 E7) 2014		

BAA

Schedule C (Form 990 or 990-EZ) 2014

Page 3 Schedule C (Form 990 or 990-EZ) 2014 UNITED STEELWORKERS 7-00001 LOCAL 35-0679800 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? d Mailings to members, legislators, or the public? g Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?.... 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 4 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912..... Partilli-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Χ Х Did the organization agree to carry over lobbying and political expenditures from the prior year? Х (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.

Rantillips Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)

1	Dues, assessments and similar amounts from members	· ·	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	\	
	ı Current year	2 a	
ı	Carryover from last year	2 b	
	: Total	2с	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	* ·	
	expenditure next year?		
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV* ||Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	UNITED STEELWORKERS 7-00001 LOCAL		25 0670000
2.2		Other Similar Funda a	35-0679800
<u>Par</u>	Organizations Maintaining Donor Advised Funds or Complete if the organization answered 'Yes' to Form 99	0, Part IV, line 6.	or Accounts.
	(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (dunng year)		· - ··· ··-
_	Aggregate value of grants from (during year)		
3			
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal	assets held in donor advised control?	funds
6	Did the organization inform all grantees, donors, and donor advisors in writing charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	r, or for any other purpose cor	nferring
Par			
	Complete if the organization answered 'Yes' to Form 99	0, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all t	hat apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation last day of the tax year	on contribution in the form of	a conservation easement on the
	last day of the tax year	季 /	Held at the End of the Tax Year
_	Total number of conservation easements	 	2 a
			2 b
	Total acreage restricted by conservation easements		
	: Number of conservation easements on a certified historic structure included	·	2 c
C	I Number of conservation easements included in (c) acquired after 8/17/06, a structure listed in the National Register	and not on a historic	2 d
3	Number of conservation easements modified, transferred, released, extingutax year ►	uished, or terminated by the o	rganization during the
4	Number of states where property subject to conservation easement is located	ed ►	
5	Does the organization have a written policy regarding the periodic monitoring and enforcement of the conservation easements it holds?	ng, inspection, handling of viol	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons ► \$	ervation easements during the	e year
8	Does each conservation easement reported on line 2(d) above satisfy the rand section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements include, if applicable, the text of the footnote to the organization's financial	in its revenue and expense s statements that describes the	statement, and balance sheet, and organization's accounting for
Par	conservation easements The conservation easements Complete if the organization answered 'Yes' to Form 99	ical Treasures, or Oth	er Similar Assets.
1 :	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, ed	report in its revenue stateme	ent and balance sheet works of
	in Part XIII, the text of the footnote to its financial statements that describes	these items	
	of the organization elected, as permitted under SFAS 116 (ASC 958), to rephistorical treasures, or other similar assets held for public exhibition, educa following amounts relating to these items	tion, or research in furtheranc	e of public service, provide the
	(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, historical treasures, or other amounts required to be reported under SFAS 116 (ASC 958) relating to the	ese items	
	a Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		► \$

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Schedule D (1 Olli 990) 2014 UNITED STEED	IOKKERS /-00001	POCVP		9000	_ rugc =
Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (contin	ued)
Using the organization's acquisition, accession, items (check all that apply)	and other records, check	any of the following that	are a significant use of its	s collection	
a Public exhibition	d Loan	or exchange programs			
b Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.					
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be mainta	ceive donations of art, his ained as part of the organ	storical treasures, or othe ization's collection?	r sımılar assets	Yes	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	nents. Complete if t Form 990, Part X, lin	he organization ansv e 21.	wered 'Yes' to Form	990, Part N	V ,
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?	or other intermediary for	contributions or other ass	sets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII and	complete the following ta	ible.			
				Amount	
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an amount on Form b If 'Yes,' explain the arrangement in Part XIII. Cho					No
Part V Endowment Funds. Complete if	the organization ans	wered 'Yes' to Form	990, Part IV, line 10	 0.	
(a) Current				(e) Four yea	irs back
1 a Beginning of year balance		3,4			
b Contributions				1	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the current	year end balance (line 1	g, column (a)) held as:			
a Board designated or quasi-endowment ▶	8				
b Permanent endowment ▶					
c Temporarily restricted endowment	96				
The percentages in lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possessic		t are held and administer	ed for the		
organization by	or or the organization tha	t are ricia and administers		Yes	No
(i) unrelated organizations				. 3a(i)	
(ii) related organizations				. 3a(ii)	
b If 'Yes' to 3a(II), are the related organizations list	ted as required on Sched	ule R?		. 3b	
4 Describe in Part XIII the intended uses of the or	ganization's endowment f	funds.			
Part VI Land, Buildings, and Equipmen					
Complete if the organization answ		990, Part IV, line 11a	a. See Form 990, Pa	art X, line 10).
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1 a Land		18,000.		18	3,000.
b Buildings		354,744.	143,825.),919.
c Leasehold improvements					
d Equipment		123,843.	107,393.	16	5,450.
e Other					
Total. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, colu	ımn (B), lıne 10c.)		245	5,369.
BAA				fule D (Form 9	

		Part IV, line 11b. See Form 990	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
Financial derivatives			
2) Closely-held equity interests			
3) Other			
<u>^)</u>			
B) 			
C)			
D)			
E)			
F)			
G)			
H)			
(I)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12) ►			
Part VIII Investments - Program Related.	V14- F 000	Dant IV / Bin a 44 a Coa Farma 000	Dark V. Bra. 40
Complete if the organization answered '			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or en	no-or-year market value
(1)		1	
(2)		+	
(3)		-	
(4)			
(5)			
(6)			-
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ►		\$ 1	
PartilX Other Assets.	V'4- F 000	Dort IV I was 11d Coo Forms 000	Dort V. line 15
Complete if the organization answered '	scription	Part IV, line 11d. See Form 990	(b) Book value
(1)	зоприон		(b) Book value
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9) (10)	line 15.)		P
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		P
(5) (6) (7) (8) (9)	·		25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities.	·	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5) (6)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5) (6) (7)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 3	25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDING (3) (4) (5) (6) (7) (8) (9) (10)	form 990, Part IV, line (b) Book value	11e or 11f. See Form 990, Part X, line 3	

Schedule **D** (Form 990) 2014 UNITED STEELWORKERS 7-00001 LOCAL 35-0679800 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 906,176. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 b 2 d 3 906,176. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. 4 0 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)..... 5 906,176 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 390,160. 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2 b 2 c 2 e

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule **D** (Form 990) 2014

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390,160.

390,160

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

	omplete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	
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	96.	
)	answered 'Yes' to Forn Attach to Form 990.	
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Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No 1545-0047

Employer identification number

ջ □ (h) Purpose of grant or assistance× N/A Rants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 35-0679800 (g) Description of non-cash assistance Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable Partil General Information on Grants and Assistance (b) EIN UNITED STEELWORKERS 7-00001 LOCAL N/A (a) Name and address of organization or government _QVER_ (1) NONE 11111 S 3 ෂ් 2 ପ୍ର ତ୍ର **£**

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) UNITED STEELWORKERS 7-00001 LOCAL

[Parill 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
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7		:			

Par的W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2

ALL DONATIONS ARE APPROVED BY THE BOARD AND AT MEMBERS' MEETINGS AND APPROVAL IS DOCUMENTED IN THE MINUTES Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

ridine of the organization		1
UNITED STEELWORKE	RS 7-00001 LOCAL	35-0679800
	THE ORGANIZATION IS A LOCAL UNION SERVING 1129 METHEM TO THEIR EMPLOYER. THE UNION BARGAINS WITH	
Pt VI, Line 6	PAY, BENEFITS, WORKING CONDITIONS, ETC.	
	UNION REPS ARE ELECTED BY THE MEMBERS. HOWEVER	, UNION REPS CAN BE
	APPOINTED BY THE OFFICERS IF THE POSITION BECOM	ES VACANT BETWEEN
Pt VI, Line 7a	ELECTIONS.	
	UNION OFFICERS ARE ELECTED BY THE MEMBERS. HOW	EVER, WHEN AN OFFICER'S
	POSITION BECOMES VACANT BETWEEN ELECTIONS, OFFI	CERS MAY MAKE AN
Pt VI, Line 7a	APPOINTMENT TO FILL THE VACANCY UNTIL THE NEXT	ELECTION.
Pt VI, Line 7b	BASED ON THE BYLAWS, SOME DECISIONS MUST BE APP	ROVED BY MEMBERS.
	BASED ON THE BYLAWS, SOME DECISIONS ARE APPROVE	D BY THE BOARD OF
Pt VI, Line 7b	OFFICERS AND REPS.	
	THE OFFICERS MEET WITH THE CPA WHO PREPARED FOR	4 990 TO REVIEW IT PRIOR
Pt VI, Line 11b	TO FILING.	
	OFFICERS & REPS PAY IS APPROVED BY UNION MEMBERS	AT A REGULAR MEMBERSHIP
Pt VI, Line 15a	MEETING	
Pt VI, Line 15b	OFFICE MANAGER'S COMPENSATION IS BARGAINED WITH	USW INTERNATIONAL UNION.
	BY-LAWS AR ON THE WEBSITE; OTHER GOVERNING DOCS	& FINANCIAL STATEMENTS
Pt VI, Line 19	ARE AVAILABLE UPON REQUEST.	
	CASH BASIS IS MODIFIED TO ACCRUE FOR PAYROLL TAX	X AND DUES WITHHELD, NOT
Pt XII, Line 1	YET REMITTED.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STEELWORKERS 7-00001 LOCAL

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.

Rart¹ ∄Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

2014

OMB No 1545-0047

Open to Public Employer identification number

35-0679800

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity

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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.

	inac from a man a man						
(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	(g) Sec 512(b)(13) controlled entity?)(13) entity?
						Yes	No
(1) UNITED_STEELWORKERS INTERNATIONAL UNION - FIVE_GATEWAY_CENTER	INTERNATIONAL UNION	PA	501(c)(5)				×
(2) UNITED_STEELWORKERS INTERNATIONAL UNION - 3340_PERIMETER_HILL_DR NASHVILLE, IN 37211 23-7095102	INTERNATIONAL UNION	N.L	501(c)(5)				×
(3) SQAR_CHAPTER_ 7-PC-6	UNION RETIREE CHAPTER	NI	501 (c) (5)				×
(4) See Cont. Sheet for Sch. R. Part II							

Schedule R (Form 990) 2014

	ations	
KERS 7-00001 LOCAL	d Tax-Exempt Organiza	(0)
UNITED STEELWOR!	ntification of Relate	
Schedule R Cont (Form 990) 2014 UNITED STEELWORKERS 7-00001 LOCAL	Part II Continuation of Identification of Related Tax-Exempt Organizations	

(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	(G) Sec 512(b)(13) controlled entity?	o)(43) entity?
					,	Yes	§ S
USW_DISTRICT_7	UNION DISTRICT CHAPTER	NI	501 (c) (5)				×
USW DISTRICT7 SUB-DISTRICT 5	UNION DISTRICT OFFICE	ZH					×
USW SOAR CHAPTER 31-9	UNION RETIREE CHAPTER	IL	501(C)(5)				×
		TEEA5102 08/22/14			Schedule R Cont (Form 990) 2014	Form 990) 2014

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Schedule R (Form 990) 2014 UNITED STEELWORKERS 7-00001 LOCAL

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. [Part] [[]

(k) Percentage ownership						Sec 512(b)(13) controlled entity?	
	۶ 2				art IV,	Sec 512 controlle	
(j) General or managing partner?	Yes				n 990, P	(h) Percentage ownership	
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form	1065)	-			d 'Yes' on Forr	(g) Share of end-of- year assets	
(h) Disproportionate allocations?	ž				swere	<u>က</u>	
	Yes				yanization an ne tax year.	(f) Share of total income	
(g) Share of end-of-year assets					if the org t during the	(e) Type of entity (C corp, S corp, or trust)	
total ne					mplete or trus	Type (C corp	
(f) Share of total Income					r Trust Co orporation	(d) Direct controlling entity	
(e) Predominant income (related, unrelated, excluded from tax under sections	512-514)				Corporation os treated as a c	(c) Legal domicile (state or foreign co	
(d) Direct controlling entity					Taxable as a	(b) Primary activity Le	
(c) Legal domicile (state or foreign	country)				zations e related	Prima	
(b) Primary activity d	3				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.	of related organization	
(a) Name, address, and EIN of related organization		(1)	(2)	(3)	Parting Identification or line 34 because	(a) Name, address, and EIN of related organization	(1)

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 UNITED STEELWORKERS 7-00001 LOCAL

RATIONAL Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

					ı
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Yes No	0
	isted in Parts II-IV?			*** ***	* *1
a Receipt of (i) interest (iii) annuities (iii) rovalties or (iv) rent from a controlled entity				×	~
			10	×	1~
			٤	╀	٠l
c Gilt, grant, or capital contribution from related organization(s)			<u>.</u>	{	
d Loans or loan guarantees to or for related organization(s)			. 1d	×	اب
e Loans or loan guarantees by related organization(s)				× —	\checkmark
					100
• Dividends from related organization(s)	•		1.	×	ا ۔
			-	×	ج ا
			- 4 0 1		۔ اہ
h Purchase of assets from related organization(s)			=	<u>~</u> 	اب
i Exchange of assets with related organization(s)			=	×	J١
j Lease of facilities, equipment, or other assets to related organization(s)			1.	×	
					1
k Lease of facilities, equipment, or other assets from related organization(s)				×	
Performance of services or membership or fundraising solicitations for related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			1	×	1.
n Sharing of facilities equinoment mailing lists or other assets with related organization(s)			-	×	.1
				+	١,
o Sharing of paid employees with related organization(s)			0 .	X (*****	∜ار
				3	
p Reimbursement paid to related organization(s) for expenses			-	×	اب
q Reimbursement paid by related organization(s) for expenses			1a	×	
					30
r Other transfer of cash or property to related organization(s)			-	×	
s Other transfer of cash or property from related organization(s)	•		18	× -	1.
	ed relationships and tra	ansaction thresholds	-		d l
-	(4)	3	3		1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	termining volved	
(1) SOAR CHAPTER 31-9	8	1,000.	DONATION	CHECK	· .~
0 0 0			SUNLINGEN EGE EURAS 30 35H 3383 O	SOS MERTING	2
1			ומים מסח מי מושמי	10.1	ş١
(3) USW DISTRICT 5	0	200.	CONFERENCE FEE	REIMBURSED	ام
(5)					- 1
(9)					
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Schedule R (Form 990) 2014 UNITED STEELWORKERS 7-00001 LOCAL

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant	(e) Are all partners section	(f) Share of total income	(g) Share of end-of-year	(h) Dispropor- tionate	(i) Code V-UBI amount in box	(j) General or managing	(k) Percentage ownership
			(related, unre- lated, excluded from tax under	501(c)(3) organizations?			allocations?			
			section 512-514)	Yes No			Yes No		Yes No	
(1)										
										
(2)							-			
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

2014

Attachment Sequence No

Identifying number UNITED STEELWORKERS 7-00001 LOCAL 35-0679800 Business or activity to which this form relates Form 990 / Form 990EZ **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Total cost of section 179 property placed in service (see instructions)...... 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. . 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II > Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 Partalli MACRS Depreciation (Do not include listed property) (See instructions) MACRS deductions for assets placed in service in tax years beginning before 2014. . . 14,254 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (e) (f) Method (q) Depreciation Classification of property year placed in service (business/investment use only — see instructions) Convention Recovery period 19 a 3-year property **b** 5-year property 500. 50. HY MACRS 449 c 7-year property HY **MACRS** d 10-year property . . . e 15-year property f 20-year property g 25-year property 25 yrs S/L 27.5 yrs h Residential rental MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 vrs MM S/L property . . . S/L MM Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12_yrs **b** 12-year S/L 40 yrs S/L Part IV | Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions . . . 14,336.

For assets shown above and placed in service during the current year, enter

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columns	(a) through (c) o	of Section A, a	ll of Section	n B, and	l Section	C if ap	olicat	ole						40,	
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(a) Type of property	(b) Date placed in service	(c) Business/ investment	(d Cost) or	Basis fo	(e) or deprecasess/investr		(f) very	Me	(g) ethod/	Dep	(h) reciation	El	(i) ected tion 179 cost
used more than	50% in a qualifi	for qualified lis ed business u	se (see in:	struction							25				
Property used r	nore than 50% if	a quanneo bi	isiness us	e						-					
Property used 5	0% or less in a c	qualified busin	ess use												
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7100 amounto in	COMMITTE A	<u>EU EINOI NOIO</u>											· 1-•		
plete this section our employees, fi	for vehicles use st answer the qu	ed by a sole pro uestions in Sec	oprietor, p	artner, o see if yo	r other 'n u meet a	nore tha	n 5% tion t	owner, o compl	or re	elated p this se	erson ction fo	If you pro	ovided ve ehicles.	ehicles	
Total business/investment miles driven during the year (do not include commuting miles)										(f Vehi) cle 6 				
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miles driven .	`			·	<u> </u>										
	• .			No	Yes	No	Ye	s N		Yes	No	Yes	No	Yes	No
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than 5% owner	or related perso	by a more n?													
Is another vehic personal use?	· · · · · · · ·											<u> </u>			
wer these question	ns to determine	if you meet an	•	•					-				not mo	re than	
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Do you maintain employees? Se	n a written policy e the instruction:	statement that s for vehicles i	t prohibits ised by co	persona prporate	al use of	vehicles director	s, exc s, or	ept com	mutir ore o	ng, by y wners	our				
Do you provide	more than five v	ehicles to you	· employe	es, obtai	n ınforma	ation fro	m yo	ur emple	oyees	about	the use	of the			
Do you meet th	e requirements o	concernina aua	lified auto	mobile c	lemonstr	ation us	e? (S	See instr	uctio	ns)					
rt VI Amort	ization													I	
	(a)		Date an	nortization					Coc	le	p	eriod or	1		
Amortization of	costs that begin	s during your 2	2014 tax y	ear (see	ınstructı	ons):		<u> </u>				J -	,		
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	Note: Focolumns Section A Do you have evider (a) Type of property (list vehicles first) Special deprecipated more than Property used in Property used in Add amounts in Add amounts in Add amounts in Add amounts in Inplete this section our employees, fir Total business/induring the year commuting miles driven Total commuting in Total other persimiles driven Incommuting off-duty in Was the vehicle during off-duty in Was the vehicle during off-duty in Was the vehicle than 5% owner Is another vehicle than 5% owner Is anot	Note: For any vehicle for columns (a) through (c) of Section A — Deprecial and Do you have evidence to support the brain and the support of the brain and the brain and the support of the brain and the bra	Note: For any vehicle for which you are columns (a) through (c) of Section A, a Section A — Depreciation and Other a Do you have evidence to support the business/investment (a) Type of property (list vehicles first) Special depreciation allowance for qualified list used more than 50% in a qualified business used more than 50% in a qualified business used more than 50% in a qualified business used more than 50% or less in a qualified business used more than 50% or less in a qualified business used more than 50% or less in a qualified business used by a sole property used 50% or less in a qualified business in column (h), lines 25 through 2 and amounts in column (h), lines 25 through 2 and amounts in column (h), lines 25 through 2 and amounts in column (h), lines 26 Enter here used this section for vehicles used by a sole property used 50% or less in a qualified business property used 50% or less in a qualified business in a qua	columns (a) through (c) of Section A, all of Section Section A — Depreciation and Other Informal a Do you have evidence to support the business/investment use claim (a) (b) (c) (c) Gusiness/ investment investment use claim (list vehicles first) (list vehicles firs	Note: For any vehicle for which you are using the standar columns (a) through (c) of Section A, all of Section B, and Section A, all of Section B, and Depreciation and Other Information (Ca a Do you have evidence to support the business/investment use claimed? (a) (b) (c) (d) (cost or support the pusiness/investment use claimed? Type of property (in service) (in se	Note: For any vehicle for which you are using the standard mileac columns (a) through (c) of Section A, all of Section B, and Section Section A — Depreciation and Other Information (Caution: Sa Do you have evidence to support the business/investment use claimed?	Note: For any vehicle for which you are using the standard mileage rate columns (a) through (c) of Section A, all of Section B, and Section C of api Section A — Depreciation and Other Information (Caution: See the La Do you have evidence to support the business/investment use claimed?	Note: For any vehicle for which you are using the standard mileage rate or decolumns (a) through (c) of Section A, all of Section B, and Section C if applicate Section A — Depreciation and Other Information (Caution: See the instruction as the property of the property of the purple of the property of the property of the purple of the property of th	Note: For any vehicle for which you are using the standard mileage rate or deducting columns (a) through (c) of Section A. all of Section B. and Section C if applicable. Section A — Depreciation and Other Information (Caution: See the instructions for a poly cable). Section A — Depreciation and Other Information (Caution: See the instructions for a poly cable). (a) (b) (c) (d) (d) (e) (e) (d) (e) (e) (d) (e) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Note: For any vehicle for which you are using the standard mileage rate or deducting lease columns (a) through (c) of Section A. all of Section B. and Section C1 displicable. Section A — Depreciation and Other Information (Caution: See the instructions for limit and power where the support the business/investment use claimed?	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expension columns (o) Horough (o) of Section A. all of Section B. and Section C 1 applicable Section A — Depreciation and Other Information (Caution: See the mistruction: for just to just the property of the pr	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, concolumns (a) through (c) of Section A and Section C 1 applicable. Section A — Depreciation and Other Information (Caution: See the instructions for limits for passeng at Day you have evidence to support the businessinivestment use claimed? \tag{ (a) } \tag{ (b) } \tag{ (c) }	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete on columns (a) through (a) of Section A. — Depreciation and Other Information (Caution: See the instructions for limits for passenger autom as Do you have evidence to support the business/investment use clamed?	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 2 columns (a) Principle (a) of Section A – Depreciation and Other Information (Caution: See the instructions for Immis for passenger automobiles). Do you have evelence to support the expenses/members are used to support the property of the section of the control	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, obtaining of through (c) of Section A. a) of Section B. a) state of Section B. and Section B. a) state of

UNION ORGANIZATION & PROMOTION

Schedule O (Form 990), Supp Form 990, Page 2, Part III, Li		Form 990		
Briefly describe the organization BENEFITS AND WORKING UNDER THOSE AGREEMEN	on's mission: CONDITIONS, AN			MBERS
Schedule O (Form 990), Supp Form 990, Page 2, Part III, Li		Form 990		
Describe the organization's services, as measured by report the amount of grants each program service reports the amount of grants each program service reports the amount of grants each program service reports the program service reports of the service services and the services are services as a service services and the services are services as a service services and the services are services as a service services.	expenses. Section 501(s and allocations to othe	c)(3) and 501(c)(4) ers, the total expens DIATION, AND N	organizations are re es, and revenue, if a	quired to any, for
Schedule O (Form 990 or 990 Form 990, Page 10, Line 246			00 or 990-EZ	
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising

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