



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.A For the 2014 calendar year, or tax year beginning **January 01**, 2014, and ending **December 31**, 2014

B Check if applicable	C Name of organization United Steelworkers 2-00370	D Employer identification number 39-1126229
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Name change	P.O. Box 485	
<input checked="" type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Final return/terminated	Stevens Point, WI 54481-0485	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► www.2-370.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ▲ (insert no) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

	Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
		2 Program service revenue including government fees and contracts	2	0
		3 Membership dues and assessments	3	63,328
		4 Investment income	4	1,871
		5a Gross amount from sale of assets other than inventory	5a	0
		b Less: cost or other basis and sales expenses	5b	0
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
		6 Gaming and fundraising events		
		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
		b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
		c Less: direct expenses from gaming and fundraising events	6c	0
		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	00
		7a Gross sales of inventory, less returns and allowances	7a	0
		b Less: cost of goods sold	7b	0
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
		8 Other revenue (describe in Schedule O)	8	1,755
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	66,954
	Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,846
		11 Benefits paid to or for members	11	0
		12 Salaries, other compensation, and employee benefits	12	37,392
		13 Professional fees and other payments to independent contractors	13	547
		14 Occupancy, rent, utilities, and maintenance	14	5,936
		15 Printing, publications, postage, and shipping	15	22
		16 Other expenses (describe in Schedule O)	16	13,332
		17 Total expenses. Add lines 10 through 16 ►	17	64,075
	Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,879
		19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	83,537
		20 Other changes in net assets or fund balances (explain in Schedule O)	20	1,566
		21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	87,858
RECEIVED E1-2615 JAN 26 2015 FOSC OGDEN, UT				

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	80,383	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	3,154	24
25	Total assets	83,537	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	83,537	27
			87,858

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **Collective Bargaining**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tom Fink President	45 hours	5,318		
Matt Houck Vice-President	25 Hours	4,170		
Bryan Kunst Financial-Secretary	25 Hours	3,322		
Matt Senn Recording-Secretary	25 Hours	6,230		
Paul Stanchik Treasurer	43 Hours	3,734		
Dave Sroda Trustee	5 Audits/Year 3 hours/Audit	642		
Al Hetzer Trustee	5 Audits/Year 3 Hours/Audit	643		
Josh Miskowski Trustee	5 Audits/Year 3 Hours/Audit	429		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations. Enter:	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	✓
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► Paul Stanchik Located at ► 1772 Church Street Stevens Point, WI	Telephone no. ► 715-347-3733	
	ZIP + 4 ► 54481	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	N/A	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No 46 ✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer	 Tom Fink	 01/16/2015 Date
	▶ Paul P. Stanchik Treasurer Type or print name and title	▶ Tom J. Fink President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name N/A	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN N/A
	Firm's name ► N/A		Firm's EIN ►	N/A	
	Firm's address ► N/A		Phone no	N/A	

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014Open to Public
Inspection

Name of the organization

United Steelworkers 2-00370 Local

Employer identification number

39-1126229

Part 1, Line 8, Other Revenue 990 EZ Restitution Paid to Local from Case No. 00-CR-0117-5-01	\$1085
Part 1, Line 8, Other Revenue 990 EZ Sold T-shirts to members	\$70
Part 1, Line 8, Other Revenue 990 EZ Initiations of new members.	\$600
Part 1, Line 10 Grants/Similiar Amounts 990 EZ Capita Tax \$610 7/\$100 Donations \$700	\$1,310
Part 1, Line 10, Grants/Similiar Amounts 990 EZ Gifts Certificates/Cards Union Meetings \$4,536 S & A \$1,000	\$5,536
Part 1, Line 16, T-shirt/jacket members \$6,015 Education \$2,171 Bank Fees \$20 Office/Admin Expenses \$5,128	\$13,332
Part 1, Line 20, Changes of net assets/fund balances Dividends reinvestment into stock	\$1,566
Part 2, Line 24 Other Assets, Computers purchased over the years/No depreciation	\$3,154