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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Yes

Form 990 (2015)

No

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. Internal Revenue Service For the 2015 calendar year, or tax year beginning and ending D Employer identification number Name of organization United Steelworkers Local 09-08248 Check if applicable Address change Doing business as Number and street (or P.O box if mail is not delivered to street address) Room/surte 23-7409585 Name change E Telephone number PO Box 1113 Initial return ZIP code City or town (340) 772-3435 00821-1113 VΙ Christiansted Final return/terminated Foreign country name Foreign postal code Foreign province/state/county 48,323 G Gross receipts \$ Amended return X No F Name and address of principal officer H(a) Is this a group return for subordinates? Application pending H(b) Are all subordinates included? Florene Hay PO Box 1113, Christiansted, VI 00821-1113 If "No," attach a list (see instructions) 501(c)(3) X 501(c) (5) < (insert no) 4947(a)(1) or 527 I Tax-exempt status H(c) Group exemption number ► 0260 J Website: ▶ X Other ► Labor Union M State of legal domicile L Year of formation 1974 VI K Form of organization Comoration Trust Association Summary Part I Briefly describe the organization's mission or most significant activities Local Union enforced collective bargaining Can have Activities & Governance agrreement to better working conditions of the Local Union and provide representation to Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 9 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) 0 49,132 47,537 Program service revenue (Part VIII, line 2g) 786 633 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 49.765 48.323 12 400 360 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8.885 8,197 15 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 48.194 51.374 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)... 17 Total expenses. Add lines 13-17 (must egidal-Hart-Ki, column) (A), line 25) 57,479 59,931 18 -11,608 Revenue less expenses Subtract ine 18 from line 12 -7,71419 Beginning of Current Year **End of Year** RS-OS MAR 28 2016 530,594 518,986 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract life 530,594 518,986 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 Depleration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Financial Secretary Florene Hay Type or print name and title PTIN Preparer's signature Date Print/Type preparer's name Check Paid self-employed Preparer Firm's EiN Firm's name **Use Only** Phone no Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 9	990 (2015) United Steelworkers Local 09-08248	23-7409585	Page 2
Pa	Statement of Program Service Accomplishments Check 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		
2	Did the organization undertake any significant program services during the year which were not listed the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	on Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program servex expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants at the total expenses, and revenue, if any, for each program service reported.		
4a	The Local Union continues in an ongoing effort to defend and enforce the negotiated collective bargaining agrrement for our members wages, benefits, and working conditions. The member's dues and related income and expenses are used to carry out these activities. The Local Union is		
4b	(Code:) (Expenses \$ Including grants of \$) (Re	evenue \$)
4c	(Code.) (Expenses \$ including grants of \$) (Re	evenue \$)
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ▶ 0		

If "Yes," complete Schedule G, Part III

Form 990 (2015) Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Х 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 3 Х 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Χ 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 Χ "Yes," complete Schedule D, Part I 6 . . 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ 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," 8 Х 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 Х 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 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 11a 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 11b Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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. 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ 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 12b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b Х foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form **990** (2015)

Par	Checklist of Required Schedules (continued)			
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1 2		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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		Х
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	1		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		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		Х
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	27		v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		X
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	2	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Χ
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			.,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	32		V
	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		
J#	III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	37		
	VI	31		X
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	¥	
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Form 9	United Steelworkers Local 09-08248		23-7409585	F	Page
	t 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	6		
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
Za	Statements, filed for the calendar year ending with or within the year covered by this return.	2a	q		
L	If at least one is reported on line 2a, did the organization file all required federal employment tax re		2b	Х	
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction		20 20		
٥-	-	ons)	3a	-	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	./o.O	3b		┼^
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedul		30		┼-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	over, a financial account in a foreign country (such as a bank account, securities account, or other	imanciai	4.5	ŀ	
	account)?		. 4a		A
Ь	If "Yes," enter the name of the foreign country	1 A			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	il Accounts			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year'		5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?.	<u>5b</u>	<u> </u>	X
С	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	i the			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				13
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods			
	and services provided to the payor?	•	7a	 	₩
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		₩
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			
_	required to file Form 8282?	احما	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		╀
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7f		₩
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8				┼—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		98-C? 7h	بحين	Pathie
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		2-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a	├─	₩
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	•	9b		
10	Section 501(c)(7) organizations. Enter.	ا -مدا			i
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.	11			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.).	11b			4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1			
	the organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			

Did the organization receive any payments for indoor tanning services during the tax year? .

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 8	[]	,	
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar		, ;		
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0	1	,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with		اــــــا	· +, }
	any other officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under t	he direct			
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6	_X_	
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	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	i			
	stockholders, or persons other than the governing body?	•	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			1
	the year by the following.				
а	The governing body?	•	8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			نـــــــــــــــــــــــــــــــــــــ	اـــــــــــــــــــــــــــــــــــــ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	40-		v
	describe in Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy? .		14	(=-	X
15	Did the process for determining compensation of the following persons include a review and approv		, , 1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	45-		البا
а	The organization's CEO, Executive Director, or top management official	•	15a		×
b	Other officers or key employees of the organization		15b	¥	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	a mant	18 H		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	46-	1	
-	with a taxable entity during the year?		16a	STORE!	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th			影	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safety		164	24.0	B.4-(3)
	the organization's exempt status with respect to such arrangements?	·	16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed	T (Section 501/6)/2)	e on!		-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	J- 1 (3ection 50 f(c)(3)	s only	')	
	available for public inspection. Indicate how you made these available Check all that apply. Own website Another's website X Upon request Other (ex	plaın ın Schedule O)			
10	Own website Another's website X Upon request Other (ex Describe in Schedule O whether (and if so, how) the organization made its governing documents, or the organization made its governing documents.		nv an	М	
19	financial statements available to the public during the tax year.	Similar of fine lest poli	oy, an	u	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•		
20			-		
	Florene Hay Po Box 1113 Christiansted, VI 00821-1113				

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Page	

Form	990	(201	5

United Steelworkers Local 09-08248

23-7409585 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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. Position (do not check more than one (A) Name and Title (B) (D) (E) Average box, unless person is both an Reportable Reportable Estimated compensation hours per officer and a director/trustee) compensation amount of from related other week (list anv from Highest Individual trustee Institutional trustee employee Key employee compensation hours for organizations organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization omanizations compensated and related below dotted organizations line) (1) Joseph Murray 1 00 0 00 Х 75 Trustee 1 00 (2) Janice Hansen 0.00 Trustee (3) Faboila Poleon 1.00 0 00 Х 75 Trustee 10.00 (4) Perpetua Cranston 0.00 1,200 President 10 00 (5) James Frederick 0 00 1,200 Vice President 2.00 (6) Florene Hay 0 00 Х 600 Financial Secretary 10 00 (7) Sonia Maynard-John 0 00 1,200 Treasurer 10.00 (8) Learice Canton 0 00 Х 1,200 Recording Secretary (10) (11)

more than \$100,000 of compensation from the organization

Р	art VII Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated Em	ployees (contin	ued)
	(A) Name and title	(B) Average hours per	box,	unle: er an	Pos neck ss pe	erson trect	e than is both or/trus	n an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estumated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)							-				
(22)											
(23)										-	
(24)											
(25)											
1b	Sub-total	•	-					>	5,625	0	0
C	Total from continuation sheets to Part VII, S	Section A						•	0	0	0
d 	Total (add lines 1b and 1c) Total number of individuals (including but not l	imited to those lis	tod a	hov	ر (م	vho	rece	ved	5,625	000 of	0
	reportable compensation from the organization				0	V 110					
3	Did the organization list any former officer, dir employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>	•	-	-	oye	e, c	r higi	hest	t compensated		Yes No 3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations greundividual									ר	4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									ridual	5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest comp compensation from the organization Report c year	ensated independ ompensation for t	dent of the ca	cont alen	raci dar	tors yea	that ir end	rece	eived more than s with or within the	\$100,000 of e organization's	tax
	(A) Name and business ad	dress							(B) Description of ser	vices ((C) Compensation
											0
								_			0
								\vdash			0
			_					1			0
2	Total number of independent contractors (incli	uding but not limit	ed to	tho	se l	ıste	d abo	ve)	who received		

Page 9

Fal	t VIII	Statement of Revenue Check if Schedule O contain	s a response o	or no	ote to any line ir	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
00 00	1a	Federated campaigns	Ŀ	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1	1b	0	}	_	<u> </u>	- '
ığ e	С	Fundraising events	-	1c	0	1		, ,	!
3fts lar /	d	Related organizations	[1	1d	0	,	['		-
ns, (е	Government grants (contribution		1e	0		ľ	, -	/ - :
er S	f	All other contributions, gifts, grain	li i				<u> </u>	1	
를 돌		similar amounts not included ab	<u> </u>	1f	0		, -	; :-	,
Son	g	Noncash contributions included in	lines 1a-1f	\$_	0	<u> </u>) · · ·	-	
	h	Total. Add lines 1a-1f			<u> </u>	0			<u> </u>
Ð				-	Business Code		17.50-	<u></u>	
Program Service Revenue	2a	Membership Dues		-	900099	47,537	47,537		
	b			-		0			
	C			ŀ		0			<u> </u>
Se	d			ŀ		0			
Гаш	e	All other programs and the		ŀ		0			
Jog Log	[All other program service revenutorial. Add lines 2a–2f	ie	L	▶	47,537			
	g 3	Investment income (including div	udends intere	et s		47,551	town Violent De com beater		<u> </u>
	•	other similar amounts)	riderids, interes	J., 6	→	786	786		
	4	Income from investment of tax-e	exempt bond pr	roce	eds ►	0	1.00		
	5	Royalties	женира вена р.		▶	0			
	•	,	(ı) Real		(n) Personal	-			
	6a	Gross rents						· - • / · ·	, ,
	ь	Less rental expenses					}	- 3. - 3.	
	С	Rental income or (loss)		0	0	-	· · · · · · · · · · · · · · · · · · ·		}
	ď	Net rental income or (loss)			•	0			
	7a	Gross amount from sales of	(i) Secunties		(II) Other	1	الم المام	,	1
		assets other than inventory		0	0	,		,	· .
	b	Less: cost or other basis				ŧ		'-	<u>-</u>
		and sales expenses		0	0			· .	
	С	Gain or (loss)	<u></u>	0	0	L	<u> </u>	<u> </u>	<u> </u>
	d	Net gain or (loss)		г			(722 / <u>1</u> 222 20 20 20 2		
ø.		0		- 1		i.		,	
Ĭ	8a	Gross income from fundraising	0			ı	_ =		, ,
) Ye		events (not including \$ of contributions reported on line	0			,	•	,	
Other Revenue		See Part IV, line 18	-	_	0	,	ľ,	<u>'</u>	1
Je.	ь	Less direct expenses		а b) 			
5	C	Net income or (loss) from fundra		ם נ		·			1
		Gross income from gaming activ	-	Γ		, , , , , , , , , , , , , , , , , , ,			
	34	See Part IV, line 19		a	0	1 3 1 3 7 7 7 7	- '	3	
	ь	Less direct expenses		ь	0	1 11 16		j	i - 1/2
	C	Net income or (loss) from gamin				0		<u> </u>	
		Gross sales of inventory, less	9	Γ		Elds The	1. 1. 1. 1. 1.		
		returns and allowances		a l	0				
	ь	Less cost of goods sold		ь	0		是是一种的。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
		Net income or (loss) from sales	of inventory	-	>	0			
		Miscellaneous Revenue			Business Code		一起来的	工工辦籍	14.
	11a					0			
	b			Ţ		0			
	С					0			
	d	All other revenue		Ĺ		0	P. C. The Transport Physics Server	Langue Ing Change	D. Leftedta Service
	e	Total. Add lines 11a-11d			>			YAS BURNES	AND THE SECOND
	12	Total revenue. See instructions			. •	48,323	48,323) 0	l o

	Officed Steelworkers Local 09-00240			20 7 4	1 age 10
	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all			complete column (A)	
	Check if Schedule O contains a response or note	, · · · · - · · ·			
	not include amounts reported on lines 6b, 7b, 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				
	domestic governments See Part IV, line 21	360			<u> </u>
2	Grants and other assistance to domestic			i .	
	individuals See Part IV, line 22	0		<u> </u>	
3	Grants and other assistance to foreign			}	,
	organizations, foreign governments, and foreign			-	
	individuals See Part IV, lines 15 and 16	0			/2*2/ 22*2 /2*2 *
4	Benefits paid to or for members			<u> </u>	,
5	Compensation of current officers, directors, trustees, and key employees	5,625		0	
6	Compensation not included above, to disqualified	3,023			-,
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	200			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroli taxes	2,372			
11	Fees for services (non-employees)		•		
а	Management	0			
b	Legal	8,005			
С	Accounting	0			
d	Lobbying	0		nija magamar jing gapalina yan wasan i	· ·
е	Professional fundraising services. See Part IV, line 17	0	La L	Land Com the wheeler	
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	15,004			
13	Office expenses	15,004		-	
14 15	Information technology Royalties				·
16	Occupancy	22,668			
17	Travel	5.106			
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	32			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	.0
23	Insurance	0			
24	Other expenses Itemize expenses not covered		化 人 一		
	above (List miscellaneous expenses in line 24e If		是一个种情	· 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /	
	line 24e amount exceeds 10% of line 25, column	at the second	高。 公司等国	建工 。高速	
	(A) amount, list line 24e expenses on Schedule O.)			12 12 12 12 12 12 12 12 12 12 12 12 12 1	1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а		0			
b		0			
C		0			
d	***	0			
е	All other expenses	559	0	0	0
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	59,931			
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				

Form	n 990 (2	2015) United Steelworkers Local 09-0824	8				23-7409585 Page 1
P	art X	Balance Sheet					
		Check if Schedule O contains a response of	r note t	o any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			261,828	1_	250,220
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	0	3_			
	4	Accounts receivable, net .	0	4	(
	5	Loans and other receivables from current and	1				
		trustees, key employees, and highest compens		<u> </u>			
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified per 4958(f)(1)), persons described in section 4958(c)(3)(B), sponsoring organizations of section 501(c)(9) voluntary	,	; ;			
ets		organizations (see instructions) Complete Part II of Sch	edule L	• •		6	
Assets	7	Notes and loans receivable, net			0	7	
•	8	Inventories for sale or use		•		8_	
	9	Prepaid expenses and deferred charges		1	processors and agreement of the con-	9	
	10a	Land, buildings, and equipment cost or			,		
		other basis Complete Part VI of Schedule D	10a	268,766			000.70
	b	Less. accumulated depreciation	10b	0	268,766		268,766
	11	Investments—publicly traded securities	44		0	11 12	
	12	Investments—other securities See Part IV, line			0	13	
	13	Investments—program-related See Part IV, lin	ie II		0	14	
	14	Intangible assets Other assets See Part IV line 11					
		•	ıal line	34)			518.986
	15 16	Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ	ual line	34)	0 530,594	15	518.9

22	Loans and other payables to current and former officers, directors,	44 -	,	
		<u> </u>	<u> </u>	
	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
	Organizations that follow SFAS 117 (ASC 958), check here and	Silving of the second		1241
	complete lines 27 through 29, and lines 33 and 34.		}	C Mag
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here	A PARTY OF THE PARTY OF	10	The state of
	complete lines 30 through 34.	The state of the		
30	Capital stock or trust principal, or current funds	261,828	30	250,220
31	Paid-in or capital surplus, or land, building, or equipment fund	268,766	31	268,766
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	530,594	33	518,986
	23 24 25 26 27 28 29 30 31 32	trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here omplete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here omplete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds	trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	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 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32

17

18

19

20

21

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Total liabilities and net assets/fund balances

Accounts payable and accrued expenses

Escrow or custodial account liability Complete Part IV of Schedule D

518,986

17

18

19

20

21

34

530,594

Form 9	990 (2015) United Steelworkers Local 09-08248		<u> 3-7409585</u>	Page	<u> 12</u>
Part					
	Check 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		48,	323
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,	931
3	Revenue less expenses. Subtract line 2 from line 1	3		-11,	608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		530,	594
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7_			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		<u>518,</u>	986
art				_	_
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			7,10	: ";
	reviewed on a separate basis, consolidated basis, or both		E-7	;}:[[. F
	Separate basis Consolidated basis Both consolidated and separate basis				
L	Were the organization's financial statements audited by an independent accountant?		2b		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1	
	separate basis, consolidated basis, or both				7 [19]
	Separate basis Consolidated basis Both consolidated and separate basis				
		:			-31
С	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?		2c	431-1	
	If the organization changed either its oversight process or selection process during the tax year, explain in	•		1.45	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			\neg	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form S	990 (2	2015)

SCHEDULE D (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

Unite	d Steelworkers Local 09-08248		23-7409585				
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	6				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and do						
	funds are the organization's property, subject	to the organization's exclusive legal control	l?.				
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grant	funds can be				
	used only for charitable purposes and not for	the benefit of the donor or donor advisor, o	r for any other				
	purpose conferring impermissible private ben	efit?	Yes No				
Part	I Conservation Easements.						
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line	7				
1	Purpose(s) of conservation easements held be	y the organization (check all that apply).					
	Preservation of land for public use (e.g., recr	eation or education) Preservation	n of a historically important land area				
	Protection of natural habitat	Preservation	n of a certified historic structure				
	Preservation of open space	_					
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribution	on in the form of a conservation				
-	easement on the last day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation ease	ements	2b				
С	Number of conservation easements on a cert		2c				
d	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a					
	historic structure listed in the National Registe	er	2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during						
	the tax year						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy re						
_	violations, and enforcement of the conservati		. Yes No				
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing	conservation easements during the year				
-		ation handling of walations, and anforcing cons	convation easements during the year				
7	Amount of expenses incurred in monitoring, insper	cting, handling of violations, and emorcing cons	servation easements during the year				
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)				
ь	and section 170(h)(4)(B)(ii)?	of the Z(d) doore salely the requirements	Yes No				
9	In Part XIII, describe how the organization re	ports conservation easements in its revenue	e and expense statement, and				
•	balance sheet, and include, if applicable, the						
	the organization's accounting for conservation	n easements					
Part	Organizations Maintaining College	ections of Art, Historical Treasures,	or Other Similar Assets.				
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line	8.				
 1a							
	1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance						
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial statements t	hat describes these items				
b	of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet						
	works of art, historical treasures, or other sim						
	of public service, provide the following amount						
	(i) Revenue included on Form 990, Part VIII,	line 1 .	. ▶ \$				
			▶ \$				
2	If the organization received or held works of						
	following amounts required to be reported un						
a	Revenue included on Form 990, Part VIII, line		► \$ ► \$				
b	Assets included in Form 990, Part X	· · · ·	· · · <u>• • • • • </u>				

Sched	ule D (Form 990) 2015 United Steelworkers Loc	al 09-08248					23-740	9585		Page 2
Par										d)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its									
	collection items (check all that apply)			,						
а	Public exhibition		d	Loan	or exchange	program	าร			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	ollections and	explain ho	ow they fu	ırther the org	anızatıo	n's exempt purp	ose in Pa	art	
	XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No] No			
Part	IV Escrow and Custodial Arrange	ments.								
	Complete if the organization answays 990, Part X, line 21.	wered "Yes"	on Form	990, Pa	rt IV, line 9,	or rep	orted an amou	int on F	orm	
1a	Is the organization an agent, trustee, custod	lan or other in	tormedian	v for contr	ibutions or of	ther ass	ets not			
ıa	included on Form 990, Part X?	nan or other n	itermediar	y ioi wiiii	ibulions or o	iliei ass	ets not	☐ Ye	,	No
b	If "Yes," explain the arrangement in Part XIII	and complete	· · · e the follov	vina table	• •			··		,
	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J				Amount		
С	Beginning balance .					1c				
d	Additions during the year					1d				
е	Distributions during the year	•				1e	<u> </u>			
f	Ending balance .					1f				0
2a	Did the organization include an amount on F	orm 990, Par	t X, line 21	, for escr	ow or custodi	ial accoi	unt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part XIII	Check here	of the expla	anation ha	is been provi	ded on	Part XIII .			
Part	V Endowment Funds.							_		
	Complete if the organization answ	wered "Yes"	on Form	990, Pa	rt IV, line 10)				
	(a)	Current year	(b) Pno	or year	(c) Two years	back	(d) Three years back	k (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses							-	_	
d	Grants or scholarships							_	_	
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses		ļ					-		
g	End of year balance	0		0		0		0	_	
2	Provide the estimated percentage of the curi	rent year end		ine 1g, co	iumn (a)) nei	io as				
a	Board designated or quasi-endowment		·%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	%	201							
2-	The percentages on lines 2a, 2b, and 2c sho	· ·		n that are	hold and ad-	ministor	ad for the			
3a	Are there endowment funds not in the posse	ession of the o	irganizatio	ii iiiai are	neid and adi	minster	ed for the		Yes	No
	organization by							3a(i)	res	No_
	(i) unrelated organizations .	•	•		•		•			
L	(ii) related organizations	mai none linate al e			dula DO	•		3a(ii) 3b		
b	If "Yes" on line 3a(ii), are the related organization					•	•	30	_	<u> </u>
4 Post	Describe in Part XIII the intended uses of the		is endown	nent rungs	<u> </u>					
Part	VI Land, Buildings, and Equipmer Complete if the organization answ		on Form	aan Da	rt IV line 11	موې دا	Form 990 Pa	art X lin	<u>1</u> 0	
	Description of property	(a) Cost or ot			st or other		Accumulated		ook valu	
	Description of property	(a) Cost or ot		• •	st or other s (other)		epreciation	(0) 8	ook valu	c
1a	Land	,	0		128,000	Berry T. 12.751			12	28,000
b	Buildings		0		140,766		0			10,766
c	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
e	Other		0		0		0			0
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 00	O Part Y	column (3) line 10c l		•		26	88 766

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

Part VII	Investments—Other Securities	,	100 Det IV line 11h See For	m 000 Port V line 12
(a)	Complete if the organization ansy	Vered "Yes" on Form 9 (b) Book value	(c) Method of v	aluation
	(including name of security)		Cost or end-of-year	market value
(1) Financial of			0	
. ,	eld equity interests		0	
				
		· ·		
			-	
				
			-	
				
(G) (H)				
	nust equal Form 990, Part X, col (B) line 12)	()	The second secon
Part VIII	Investments—Program Related	 	The manufacture of the state of	
Tart VIII	Complete if the organization answ		90. Part IV. line 11c. See For	m 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
	(a) Description of Investment	(b) book value	Cost or end-of-year	
(1)				
(2)				
(3)				·-
(4)				
(5)				
(6)				
	-			
(9)	nust equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		Maria de la	- Addres - at Balling of mandom time of man
raitix	Complete if the organization answ	vered "Yes" on Form 9	90. Part IV. line 11d. See For	m 990. Part X. line 15
		escription		(b) Book value
(1)				
(2)		·		
(3)				
(4)				
(5)				
(6)				_
(7)				
(8)		 .		<u> </u>
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)	·	
Part X	Other Liabilities.		00 B-4 B/ B- 44 445 C	F 000 D V
	Complete if the organization answ	verea "Yes" on Form 9	90, Part IV, line Tie or Tit. S	ee Form 990, Part X,
	line 25.	(h) Deels value		
1.	(a) Description of liability	(b) Book value		
(1) Federal II	ncome taxes			
(2)				
(3)				
(4)				
(5)		-		
(9)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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Schedule D (Form	990) 2015	United Steelworkers Local 09-08248	23-7409585	Page 5
Part XIII	Supple	emental Information (continued)		
			·	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Employer identification number Name of the organization 23-7409585 United Steelworkers Local 09-08248 Form 990, Part VI, Section A, Line 6. The Labor organization has full dues paying members Form 990, Part VI, Section A, Line 7A The Labor organization's active members each have one vote & elect officers of the governing body every three years as specified in the Constitution Form 990, Part VI, Section A, Line 7B The Labor organizations active members each have one vote & approve all decisions of the governing body & decisions that arise during scheduled membership meetings. Form 990, Part VI, Section B, Line 11B The Labor organization's Financial Officers & President review the form before filing Form 990, Part VI, Section B, Line 19 The Labor organization does not routinely make such documents available to the public

Schedule O (Form 990 or 990-E2) (2015) Name of the organization	Employer identification number
	23-7409585