SCANNED APR 1 7 2017

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

2016

OMB No 1545-1150

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

Open to Public Inspection

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Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Printing, publications, postage, and shipping OGDEN, UT 15 16 17 43157 17 43157 18 7471 19 10 19 10 19 10 19 10 10 1	Ś	12	Salaries, ot	her compensation, and employee benefits		12	28664				
Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Indiana In	SE	ı		al fees and other payments to independent contractors MAR 2 9 20	17 6		814				
Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Indiana In	_	l			'' 0	2 14	1000				
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Total expenses. Add lines 10 through 16					JT ·		12000				
18 Excess or (deficit) for the year (Subtract line 17 from line 9)				nses (describe in conedule c)	<u> </u>		19 gus				
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			Total expe	nses. Add lines 10 through 16	. •	17	43157				
Net assets or fund balances at end of year. Combine lines 18 through 20 21 ////08						18	7471				
Net assets or fund balances at end of year. Combine lines 18 through 20 21 ////08	se	19			with						
Net assets or fund balances at end of year. Combine lines 18 through 20 21 ////08	As		end-of-year	r figure reported on prior year's return)		1 1	102921				
Net assets or fund balances at end of year. Combine lines 18 through 20 21 ////08	et,	20	Other chance	ges in net assets or fund balances (explain in Schedule 0)			7//.				
	Ž				i		111/10				
	For					!	Form 990-F7 (2016)				

	22 12 12 13					
Pa	rt II Palance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> 🗸</u>
				(A) Beginning of year	+	(B) End of year
22	Cash, savings, and investments		_	98612	22	104083
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		· · · · · <u>·</u>	3944	24	5944
25	Total assets			104356	25	112021
26	Total liabilities (describe in Schedule O)			1635	26	7/9
27	Net assets or fund balances (line 27 of column			102921	27	1/1/08
Par		•				Evnances
	Check if the organization used Schedule			Part III L	(Reg	Expenses lired for section
Wha	t is the organization's primary exempt purpose?	COLLECTIVE BARG	AINING)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe th ach program title.	e services provided	, the number of	orgar other	izations, optional for s)
28	THE LOCAL ENFORCED THE COLLECTIVE BARGAI			KING	1	
	CONDITIONS OF THE LOCAL UNION AND PROVIDE	REPRESENTATION	IO IIS MEMBERS.]	
	(Grants \$) If this amount	includes foreign gr	ants check hero		28a	
29					20a	
29						
					ĺ	
	(Grants \$) If this amount	unaludas forcian ar	ants check here		29a	
20					234	-
30						
	(Cranta C	unaludas foraign gr	ants, check here .		30a	
04					Sua	
31	Other program services (describe in Schedule O) (Grants \$) If this amount		ants, check here		31a	
32	Total program service expenses (add lines 28a				32	
Par						tions for Part I\/\
	Check if the organization used Schedule					
	Chook if the organization according	1	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of her compensation
		devoted to position	(if not paid, enter -0-)			ner compensation
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		. <u>L</u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
,,	detailed description of each activity in Schedule O	33		✓
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		./
Sa	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		y
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
i	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization file Form 1120-POL for this year?	37b		
3a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4	-	-
•	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	†		
а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4912 ▶ , section 4955 ▶			-
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	· ·		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<u>:</u>	/
	List the states with which a copy of this return is filed ▶			
а	The organization's books are in care of \blacktriangleright Steven Lease Telephone no. \blacktriangleright a located at \blacktriangleright 181 Charles Lease Machine 1914 ZIP + 4 \blacktriangleright and \blacktriangleright 21P + 4 \blacktriangleright and \blacktriangleright 21P + 4 \blacktriangleright 31	40-	<u>500</u> 3) -9
b	Located at ► 181 Christian Lune Martinsburg, WV ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	540	Yes	No
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	42b	103	7
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
;	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ [
а	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440	Yes	No
)	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		1
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44b		√
	explanation in Schedule O	44d		
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	ا ما الله الله الله الله الله الله الله		

Form 990-EZ (2016) • Page 4										
_						Yes	No			
	Did the organization engage, directly or						~:			
	to candidates for public office? If "Yes,"	' complete Schedule C	, Part I		46	;	✓			
Part \	Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines									
	50 and 51.	·		,						
	Check if the organization used S	chedule O to respond	to any question in t	his Part VI			. П			
	CHOOK II the organization accura	51100010 0 10 100pone	7			Yes	No			
	d the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ar? If "Yes," complete Schedule C, Part II					,				
	is the organization a school as described		1/2 If "Yes " complete	Schedule F	48		<u> </u>			
	Did the organization make any transfers				49		 			
	If "Yes," was the related organization a				49	-				
	Complete this table for the organization						l kay			
50	employees) who each received more th	s rive nighest compen	sated employees (our	nization of there is r	one enter	Mone '	ia KCy			
	employees) who each received more th	T TOO,000 or comper	Total from the orga	(d) Health benefits,	7	110110.				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and defer compensation		ited amo impensa				
				}						
-										
_										
			-	-						
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization from	n's five highest compe	ensated independent one, enter "None."	contractors who e	each receive	d more	e than			
	(a) Name and business address of each indepe	ndent contractor	(b) Type of service (c) Compet			ation				
			_							
		••••	-							
d	d Total number of other in ependent contractors each receiving over \$100,000 ▶									
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a										
Completed Schedule A										
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.										
Cia			-26	101						
Sign Here	Signature of officer STEVEN LEASE	FINANCIA	L SECRETAL	Date R Y						
_	Type or print name and title			/	·					
Paid	Print/Type preparer's name	Preparer's signature	Da	,	f PTIN		··· 			
Prepa Use C	l = .			Firm's EIN ▶		· · · · · · · · · · · · · · · · · · ·				
Joe U	Firm's address ▶			Phone no						
		er shown above? See i					No			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**16**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization United	Steelworkers		Employer identification number 23 - 7149734
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fart 1 Line 10	Am Vets -\$	<i>350</i>	
	·····		
Part 1 Line 16	Travel -		
	Direct Tax -	•	
	Education:		
	Office Supplie	5-4 /00	
<u></u>	Union Oues	1220	
	tota 1	- 12255	
fait 1 Line 20	Difference	in liabilitée	s - \$716
Part 11 Line 24	office equip	ment - \$ 594	4
Part 11 Line 26	Liabilities	owed-\$ 919	
/			
	•		
			