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Return of Organization Exempt From Income Tax

2014

Open to Public
InspectionDepartment 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.

A For the 2014 calendar year, or tax year beginning		Jan. 1	, 2014, and ending	Dec. 31	, 2014
B Check if applicable		C Name of organization USW International Union Local 13-857		D Employer identification number 73-0795436	
<input type="checkbox"/> Address change		Doing business as USW District 13 Local 13-857		E Telephone number 580-762-1112	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address) 1202 W. Ponca		Room/suite	
<input type="checkbox"/> Initial return		City or town, state or province, country, and ZIP or foreign postal code Ponca City, Okla. 74601		G Gross receipts \$ 192961	
<input type="checkbox"/> Final return/terminated		F Name and address of principal officer Mark Carel		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return		1202 W Ponca Ponca City OK 74601		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending				If "No," attach a list (see instructions)	
I Tax-exempt status		<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(5) ▶ (insert no)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website: ▶		H(c) Group exemption number ▶ 0260			
K Form of organization		<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input checked="" type="checkbox"/> Other ▶ Labor Union
		M State of legal domicile. OK			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Local Union enforced collective bargaining agreement to better working conditions of the local union and provide representation to its members		
	2 Check this box ▶ <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 0	
Expenses	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 22	
	6 Total number of volunteers (estimate if necessary)	6 0	
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
	b Net unrelated business taxable income from Form 990-T, line 34)	7b 0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	225672	180510
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9754	6671
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5220	3498
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	240646	190679
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	58652	40112
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	41545	52566
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	100197	92678
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	140449	98001
	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
		1408634	1508917
	20 Total assets (Part X, line 16)	0	0
	21 Total liabilities (Part X, line 26)	1408634	1508917
22 Net assets or fund balances. Subtract line 21 from line 20			

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<i>Mark Carel</i>	<i>3/3/15</i>
Type or print name and title		
<i>Mark Carel</i>	<i>Secretary/Treasurer</i>	

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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

22

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

The mission statement of the organization includes but is not limited to on behalf of its members collective bargaining, grievance procedures, arbitration, strike benefits, education, organize and to improve the working conditions of its members.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

The Local Union continues in an ongoing effort to defend and enforce the negotiated collective bargaining agreement for our members wages, benefits, and working conditions. The members dues and related income are used to carry out these activities.

The Local Union is continually striving to maintain or accomplish improvements for our members.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

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 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 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

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14 a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	✓	
2	✓	
3	✓	
4	✓	
5		✓
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
11a	✓	
11b	✓	
11c	✓	
11d	✓	
11e	✓	
11f	✓	
12a		✓
12b		✓
13	✓	
14a	✓	
14b		✓
15	✓	
16	✓	
17	✓	
18	✓	
19	✓	
20a		✓
20b		

Part IV 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	✓
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	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	✓
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
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	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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	✓
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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
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? Note. All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	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	2a	22
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
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 account)? 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).	4a	✓
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
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	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	Section 501(c)(12) organizations. Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c	
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.	14a	✓
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	14b	
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

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. **1a 13**

1b Enter the number of voting members included in line 1a, above, who are independent. **1b 0**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2 ✓**

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 ✓**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4 ✓**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5 ✓**

6 Did the organization have members or stockholders? **6 ✓**

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 ✓**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

- a The governing body? **8a ✓**
- b Each committee with authority to act on behalf of the governing body? **8b ✓**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. **9 ✓**

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? **10a ✓**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **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 Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a ✓**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13. **12b ✓**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c ✓**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. **13 ✓**

13 Did the organization have a written whistleblower policy? **14 ✓**

14 Did the organization have a written document retention and destruction policy? **15 ✓**

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?

- a The organization's CEO, Executive Director, or top management official **15a ✓**
- b Other officers or key employees of the organization **15b ✓**

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16a ✓**

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? **16b ✓**

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 organization's exempt status with respect to such arrangements? **16b ✓**

Section C. Disclosure

17 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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 policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Mark Carel 1202 West Ponca Ponca City OK 74601 580-762-1112

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Robert Anderson	2			✓					
1st Vice President	0			✓			599	0	0
(2) Mark Carel	8			✓					
Sec./Treasure	0			✓			4447	0	0
(3) James Barnett	1			✓					
1st Vice President	0			✓			385	0	0
(4) Greg Arnold	2			✓					
Trustee	0			✓			575	0	0
(5) Lori Evans	1			✓					
1st Vice President	0			✓			342	0	0
(6) Dennis Hall	1			✓					
Trustee	0			✓			294	0	0
(7) Linda Lyons	2			✓					
President	0			✓			1050	0	0
(8) Cody Monroe	1			✓					
Trustee	0			✓			294	0	0
(9) Jason Smith	4			✓					
1st Vice President	0			✓			4912	0	0
(10) Kerry Mullenax	20			✓					
Office Secretary	0			✓			17020	0	0
(11)									
(12)									
(13)									
(14)									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total							►	29918	
c Total from continuation sheets to Part VII, Section A							►	0	
d Total (add lines 1b and 1c)							►	29918	

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

	Yes	No
3		✓
4		✓
5		✓

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

Part VIII Statement of RevenueCheck if Schedule O contains a response 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f ►						
Program Service Revenue		Business Code				
	2a membership dues	900099	180510	180510		
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f ►		180510				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►		6671	6671		
	4 Income from investment of tax-exempt bond proceeds ►		0			
	5 Royalties ►		0			
	6a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss) ►			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	0	0			
	c Gain or (loss)	0	0			
	d Net gain or (loss) ►			0		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
b Less: direct expenses b						
c Net income or (loss) from fundraising events . . . ►		0				
9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b						
c Net income or (loss) from gaming activities . . . ►		0	0			
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory . . . ►		0	0			
Miscellaneous Revenue	Business Code					
11a Death Benefit Deduction	900099	3498	3498			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ►		3498				
12 Total revenue. See instructions. ►		190679	190679			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	29918			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	8814			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	1381			
10 Payroll taxes	7187			
11 Fees for services (non-employees):				
a Management	0			
b Legal	7911			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	432			
13 Office expenses	11096			
14 Information technology	1504			
15 Royalties	0			
16 Occupancy	13204			
17 Travel	5717			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	750			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	1859			
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.)				
a Death benefits	2700			
b Dues refunds	205			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	92678			
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1035395	1 1133396
	2 Savings and temporary cash investments	2	0
	3 Pledges and grants receivable, net	0 3	0
	4 Accounts receivable, net	0 4	0
	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 organizations (see instructions). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	0 7	0
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85238	
	b Less: accumulated depreciation	10b 85238	10c 85238
	11 Investments—publicly traded securities	288001	11 290283
	12 Investments—other securities. See Part IV, line 11	0 12	0
	13 Investments—program-related. See Part IV, line 11	0 13	0
	14 Intangible assets	0 14	0
	15 Other assets. See Part IV, line 11	0 15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1408634	16 1508917
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	0 23	0
	24 Unsecured notes and loans payable to unrelated third parties	0 24	0
	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	0 25	0
	26 Total liabilities. Add lines 17 through 25	0 26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	1323396	30 1423679
	31 Paid-in or capital surplus, or land, building, or equipment fund	85238	31 85238
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	1408634	33 1508917
	34 Total liabilities and net assets/fund balances	1408634	34 1508917

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	190679
2	Total expenses (must equal Part IX, column (A), line 25)	2	92678
3	Revenue less expenses. Subtract line 2 from line 1	3	98001
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1408634
5	Net unrealized gains (losses) on investments	5	2282
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1508917

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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," explain in Schedule O.

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 compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a	✓	
2b	✓	
2c		
3a		
3b		

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No 1245-0003
Expires 08-31-2016

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT																	
For Official Use Only	1. FILE NUMBER 068-091	2. PERIOD COVERED From 01/01/2014 Through 12/31/2014	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here. (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here														
4. AFFILIATION OR ORGANIZATION NAME STEELWORKERS AFL-CIO	5. DESIGNATION (Local, Lodge, etc) LOCAL UNION	6. DESIGNATION NUMBER 857	8. MAILING ADDRESS (Type or print in capital letters) First Name MARK	Last Name CAREL													
7. UNIT NAME (if any)			P.O. Box - Building and Room Number (if any)														
			Number and Street 1202 WEST PONCA														
			City PONCA CITY														
			State OK	ZIP Code + 4 74601													
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
56. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)																	
<p>Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete.</p> <p>(See Section VI on penalties in the instructions.)</p>																	
<p>57. SIGNED: Linda s Lyons</p> <table> <tr> <td>PRESIDENT</td> <td>58. SIGNED</td> <td>Mark w Carel</td> <td>TREASURER</td> </tr> <tr> <td>03/03/2015</td> <td>580-762-1112</td> <td>(If other title, see instructions.)</td> <td>(If other title, see instructions.)</td> </tr> <tr> <td>Date</td> <td>Telephone Number</td> <td>Date</td> <td>Telephone Number</td> </tr> </table>						PRESIDENT	58. SIGNED	Mark w Carel	TREASURER	03/03/2015	580-762-1112	(If other title, see instructions.)	(If other title, see instructions.)	Date	Telephone Number	Date	Telephone Number
PRESIDENT	58. SIGNED	Mark w Carel	TREASURER														
03/03/2015	580-762-1112	(If other title, see instructions.)	(If other title, see instructions.)														
Date	Telephone Number	Date	Telephone Number														

During the Reporting Period Did Your Organization:

FILE NUMBER 068-091

10. Have a 'subsidiary organization' as defined in Section X of the instructions?

Yes No

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

Yes No

12. Have a political action committee (PAC) fund?

Yes No

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

Yes No

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

Yes No

15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.)

Yes No

19. How many members did the labor organization have at the end of the reporting period?

349

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

\$151,636

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws or practices/procedures have changed, see the instructions.)

Yes No

22. What is the date of the labor organization's next regular election of officers?

04/2015

23. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees	1.45%+.02/Hr	per	Month	5.00
(b) Initiation Fees	10	per	once	10
(c) Transfer Fees	0	per	N/A	N/A
(d) Work Permits	0	per	N/A	N/A

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

Yes No

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

Yes No

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

Yes No

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS [Enter Amounts in Dollars Only - Do Not Enter Cents]

FILE NUMBER 068-091

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)				Gross Salary (before taxes and other deductions) (D)		Allowances and Other Disbursements (E)		TOTAL (F)	
(B) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *									
1.	Last Name Arnold	First Name Greg	Status Initial		\$576				
	Title Trustee		Status C						\$576
2.	Last Name Barnett	First Name James	Status Initial			\$385			
	Title		Status						\$385
3.	Last Name Brien	First Name John	Status P						
	Title Trustee		Status						\$432
4.	Last Name Anderson	First Name Robert	Status C						
	Title		Status						\$600
5.	Last Name Carel	First Name Mark	Status Initial		\$4,448		\$933		
	Title Sec/Treasurer		Status C						\$5,381
6.	Last Name Evans	First Name Lori	Status Initial		\$324				
	Title		Status C						\$324
	1st Vice President								

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS [Enter Amounts in Dollars Only - Do Not Enter Cents]

FILE NUMBER 068-091

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)				Gross Salary (before taxes and other deductions) (D)		Allowances and Other Disbursements (E)		TOTAL (F)	
(B) Name (Enter title of officer, such as PRESIDENT or TREASURER) (C) Status *									
7. Last Name Hall	First Name Dennis	Initial		\$294					\$294
Title Trustee		Status C							
8. Last Name Lyons	First Name Linda	Initial		\$1,051					\$1,901
Title President		Status C							
9. Last Name Monroe	First Name Cody	Initial		\$294					\$294
Title Trustee		Status C							
10. Last Name Smith	First Name Jason	Initial		\$4,913					\$5,805
Title 1st Vice President		Status C							
11. Last Name	First Name	Initial							
		Status							
12. Last Name	First Name	Initial							
		Status							
Total				\$13,317		\$2,675		\$15,992	
						Less Deductions			\$0
The Total from Net Disbursements will be entered in Item 45				(If the officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on Page 1)					

* Code for (C) Status: past officer - P, continuing officer - C, new officer during the reporting period - N

Enter Amounts in Dollars Only - Do Not Enter Cents

STATEMENT A				STATEMENT B				FILE NUMBER
ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)	068-091
Item	Item			Item	Item			
25. Cash		\$1,035,395	\$1,133,396	32. Accounts Payable			\$0	\$0
26. Loans Receivable		\$0	\$0	33. Loans Payable			\$0	\$0
27. U.S. Treasury Securities		\$0	\$0	34. Mortgages Payable			\$0	\$0
28. Investments		\$288,001	\$290,283	35. Other Liabilities			\$0	\$0
29. Fixed Assets		\$85,238	\$85,238	36. TOTAL LIABILITIES			\$0	\$0
30. Other Assets		\$0	\$0					
31. TOTAL ASSETS		\$1,408,634	\$1,508,917	37. NET ASSETS (Item 31 Less Item 36)			\$1,408,634	\$1,508,917
ASSETS AND LIABILITIES				RECEIPT AND DISBURSEMENTS				
CASH RECEIPTS		AMOUNT	Item	CASH DISBURSEMENTS		AMOUNT		
38. Dues		\$180,510	45. To Officers (from Item 24)			\$15,992		
39. Per Capita Tax		\$0	46. To Employees (less deductions)			\$25,414		
40. Fees, Fines, Assessments & Work Permits		\$0	47. Per Capita Tax			\$0		
41. Interest & Dividends		\$6,671	48. Office & Administrative Expense			\$31,594		
42. Sale of Investments & Fixed Assets		\$0	49. Professional Fees			\$7,911		
43. Other Receipts		\$3,498	50. Benefits			\$4,080		
44. TOTAL RECEIPTS		\$190,679	51. Contributions, Gifts & Grants			\$500		
				52. Purchase of Investments & Fixed Assets			\$0	
				53. Loans Made			\$0	
				54. Other Disbursements			\$7,187	
				55. TOTAL DISBURSEMENTS			\$92,678	

If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form

56. ADDITIONAL INFORMATION SUMMARY

Question 17: Carrie Mullenax office manager 17,000

Question 21 Constitutional Convention was held USW International Union to submit changes on behalf of Local Union