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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public

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.

Inspection

Ą	For the 2	2014 cale	ndar year, or tax year beginning	JANUARY 1	, 2014, a	nd ending	DECEM	BER 31	, 20 14	
В	Check if a	pplicable	C Name of organization UNITED ST	EELWORKERS				D Employ	er identification n	mber
	Address c	hange	Doing business as LOCAL UNIO	N 13-522					72-0503655	
_	Name cha	-	Number and street (or P O, box if m		et address)	Room/suite	,	E Telepho	ne number	
_	Initial retu	_	1928 KELLY ROAD		·		ļ		504-237-6700	
_	1		City or town, state or province, could	ntry, and ZIP or foreign po	stal code	L			304 207 - 0700	
_	Final return			, og., pa	J		į.	G Gross re	anninta \$	440004
_	Amended		SAINT BERNARD, LA. 70085				line i			119994
Ш	Applicatio	n pending		er CRAIG ROBIN 1	928 KELLY RO	DAD	T. Control of the Con		subordinates? 🔲 Yes	
			SAINT BERNARD, LA 70085				· ·		s included? L Yes	
	Tax-exem		501(c)(3)	5) ◀ (insert no)	4947(a)(1) or	<u> </u>	╡		a list (see instruction	ns)
<u>J</u> _	Website:	<u> </u>			····		H(c) Group	exemption	number > 0	260
	Form of or	ganization	Corporation Trust Associa	ation ✓ Other ► LOCA	L UNIN L Yea	er of formatio	n	M State	of legal domicile	LA
P	art I	Summ	nary							
	1 1 6	Briefly de	escribe the organization's miss	sion or most significa	ant activities:	LOCAL	UNION ENF	ORCED (OLLECTIVE	
9	[BARGAIN	ING AGREEMENT TO BETTER	THE WORKING COND	ITIONS OF T	HE LOCAL	UNION ANI	PROVI	DE	
Activities & Governance	Ì	REPRESE	ENTATION TO IT'S MEMBERS.	-						
J.	2	Check th	ns box ▶☐ if the organization	discontinued its ope	erations or dis	sposed of	more than	25% of	ıts net assets.	
Š	1		of voting members of the gove	•				3		8
æ	1		of independent voting membe	•	•	. line 1b)		4		0
98			mber of individuals employed i	•	, ,	•		5	· · · · · · · · · · · · · · · · · · ·	13
ž	•		nber of volunteers (estimate if	-	•	-		6		<u></u>
Ç	ì		related business revenue from					7a	-	
•			lated business taxable income			• • •		7b		
	 	VCC UTILE	lated business taxable income	101111 01111 000-1, 1	116 04	 -	Prior Ye		Current Ye	nar U
<u>r:</u>	8	Contribu	tions and grants (Part VIII, line	1h)						
=9	9	Jonaram Jeogram	service revenue (Part VIII, Jine	RECEIVES	· ·	· · -				00000
ě	40	-wooten	ent income (Part VIII, column (A	1) lines 2 d and 7d	ن المن	· · -				96926
å						· ·				4
,'~ ~~			venue (Part VIII, column (A), liຖື					·	 _	23064
N N N N N			enue-add lines 8 through/11 (i			ne 12)				119994
≥			nd similar amounts paid (Part			· · -				9973
9.	I .		paid to or for members (Part I))	_:_:				0
8 ,			other compensation, employee							60633
ens	1		onal fundraising fees (Part IX, o			· · }_				
Expenses	1		draising expenses (Part IX, co	• • •						
Ţ	ſ		penses (Part IX, column (A), Irr		•	<u> </u>				54348
€,	1	-	oenses. Add lines 13–17 (must	•	nn (A), line 25	5) · _				124954
_	+	Revenue	less expenses. Subtract line	18 from line 12	<u> </u>	· :				-4960
et Assets or nd Balances						Be	eginning of Cu	rent Year	End of Ye	ar
alar	20		sets (Part X, line 16)			· · _		493771		508223
A P	21	Total liab	oilities (Part X, line 26)			· · _		0		<u>0</u>
Z.2	22		ets or fund balances. Subtract	line 21 from line 20	<u> </u>	<u> </u>		493771	<u> </u>	508223
P	art II	Signa	ture Block							
Un	ider penalt	ies of penu	ury, I declare that I have examined this	retum, including accomp	anying schedules	s and statem	ents, and to the	e best of	my knowledge and	l belief, it is
tru	e, correct,	and comp	lete. Declaration of preparer (other than	n officer) is based on all in	tormation of white	ch preparer r	nas any knowl	edge	1.01.00	
	}	\ _	(lus		<u>~</u>			_ರ/	18/15	
Sig	חנ	Sign	nature of officer	0.0.1	C = 10	د دسدر	Dar		سر د د ـ	_
He	re	\ _	CRAIGD	·KUSIN	SECR	EINE	<u> 4-7</u>	KER	SUREI	<u></u>
_		Тур	e or print name and title							
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US	UIII)		address ▶					ne no.		
Ma	y the IR		s this return with the preparer	shown above? (see	instructions)				<u> </u> Ye	s 🗌 No
For	Paperw	ork Redu	ection Act Notice, see the separa	ate instructions.	·	Cat No	. 11282Y			990 (2014)

Part I			_	_
	Check if Schedule O contains a response	or note to any line in this Part III .	<u> [</u>	ユ
1 .	Briefly describe the organization's mission:	INCLUDES DUTIENCE MATERIA TO AN	DELIAL F OF THE MEMBERS.	
	THE MISSION STATEMENT OF THE ORGANIZATION COLLECTIVE BARGAINING, GRIEVANCE PROCEDU			
•	IMPROVE THE WORKING CONDITIONS OF IT'S MEM		EDUCATION, ONGAINE AND TO	

2	Pid the organization undertake any significant pro			_
	prior Form 990 or 990-EZ?		· · · · · · · · · · Yes · No)
_	If "Yes," describe these new services on Schedule	90.		
3	Did the organization cease conducting, or mal services?	ke significant changes in now it cor		_
	If "Yes," describe these changes on Schedule O.		· · · · · · · · · · · · · · · · · · ·)
4	Describe the organization's program service according to the control of the contr	amplishments for each of its three larg	nest program services, as measured	hν
•	expenses. Section 501(c)(3) and 501(c)(4) organiz			
	the total expenses, and revenue, if any, for each p		· ·	ĺ
4a	(Code) (Expenses \$	ncluding grants of \$) (Revenue \$)	
	THE LOCAL UNION CONTINUES IN AN ONGOING EF	FORT TO DEFEND AND ENFORCE THE	NEGOTIATED COLLECTIVE	
	BARGAINING AGREEMENT FOR OUR MEMBERS WA			
	RELATED INCOME AND EXPENSES ARE USED TO C		CAL UNION IS CONTINUALLY	
	STRIVING TO MAINTAIN OR ACCOMPLISH IMPROVE	·		
	***************************************		•	

	(Code:) (Expenses \$	notuding greats of C	\(\(\text{Peyerus}\text{\text{\$\frac{1}{2}}}\)	
40	(Code:) (Expenses \$	ncluding grants of \$) (Hevenue \$	
		•••••		
4c	(Code) (Expenses \$ I	ncluding grants of \$) (Revenue \$)	
		••••		
			•••••	
			·	
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	011-			
4d	Other program services (Describe in Schedule O.)		\	
	(Expenses \$ including grants of \$ Total program service expenses ▶) (Revenue \$		
	TOTAL PROGRAM SELVICE EXPENSES			

The state organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Part	V Checklist of Required Schedules			-3
st the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 pld the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 4 Section 501(6) organizations. Did the organization again in divides on behalf of or in opposition to quantidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(6) organizations. Did the organization again in lobbying activities, or have a section 501(h) delection in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization against as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization organization asserting to manufaction in such funds or accounts? If "Yes," complete Schedule D, Part III 8 Did the organization required a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repart, or add in registration services? If "Yes," complete Schedule D, Part IV 10 Did the organization organization organization and servet to any of the following questions is "Yes," international part of the part of the part X, line 10? If "Yes," complete Schedule D, Part VI 10 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 XI 11 Did the organization several an amount for other labilities 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 X II 12 Did the organization				Yes	No
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the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 VII 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 VII Did the organization report an amount for other liabilities 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 X II Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	7		-		
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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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
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	20 a				
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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	_	1
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		✓
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		✓
	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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a 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		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		<i>'</i>
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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		1
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.	32		✓
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		<u>*</u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		1
	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,			
38	Part VI	37	1	✓
			n 990	(2014)

en t				
	Check if Schedule O contains a response or note to any line in this Part V	· ·		!_
٠,			Yes	No
1a		}		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		}
	reportable gaming (gambling) winnings to prize winners?	1c	✓	<u> </u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 13]		İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	L
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).]	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	}	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	[1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			T
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>	<u> </u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		l	
	and services provided to the payor?	7a	l	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		t	<u> </u>
	required to file Form 8282?	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e]	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	 	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	—	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	 	\vdash
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter	100	 	
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	1		-
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ļ	
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128	-	 - -
	Section 501(c)(29) qualified nonprofit health insurance issuers.	┨	ĺ	
13	• • • • • • • • • • • • • • • • • • • •	12-	 	\vdash
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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		1	1
u	All and a short and the first and the first and a short through the state of the st]	
_	100	+		
C		100		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	L	J

Part	Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
٠ .	Enter the number of voting members of the governing body at the end of the tax year 1a 8		Yes	No
ra	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization become aware during the year of a significant diversion of the organization is assets?	6	1	V
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-	
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	\	Ĺ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		,	
a	The governing body?	8a	1	
9	Each committee with authority to act on behalf of the governing body?	8b	V	ļ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1	i	
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	i	,
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ייטט	ļ	 •
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
<u>Secτι</u>	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	(c)(3)e	only
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551	الران)	y
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of the conflic	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	:▶	
	CRAIG D. ROBIN 1928 KELLY ROAD SAINT BERNARD, LOUISIANA 70085 504-237-6700			

Form	990	(2014)	ı
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

week (list any or Individual Higher Higher hours for related related hours for relat	(D) Reportable compensation from the organization (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations
hours per week (list any hours for related organizations below dotted line) (1) PAUL S VOLPE	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
	11477		
INCORPORATE TO THE PROPERTY OF		U	o
(2) GLENN C NUNEZ			
VICE PRESIDENT	16144	0	0
(3) CRAIG D ROBIN			
SECRETARY/TREASURER /	12985	0	0
(4) ALVAREZ P PHILLIPS			
WORKMEN'S COMMITTEE	616	0	0
(5) JOHN J PANGANO JR WORKMEN'S COMMITTEE			
TO COLUMN TO THE TABLE TO THE T	4742	0	0
(6) TERRELL J MORRISON WORKMEN'S COMMITTEE	3318		o
(7) GREGORY PHILLIPS	3310		
WORKMEN'S COMMITTEE	1680	اه	o
(8) EARL P ALPHONSO	1000		
WORKMEN'S COMMITTEE	3173	.) o	o
(9) TATE NAVARRO			
TRUSTEE	505	0	a
(10) CLYDE POWELL			
TRUSTEE	416	o	o
(11)			
(12)			
(13)			
(14)			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			ighes	t C	ompensated E	mployees (co	ontinued	9		
	(A) Name and title	(B) Average hours per week (list any	officer and a director/truster					an ee)	(D) Reportable compensation from	(E) Reportable compensation (on from amount of			
		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-Mis		from from organ and	ensation the nization related ization	1
(15)														
(16)														
(17)						-				<u>-</u>	_	·		
(18)								-			-			
(19)										 				
(20)														
(21)					-									 -
(22)														
(23)														
(24)						<u> </u>								
(25)														
1b c	Sub-total	VII. Section	 on A	٠	-	• .		>	55056					
d	Total (add lines 1b and 1c)							•	55056	 	-			
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	no received m	ore than \$10	0,000 c	of		
3	Did the organization list any former of						•		,	est compen	sated		Yes	No
	employee on line 1a? If "Yes," complete										•	3	<u> </u>	1
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	000	? /	f "Ye	s, "	complete Sch			4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	fro	m any	ur/	related organiz			5		1
Section	on B. Independent Contractors		<u>-</u> -										L	<u></u>
1	Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	fress							(B) Description of s	ervices	Co	(C) ompens	sation	
								L						
								\vdash						_
								\vdash					_	_
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who			000	

Part VIII		Statement of Revenue									
		Check if Schedule O	contains	a resp	oonse or note to	any line in this	Part VIII				
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
nts nts	1a	Federated campaigns		1a							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b			Í				
ts, (С	Fundraising events .		1c							
Gif	d	Related organizations		1d		<u> </u>					
as,	е	Government grants (cont		1e	· · · ·		ļ				
er is	f	All other contributions, git and similar amounts not incl				}			!		
를 돌		Noncash contributions includ		1f	<u> </u>		į				
Contribution and Other	g					i	l				
		Total. Add lines 1a-1f			Business Code				+		
nue	2a	MEMEBERSHIP DUES			900099	96926	96926				
Rev	ь	*			300033	30320	30320				
93	c										
9.	d										
€	е										
Program Service Revenue	f	All other program sen	vice revenu	æ.							
<u> </u>	g	Total. Add lines 2a-2	f	<u> </u>	•	96926					
	3	Investment income	. –		2						
	ļ	and other similar amo	· ·			4	4				
	4	Income from investment							-		
	5	Royalties	// Post	<u>· ·</u>	(ii) Personal						
	6-	1	(i) real	<u> </u>	(ii) Fersonal		į				
	6a b	Gross rents Less rental expenses									
	C	Rental income or (loss)									
	d	Net rental income or (loss)		•						
	7a	Gross amount from sales of	(i) Securit		(ii) Other				+		
		assets other than inventory			20000						
	ь	Less cost or other basis									
		and sales expenses .									
	С	Gain or (loss)			20000						
	d	Net gain or (loss) .			▶	20000	20000				
venue	8a	Gross income from fu events (not including \$	indraising	'							
Other Rev		of contributions reported See Part IV, line 18									
ŧ	Ь	Less: direct expenses	i	. b]					
_		Net income or (loss) fi			events . >						
	9a	Gross income from ga					į				
		See Part IV, line 19 .				ļ i					
	1	Less: direct expenses									
	100	Net income or (loss) for	-	-	vities ▶						
		Gross sales of in returns and allowance	es	iess · a							
	i	Less: cost of goods s			<u></u>						
	C	Net income or (loss) fi		ot inve		20004	20004				
		Miscellaneous R			Business Code						
	11a				900099	525	525				
	b	VOID CHECKS			900099	1399	1399				
	d	COUNCIL REIMBURSE All other revenue .	MENT		900099	1140	1140				
	e	Total. Add lines 11a-			•	3064			 		
	12	Total revenue. See in				119994	119994		 		

	, 49
art IX Statement of Functional Expenses	

	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organizatio	ns must complete co	lumn (A).
	Check if Schedule O contains a respons		e in this Part IX		
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9973			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	55056			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1237			
9	Other employee benefits			ļ <u> </u>	
10	Payroli taxes	4340			
11 a	Fees for services (non-employees) Management				
a b	Legal	375			· · · · · · · · · · · · · · · · · · ·
c	Accounting	373			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	10818			
14	Information technology				
15	Royalties		··		
16	Occupancy	1100			····
17	Travel	22636			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1300		<u> </u>	
20	Interest			<u> </u>	
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .			 	
23 24	Insurance			 	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PER CAPITA	1884			
b	DUES REIMBURSEMENTS	15907	<u> </u>		
C	BOOK ADJUSTMENT	328			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e			<u> </u>	
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 following SOP 98-2 (ASC 958-720)	124954			
_					

-	artx	Check if Schedule O contains a response or note to any line in this Par			
		Check it Schedule o contains a response or note to any line in this Pa			
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	37326	1	32366
•	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	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		l 1	
Assets		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a				
		other basis. Complete Part VI of Schedule D 10a		\ \	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	456445	11	475857
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	493771	16	508223
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Se	22	Loans and other payables to current and former officers, directors.			
Ĭ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
m		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and			
ō		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	456445	30	47585
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds.	37326	32	3236
Ne	33	Total net assets or fund balances	493771	33	50822
	34	Total liabilities and net assets/fund balances	493771	34	50822

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

2c

За

3b

Form **990** (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

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

UNITED STEELWORKERS LUCAL UNION 552	/2-0503655
990 - PART VI, SECTION A, LINE 6 - THE LABOR ORGANIZATION HAS FULL DUES PAYING MEMBERS	<u>, </u>
990 - PART VI, SECTION A, LINE 7A - THE LABOR ORGANIZATION'S ACTIVE MEMBERS EACH HAVE	ONE VOTE AND ELECT OFFICERS
OF THE GOVERNING BODY EVERY THREE YEARS A SPECIFIED IN THE CONSTITUTION.	
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 DECISIONS THAT ARISE DURING SCHEDULED MEMBER	RSHIP MEETINGS
990 - PART VI, SECTION B, LINE 11B - THE LABOR ORGANIZATION'S FINANCIAL OFFICERS AND PRI	ESIDENT REVIEW THE FORM
BEFORE FILING.	
990 - PART VI, SECTION B, LINE 19 - THE LABOR ORGANIZATION DOES NOT ROUTINELY MAKE SUC	H DOCUMENTS AVAILABLE TO
THE PUBLIC.	
990 - PART XI, LINE 9 - CHANGE IN FUND BALANCES: BEG. OF YEAR INVESTMENTS-456445, END O	F YEAR INVESTMENTS-475857=+19412
·····	