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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	FOR UIE	2014 Calendar year, or tax year beginning 01/01 , 2014, a	na enaing	12/3		, 20 14
В	Check if a	pplicable: C Name of organization USW LU 560-11		P1		er identification number
	Address (				45	-0311279
	Name cha	Inge Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telepho	ne number
	Initial retu				(7	01) 678-2041
	Final return	Aterminated City or town, state or province, country, and ZIP or foreign postal code				
	Amended			G	Gross re	oceipts \$ 325,609
	Application	n penting F Name and address of principal officer: TRAVIS SWANSON	1	H(a) is this a group	return for	subordinates? 🔲 Yes 🔯 No
		PO BOX 107 GWINNER, ND 58040		• •		s included?  Yes No
1 !	Тах-ехеп	pt status: ☐ 501(c)(3) 🔀 501(c) ( 5 ) ◀ (insert no.) ☐ 4947(a)(1) or	527	If "No,"	attach a	a list. (see Instructions)
<u> 1</u>	Website:			H(c) Group exe	emption	number ▶
K		rganization: Corporation Trust Association X Other ► LABOR ORGAN, L Yes	ar of formation:	1970	M State	of legal domicile: ND
P	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities:				
Activities & Governance		AGREEMENT TO BETTER WORKING CONDITIONS OF THE LOCAL UNION AND F	PROVIDE REP	PRESENTATIO	OT NO	ITS MEMBERS.
룙						
Ē	1	Check this box ▶☐ if the organization discontinued its operations or di	sposed of n	nore than 2	1	its net assets.
Ğ	1	Number of voting members of the governing body (Part VI, line 1a).			3	11
ණ ග	1	Number of independent voting members of the governing body (Part VI	-		4	0
耋		Total number of individuals employed in calendar year 2014 (Part V, line	e 2a)		5	0
훓		Total number of volunteers (estimate if necessary)			6	0
ં∢	i i	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
· —	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<del></del>		7b	0
•				Prior Year		Current Year
9	1	Contributions and grants (Part VIII, line 1h)	0			0
Ē	1	Program service revenue (Part VIII, line 2g)		3,845		301,511
Revenue	j.	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		663		1,079
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		289		23,019
		Total revenue—add lines 8 through 11-(must equal Rantvill) column (A), li	ne 12) 27	77,797		325,609
5		Grants and similar amounts paid (Part IX, eolumn (A), lines 1-3)	· · <u>0</u>			0
8		Benefits paid to or for members (Part X, column (A), line 4)	0			0
4 OCL 32015		Salaries, other compensation, employee benefits (Part 1/4 Column (A) lines	5–10) 69	,713		102,454
∴ <b>5</b>		Professional fundraising fees (Part Column (A), line 11e)	0			0
	b	Total fundraising expenses (Part IX, column (D) line 25)		, and the second	2.3	
		Other expenses (Part IX, column (A) lines 12 (141-249)		4,973		156,536
4	_	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25	5) . 21	14,686		258,990
		Revenue less expenses. Subtract line 18 from line 12		3,111		66,619
70			Beg	linning of Curre	mt Year	End of Year
	Z i	Total assets (Part X, line 16)	5	55,789		622,408
	21	Total liabilities (Part X, line 26)	· ·   0			0
O NOTE		Net assets or fund balances. Subtract line 21 from line 20	55	55,789		662,408
	art II	Signature Block				
~~~ Uı	nder penal	ties of perjury, I declare that I have examined this retum, including accompanying schedule , and complete. Desiaration of preparer (other than officer) is based on all information of wh	es and stateme	nts, and to the	best of	my knowledge and belief, it is
		, and complete. Containation of preparer (objet mail officer) is based on an information of with	icii prepara ne	any kilowico	<del></del>	
e:	-	- COCACA 131999				
	gn ere	Signature of officer		Date	07/11/	2015
п	er <del>e</del>	ERICKA DAVIS TREASURER			077117	
		Type or print name and title  Print/Type preparer's name  Preparer's signature	Date			C PTIN
Pa	aid	Print/Type preparer's name Preparer's signature	Date		Check	
Pr	epare			i	self-em	ipioyed
Us	se Onl				EIN ▶	
14-	ny dia a IF	Firm's address	<u> </u>	Phone	no.	<u> </u>
	•	S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	• • • •	• •	Yes No
Fo	r Paperv	ork Reduction Act Notice, see the separate instructions.	Cat. No.	11282Y		Form 990 (2014)

	of Required	
Part IV		

			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			
2	·	1		×
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		_X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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,	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
	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			x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	9		<del></del>
	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	(71)	X
••	VII, VIII, IX, or X as applicable.	がた	14	,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	J	
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			
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		Ţ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a	<del>                                     </del>	X
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
			. 000	20044

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	, *	×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		17 E	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x x
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	28c		x
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	

Check if Schedule O contains a response or note to any line in this Part V  18 Enter the number reported in Box of Form 1096. Enter -0- if not applicable	Part	Statements Regarding Other IRS Filings and Tax Compliance				age <del>o</del>
tale Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable  Enter the number of Forms W-26 included in line 1a. Enter 4-0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winner?  Za Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions)  3b Did the organization have unrelated business gross incorner of \$1,000 or more during the year?  3c If Yes, The sit filed a Form 990-T for this year? If Yes' to file 3b, provide an explanation in Schedule O. The At any time during the clearly year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinGEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions and party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, Gid the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7b Organizations with the great payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5c If Yes, Gid the organization include with every solicitation and express statement that such contributions or giffs were		Check if Schedule O contains a response or note to any line in this Part V		<u>.</u> .		
b Enter the number of Forms W-26 included in line 18. Enter -0- if not applicable.  Did the organization comply with backup withholding nules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 and 1 and					Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambing) winnings to prize winners?  2e Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return.  b If at least one is reported on line 2a, clid the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file fees instructions).  Did the organization have unrelated business gross incorne of \$1,000 or more during the year?  If Yes, has it filed a Form 990-17 for this year? If Yes 'to fine 3b, provide an explanation in Schedule 0.  At any time during the calendary 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)?  b If Yes, enter the name of the foreign country: b	1a					
reportable gaming (gambling) winnings to prize winners?  2 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  1 If at least one is reported on line 2a, did the organization file all required foedral employment tax returns?  Notes. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  1 If Yes, I has it filed a Form 990-17 for this year? If Yes or line 3a, provide an explanation in Schedule O.  2 If Yes, I has it filed a Form 990-17 for the year? If Yes or line 3a, provide an explanation in Schedule O.  3 If Yes, I have the analysis of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; lend as a bank account, securities account, or other fundatial accountly for line 1 in a foreign country; lend as a bank account, securities account, or other fundatian accounts for filing requirements for FinCEN Form 114, Report of Fereign Bank and Financial Accounts (FBAR).  5 If Yes, enter the name of the foreign country; lend as a bank account, securities account, or other fundatian accounts for filing requirements for FinCEN Form 114, Report of Fereign Bank and Financial Accounts (FBAR).  5 If Yes, and the organization appropriation that it was or is a party to a prohibited tax shelter transaction?  5 If Yes, and the organization file form 8896-17?  6 Does the organization appropriation file form 8896-17?  6 Does the organization shew annual gross receipts that ere normally greater than \$100,000, and did the organizations of the accountable of the second of the value of the goods or services provided?  7 If Yes, did the organization noticly the donor of the value of the goods or services provided?  8 If Yes, indicate the number of Forms 8828 filed during the year  9 Did the organization self, exchange, or otherwise disposes of tangible personal personal benefit contract?  9 If Yes, indicat	_	1				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	С		o vendors and			
Statements, filled for the calendar year ending with or within the year covered by this return 2 b fat least one is reported on line 2s, did the organization file all required federal employment tax returns? Notes. If the sum of lines 1 and 2s is greater than 250, you may be required to e-file (see instructions) 2 b ff Yes,* has it filled a Form 990-Tior this year? 1f Yes for the 30, provide an explanation in Schedule 0 3 b ff Yes,* has it filled a Form 990-Tior this year? 1f Yes for the 30, provide an explanation in Schedule 0 3 b x x x 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 in a foreign country; less as a bank account, securities account, or other financial accounts of filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction or a party to a prohibited tax shelter transaction at any time during the tax year? 5b bid any taxable party notify the organization file Form 8886-17 contributions or gifts were not tax deductible? 5c contributions or a party to a prohibited tax shelter transaction as contributions? 7c contributions or gifts were not tax deductible? 7c organization solicit any contributions under section 170(c). 7c contributions or gifts were not tax deductible? 7c contributions under section 170(c). 7c contributions or gifts were not tax deductible? 7c contributions under section 170(c). 7c contributions or gifts were not tax deductible? 7c contributions under section 170(c). 7c contributions or gifts were not tax deductible? 7c contributions under section 170(c). 7c contributions organization section notify the donor of the value of the goods or services provide	00	•		<u>1c</u>	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 260, you may be required to e-file (see instructions)  10 if the organization have unrelated business gross income of \$1,000 or more during the year?  11 if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  2a 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?)  5 if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5 see instructions for filing requirements for FinCBN Form 114, Report of Fereign Bank and Financial Accounts (FBAR).  5 a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5 a Ly "Sold any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5 c Ly "Sold any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5 c Ly "Sold any taxable party notify the organization file Form 8986-17?  6 c Ly "Sold the organization or account in the wery solicitation an express statement that such contributions or grifts were not tax deductible?  6 d Ly "Sold the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 b Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 b Did the organiz	28					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Bit "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account, or other financial account)  If "Yes," enter the name of the foreign country:   See instructions for filing requirements for FinCEN Form 114, Report of Fereign Bank and Financial Accounts (FEAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductibles as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  5c If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 The contribution sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827  5c If "Yes," indicate the number of Forms 8282 filed during the year  5d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive a contribution of cas, boats, enjance, or other vehicles, did the	_	· · · · · · · · · · · · · · · · · · ·				
3a   X   If Yes, has if filed a Form 990-T for this year? If You're for financial occurring the celeratory ear, 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)?  b If Yes, enter the name of the foreign country:   X   X   X   X   X   X   X   X   X	Đ			2b		
b If "Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  4a At any time during the calendary 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)?  b If "Yes," enter the name of the foreign country: >	3a			20		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)?  b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Fereign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7a If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of cas, beats, simples, or other veribles, did the organization file Form 1098-C?  7b Sponsoring organizations have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintain	_			<del></del>		X
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d if "Yes," indicate the number of Forms 8282 filed during the year	C		or which it was	<b> </b> _		
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  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?  9 Sponsoring organization make any taxable distributions under section 49667  10 Did the sponsoring organization make any taxable distributions under section 49667  8 Section 501(c)(7) organizations. Enter:  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  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13a  Section 501(c)(29) qualified nonprofit health Insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves on hand  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  x	d	•	اسجا	/c		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  ff the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization mave excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Tob  Gross income from members or shareholders.  Gross income from members or shareholders.  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year .  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves on hand  Center the amount of reserves on hand  Did the organization is contributions of tax payments for indoor tanning se	-			7.		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Tob  Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health Insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X	_				<del>                                     </del>	<del> </del>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  The section 501(c)(29) qualified nonprofit health Insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a   Did the organization receive any payments for indoor tanning services during the tax year?  14a   X	_					<del>                                     </del>
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?					<del> </del>	-
sponsoring organization have excess business holdings at any time during the year?	8					
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?				8		{}
Did the sponsoring organization make any taxable distributions under section 4966?	9					
Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	son?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health Insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X	10	Section 501(c)(7) organizations. Enter:		;	1	1
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			ŧį.
a Gross income from members or shareholders	_		10b			i,
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11	· · · · · -	1 1		:	7
against amounts due or received from them.)	-		11a		1	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D				1	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-	·		-	1	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?				12a		
a Is the organization licensed to issue qualified health plans in more than one state?			125	;		i)
Note. See the instructions for additional information the organization must report on Schedule O.  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				40-		-
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	a			138		
the organization is licensed to issue qualified health plans	b		<del>0</del> <b>0</b> .	ı		!!
c Enter the amount of reserves on hand	-		135			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x	C		<del></del>			5
				140		Y
	_		Schedule O		-	<del>  ^</del>

Form 99	· · · · · · · · · · · · · · · · · · ·				Page 6
Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	or a tructi	"No" ions.
Cook	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · ·	• •	<i>y.</i> ' .	X
Section	on A. Governing Body and Management		7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 11			
ь 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	1b 0 relationship with	2		X
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		х
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	on's assets? .	4 5 6	x x	×
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7a 7b	х	
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during		Š	
a b 9	The governing body?	ot be reached at	8a 8b	X	
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule (on B. Policies (This Section B requests information about policies not required by the		ue Co	ode.)	×
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	•	10a 10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12a 12b	X	
C 40	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c		x
13 14	Did the organization have a written whistleblower policy?		13		X
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by	1-4		Â
8	The organization's CEO, Executive Director, or top management official		15a		х
b	Other officers or key employees of the organization		15b		Х
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the			
Sacti	on C. Disclosure	• • • •	16b	1	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ND				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, available for public inspection. Indicate how you made these available. Check all that apply.	·	n 501	(c)(3):	s only)
19	Own website Another's website Upon request Other (explain in Science of Schedule O whether (and if so, how) the organization made its governing docum financial statements available to the public during the tax year.	ents, conflict of in			y, and
20	State the name, address, and telephone number of the person who possesses the organizat ERICKA DAVIS. (701) 678-2041	ion's books and re	cords	:: ▶	

Part VII	Compensation of Officers, Di	rectors, Trustees, Key Employee:	s, Highest Compensated Employees,	and
	Independent Contractors			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

(A) Name and Title	(B) Average hours per week (list any	box, u	ot che unles: r and	s pe l a d	ition more	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NEIL SAD	10									
RECORDING SECRETARY	0	1		x				5,804	0	0
(2) JAMES FLIFLET	10					<u> </u>				-,
TRUSTEE	0			x				282	0	0
(3) TRAVIS SWANSON	10									
VICE PRESIDENT	0	1		x				7,617	0	0
(4) STEVE MORLOCK	10									
GUARD	0	1		X				1,307	0	0
(5) ERICKA DAVIS	10					,				
TRUSTEE	0			x				3,210	0	0
(6) DEB CARTER	. 10							٠ .		
GUARD	0			x	L.			2,262	0	0
(7) PAT AWENDER	10						Г			
PRESIDENT	0			X		<u> </u>	<u> </u>	9,973	0	0
(8) CHRIS HANGSLEBEN	10	]		Π			Γ			
FINANCIAL SECRETARY	0	]		X	1		<u> </u>	5,758	0	0
(9) DAWN CHURCHILL	10									
TREASURER	0	1		X				10,513	0	0
(10) JEFF FLIFLET	10			$I^-$			Π			
GUIDE	0			x				1,898	0	0
(11) SHANNON THOMPSON	10		T							
TRUSTEE	0		L	x		L		0	o	0
(12) JASON ALLISON	10			T	T		Γ			
TRUSTEE	О	L		L	1		x	372	o	0
(13) TRAVIS MARLOW	10		Γ			T	T			
TRUSTEE	1 0	1	1				l <sub>x</sub>	249	0	0

	Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average hours per week (list any	age box, unless person is both officer and a director/truste					one an :ee)	(D) Reportable compensation from	(E) Reportable compensation from	Э	(F), * Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M	ns ISC)	compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)								-	-	<u> </u>		<del>,</del>
(19)					-							
(20)				_		_		-				
(21)				_	-	_						
(22)								_				
(23)					_	_						
						_						
(24)												2
(25)												
1b c d	Sub-total	VII, Sectio		•				<b>7</b> ▼ ▼	49,245		0	0
2	Total number of individuals (including bu reportable compensation from the organ	t not limite					abov	e) v	49.245 vho received m	· · · · · · · · · · · · · · · · · · ·	00,000	of
3	Did the organization list any former or employee on line 1a? If "Yes," complete							emį	oloyee, or hig	nest compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	cor	npe	nsatio					3 X
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lividual	5 ×
	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Reyear.											
	(A) Name and business add	dress							(B) Description of	services	C	(C) ompensation
								+				
								1		· · · · · · · · · · · · · · · · · · ·		
2	Total number of independent contractor received more than \$100,000 of compen							o t	hose listed at	oove) who		

Form **990** (2014)

	<u></u>	Check if Schedule O contain	ns a response or note to	any line in this l	Part VIII	<u> </u>	<u></u> 🗅
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	. 1b . 1c . 1d				
를	g	Noncash contributions included in line	L		1		
and a	h	Total. Add lines 1a-1f		0	į		
			Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES	900099	301,511	301,511	0	0
22	b						
돌	C	~					
Se	d						
	f	All other program service rev	renue	0		0	0
Ē	9	Total. Add lines 2a-2f		301.511			U.
	3	Investment income (includi and other similar amounts)	ng dividends, interest,	1,079	1,079	0	0
	4	Income from investment of tax-	• •	0	0	0	0
	5	Royalties	Real (ii) Personal	0	0	0	0
	6a	Gross rents		]			
	b	Less: rental expenses		]			
	C	Rental income or (loss)	0 0				
	d	Net rental income or (loss)	curities (ii) Other				
	7a	assets other than inventory	Curues (ii) Outer				
	ь	Less: cost or other basis and sales expenses .			1		
	C	Gain or (loss)	0 0				
ø	d		· · · · · · · · · · · · · · · · · · ·			<del></del>	
Other Revenue	8a	Gross income from fundraisi events (not including \$					
ier Re		of contributions reported on lin See Part IV, line 18	· · a				
ŧ	1	Less: direct expenses	h				
		Net income or (loss) from ful Gross income from gaming a See Part IV, line 19	activities.				
	ь	Less: direct expenses	~ <u> </u>	†			
	С	Net income or (loss) from ga	ming activities >				
	10a	Gross sales of inventor returns and allowances .	y, less · · a				
	b	Less: cost of goods sold .					
	C	Net income or (loss) from sa					<u> </u>
	44-	Miscellaneous Revenue	Business Code				ļ
	11a	#		23,019	23,019	0	0
	C	4					<del>                                     </del>
	d	All other revenue		0	0	0	†
	0	Total. Add lines 11a-11d .		23,019			
	12	Total revenue. See instruct	ions	325 600	325 800		

## Part IX Statement of Functional Expenses

Sectic	on 501(c)(3) a	and 501(c)(4)	organizations mus	st complete all columns	. All other organizations mu	ıst complete column (A).

1 G a 2 G ir 3 G ir 4 E 5 G			(B)	(C)	(D) Fundraising
2 6 ir 3 6 ir 4 E 5 C t	and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
3 6 0 ii 4 E 5 (	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
4 E 5 C	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
5 (	Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members	49,245		13	
F	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		. •	
8 F	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,513			
	Other employee benefits				
	Payroll taxes	25,696			
	rees for services (non-employees): Management				
	Legal	3,901			
	Accounting				
	Lobbying			4 - 4 - 12 - 12 - 12 - 12 - 12 - 12 - 12	et
	Professional fundraising services. See Part IV, line 17			the second second	<u> </u>
g (	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion				
	Office expenses	24,606			
	Information technology				
	Occupancy	6,974			
	Travel	25,793			
18 F	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings .	36,351	,	-	
	Interest				
	Payments to affiliates	3,481			
	Depreciation, depletion, and amortization . Insurance			<u> </u>	
	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
ı	line 24e amount exceeds 10% of line 25, column				
. (	(A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES FOR RESALE	43,970			
b .	DONATIONS	11,460			<u> </u>
c d.					
	All other expenses				
<b>25</b> '	Total functional expenses. Add lines 1 through 24e	258,990			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2014

Form 990 (2014)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X ٠, Beginning of year End of year 551,692 618,311 O Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets Prepaid expenses and deferred charges . . . . 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c 4.097 4.097 Investments—publicly traded securities . . . . . . . . Investments - other securities. See Part IV. line 11 . . . . . . . Investments - program-related. See Part IV, line 11 . . . . . . . . Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 555.789 622,408 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . . . . . . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔯 and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 618,311 Paid-in or capital surplus, or land, building, or equipment fund . . . 4,097 4.097 Retained earnings, endowment, accumulated income, or other funds. 555,789 622,408 Total liabilities and net assets/fund balances . . . . 622,408 555,789

_	4	•
Page	1	4

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	325,609 ,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	258,990	
3	Revenue less expenses. Subtract line 2 from line 1	3	66,619	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	555,789	
5	Net unrealized gains (losses) on investments	5	0	
6	Donated services and use of facilities	6	0	
7	investment expenses	7	0	
8	Prior period adjustments	8	0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	622,408	
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain ir		es No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:		28	X
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a	1	
	☐ 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 or of the audit, review, or compilation of its financial statements and selection of an independent account			
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain ir	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	1 3a	×
b,	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			
	required datast of dudite, explain with in confedure of and describe any steps taken to undergo such a			900 mas #
			Form 3	<b>990</b> (2014)

### **SCHEDULE D** (Form. 990)

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
UN	ITED STEELWORKERS		45-0311279
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered "	Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	•	
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?,	· * · · · · · · · · · · · · · · · · ·	· · · · · · · · · Yes 🗌 No
Par		8/8 to Four 000 For 1 B/ 15 7	
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		= · ·
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
2	Preservation of open space		and the Alexander of the control of
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaimed conservation contribut	
_			Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easement		
c d	Number of conservation easements on a certified to Number of conservation easements included in		
u		(c) acquired after 6/17/06, and fior	1 . 1
3	Number of conservation easements modified, trans		· · 2d
•	tax year ▶	storroa, rotaasaa, extinguisrica, or to	minated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation	— · · · · · ·
	<b>&gt;</b>	,	
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation eas	sements during the year
	<b>▶</b> \$	C,	<b>3 3</b>
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		inancial statements that describes the
	organization's accounting for conservation easeme		
Par			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	r assets held for public exhibition, e	ducation, or research in furtherance of
_	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	s revenue statement and balance shee
	works of art, historical treasures, or other similar	r assets neid for public exhibition, e	education, or research in furtherance of
	public service, provide the following amounts relat		
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
•	(iii) Assets included in Form 990, Part X	blacadest Assessment	· · · · • • \$
2	If the organization received or held works of art	, nistorical treasures, or other simil:	ar assets for financial gain, provide the
_	following amounts required to be reported under S		
a	Revenue included in Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		> \$
	/www.michagamitomitosu.falk		<b>–</b> 4

		ganizations Maintaining								
3 .		e organization's acquisition, a nitems (check all that apply):	accession, and	other reco	rds, chec	k any of the	follow	ing that are a s	ignificant	use of its
а	Public	exhibition		đ	☐ Loan	or exchange	e progra	ams		
b		arly research		е	Other					
C	☐ Prese	rvation for future generations	}							
4	Provide a	description of the organizat	ion's collections	and expla	ain how t	hey further t	the orga	anization's exen	npt purp	ose in Part
5	During th	e year, did the organization	solicit or receiv	e donation	s of art,	historical tre	easures	, or other simila	ar	
		be sold to raise funds rather								es 🗌 No
Part	IV Es	crow and Custodial Arra	ngements.							
	Cd	omplete if the organization 0, Part X, line 21.		es" to For	n 990, P	art IV, line	9, or re	eported an am	ount on	Form
18		ganization an agent, trustee, on Form 990, Part X?								es 🗌 No
b		explain the arrangement in Pa								es 🗆 NO
				. ,			<u> </u>	A	mount	
C	•	g balance					1c			
đ		s during the year $\dots$ .					1d			
•		ons during the year $\cdot\cdot$ .					10			······
f		alance					1f			
2 <b>a</b>		rganization include an amour								
b		explain the arrangement in Pa	art XIII. Check h	ere if the e	xplanatio	n has been i	provide	d in Part XIII .		
Par	t V Er	ndowment Funds.								
	Co	omplete if the organization	answered "Ye	es" to For	m 990, F	Part IV, line	10.			
			(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	k (e) Fou	r years back
1a	Beginning	g of year balance								
b	Contribut	tions								
C		stment earnings, gains, and								
d	Grants or	r scholarships			···-			····		
8		penditures for facilities and							1	
	-	3								
f		rative expenses		+					<del> </del>	<del></del>
-		ear balance			<del></del>	· · · · · · · · · · · · · · · · · · ·				<del></del>
g 2	•	he estimated percentage of t	ho ouront wor	and halan	o /ina 1c		\\ bold c			
		rie estimated percentage of the signated or quasi-endowmer	•		31 etiil) ec	j, column (a)	)) rieiu a	18.		
a		nt endowment ►		%						
D										
C		rily restricted endowment	<u> </u>							
20		entages in lines 2a, 2b, and 2			!AA Ala	المامية المساحد				
3a	organizat	endowment funds not in the	e possession of	the organ	ization th	at are neid a	and adi	ministered for tr	18	
	_	•							I = =	Yes No
		ated organizations				• • •			3a(i)	
_		ed organizations						· · · · ·	3a(ii)	4
		o 3a(ii), are the related organi						· · · · ·	3b	
4		in Part XIII the intended uses		ition's end	owment t	unds.				
Par		and, Buildings, and Equip								
	<u> </u>	omplete if the organization			1				Part X,	line 10.
		Description of property	3 4-4	r other basis stment)	1	or other basis other)		Accumulated apreciation	(d) Bo	ok value
18	Land .			)	0					0
b	_	3		)	0			0		0
C	Leasehol	d improvements		)	0			0		0
đ	Equipme	nt	. 0	]	4	,097		0	4,0	97
e			. 0		0			0		0
Total.	Add lines	1a through 1e. (Column (d) n	nust equal Form	990, Part	X, colum	n (B), line 10	Oc.) .		4,0	97

··········	Complete if the organization answer  (a) Description of security or category	0.00 100 1010	(b) Book value	(c) Method of valuation:
• •	(including name of security)		(0, 200)	Cost or end-of-year market value
	derivatives			
_	eld equity interests			
Other				
A) B)				
(C)			<del> </del>	- III. po aminomento princip
D)				The state of the s
(E)				
(F)				
(G)				······································
(H)	15 000 Bally of Bills (0) b			والمعاولين والمستقد وسوارا الماراتين وفارا والمستوان والماراتين
art VIII	b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments — Program Related.	<u></u>		
art VIII	Complete if the organization answ		rm 990 Part IV line 1	11c See Form 990 Part X line
	(a) Description of investment	0100 103 1010	(b) Book value	(c) Method of valuation:
	<b>(-,</b> 2, <b>p</b>		,	Cost or end-of-year market value
)				
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<u>)</u>				
i)				
<b>91</b>				
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7)				
6) 7) 8) 9)				
7) 8) 9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
7) 8) 9)	Other Assets.			
7) 8) 9) o <b>tal.</b> (Column (	Other Assets. Complete if the organization answ	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	orm 990, Part IV, line	
7) 3) 9) tal. (Column ( Part IX	Other Assets. Complete if the organization answ	vered "Yes" to Fo	orm 990, Part IV, line	11d. See Form 990, Part X, line
7) 3) 9) tal. (Column ( Part IX	Other Assets. Complete if the organization answ	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	orm 990, Part IV, line	
7) 3) tal. (Column ( Part IX	Other Assets. Complete if the organization answ	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	orm 990, Part IV, line	
7) 3) bat. (Column ( Part IX 1) 2)	Other Assets. Complete if the organization answ	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	orm 990, Part IV, line	
7) 3) tal. (Column ( Part IX 1) 2) 3)	Other Assets. Complete if the organization answ	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	orm 990, Part IV, line	
7) 3) bal. (Column ( Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answ	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	orm 990, Part IV, line	
7) 3) bal. (Column (  Part IX  1) 2) 3) 4) 5)	Other Assets. Complete if the organization answ	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	orm 990, Part IV, line	
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	e D (Form 990) 2014	***************************************	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per Return.	•
1	Total revenue, gains, and other support per audited financial statements	. 1	<del></del>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	7.7	
_ a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1000	
d	Other (Describe in Part XIII.)		
6	Add lines 2a through 2d	. 20	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0
Part			<u> </u>
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		•
	Add lines 2a through 2d	· 20	0
3	Subtract line 2e from line 1	. 3	0
4	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 4a		
b	Other (Describe in Part XIII.)		0
С 5	Add lines 4a and 4b	· 4c	0
	XIII Supplemental Information.	. 5	U
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b ar	nd 2h: Part V. lin	o 1: Part V line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition		
	·		•
			***************************************
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Page <b>5</b>	) (Form 990) 2014	chedule D (Form
	Supplemental Information (continued)	art XIII
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1		
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#### **SCHEDULE J** (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

45-0311279

UNIT	ED STEELWORKERS 45-0311279			
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			í
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	46		
	Onputting the second of the se	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			il.
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study		;	
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			l
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		1	
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Onto position 504(s)(0) 504(s)(4) and 504(s)(00) annual sales are supplied lines 5.0		ľ	
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a		ļ
b	Any related organization?	5b		$\vdash$
_	If "Yes" to line 5a or 5b, describe in Part III.	35		
				<u>;</u>
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			}
	compensation contingent on the net earnings of:		i	ij
а	The organization?	6a		
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			
		!		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	L	
_	Market and the second s			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the (F) Compensation in column (B) reported as deferred in prior Form 990 Note. The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 0 0 (E) Total of columns (B)(I)-(D) 90 d (D) Nontaxable benefits þ 0 0 (C) Retrement and other deferred compensation 0 0 0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 0 d 0 d Instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. (II) Bonus & Incentive compensation 0 0 0 0 (i) Base compensation d 0 90 EE € € **E E**  $\in$ e e EE 8 2 E 🖹 8 2 € € **E E** 8 E EE € € 2 TRAVIS MARLOW, TRUSTEE 1 JASON ALLISON, TRUSTEE (A) Name and Title 9 Ø œ **0** 4 9 우 4 13 # 5 F

Schedule J (Form 990) 2014

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	or Part II. Also co	ť				3 1 1 1 1 1 1 2 3 3 3 1 1 1 1 1 1 1 1 1										4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			Sched
	b, 7, and 8, and 1		7													1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 5 6 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
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	d for Part I, lines			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			7	1 / 1   1   1   1   1   1   1   1   1											
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Supplemental	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par for any additional information.			1		1					<b>■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ </b>	9 2 4 2 2 4 3 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		\$ 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
Part III	Provide the			0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							*********	1 2 6 8 6 2 5 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6 3 6	· · · · · · · · · · · · · · · · · · ·					7	<u>.</u>

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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. Open to Public Inspection

OMB No. 1545-0047

UNTITED STEELWORKERS	45-0311279
Form 990, Part VI, Section A, Line 6 - THE LABOR ORGANIZATION HAS FULL P	AYING DUES MEMBERS.
Form 990, Part VI, Section A, Line 7a - THE LABOR ORGANIZATION'S ACTIVE N	MEMBERS EACH HAVE ONE
VOTE AND ELECT OFFICERS OF THE GOVERNING BODY EVERY THREE YE	ARS AS SPECIFIED IN THE
CONSTITUTION.	
Form 990, Part VI, Section A, Line 7b - THE LABOR ORGANIZATION'S ACTIVE	MEMBERS EACH HAVE ONE
VOTE AND APPROVE ALL DECISIONS OF THE GOVERNING BODY AND DEC	ISIONS THAT ARISE DURING
SCHEDULED MEMBERSHIP MEETINGS.	
Form 990, Part VI, Section B, Line 11b - THE LABOR ORGANIZATION'S FINANC	IAL OFFICERS AND PRESIDENT
REVIEW THE FORM BEFORE FILING.	
Form 990, Part VI, Section B, Line 18 - THE LABOR ORGANIZATION DOES NO	FROUTINELY MAKE SUCH
DOCUMENTS AVAILABLE TO THE PUBLIC.	
Form 990, Part VI, Section B, Line 19 - THE LABOR ORGANIZATION DOES NOT	ROUTINELY MAKE SUCH
DOCUMENTS AVAILABLE TO THE PUBLIC.	
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Schedule O (Form 990 or 990-EZ) (2014)	•	Page 2
Name of the organization		Employer identification number
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