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# SCANNED JUN 0 8 2017

Form **990** 

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

OMB No 1545-0047

2016

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

Depa	artment of	the Treasury	▶ Do not enter so	cial security numbers on	this form as	it may be	e made publi	c.	Open to		
Inter	nal Reven	ue Service	▶ Information abo	out Form 990 and its instr				)	Inspe	ction	
<u>A</u>	For the	2016 cale	ndar year, or tax year beginn	ing January 1	, 2016, a	and endin	g Decen	nber 31	, 20 16		
В	Check If	applicable	C Name of organization United S	Steelworkers Local 307			·	D Employe	er identification	number	
	Address	change	Doing business as United Ste	elworkers Local 307					48-0517457		
	Name ch	nange	Number and street (or P O box	if mail is not delivered to street	t address)	Room/su	E Telephone number				
	Initial ret	urn	1603 NW Taylor						785-234-5688	J	
	Final retu	m/terminated	City or town, state or province, or	country, and ZIP or foreign pos	stal code					_	
	Amende	d return	Topeka, Kansas 66608					<b>G</b> Gross re	ceipts \$	484501	
	Applicati	on pending	F Name and address of principal c	officer: Jody Juarez			H(a) Is this a g	oup return for s	subordinates? 🔲 \Upsilon	es 🗸 No	
			5217 NE Shaffer Rd., Topeka	ı, Ks. 66617			H(b) Are all	subordinates	included? 🔲 Ye	es 🗌 No	
1	Tax-exe	mpt status	501(c)(3) 2 501	(c) ( 5 ) ◀ (insert no ) 🗌	4947(a)(1) or	527	If "N	o," attach a	list (see instruct	tions)	
J	Website	: • usw	/local307.com		,	·	H(c) Group	exemption	number 🕨	0260	
K	Form of	organization	Corporation Trust Ass	ociation	L Yea	ar of format	ion <b>1945</b>	M State	of legal domicile	KS	
P	art I	Summ	ary								
	1	Briefly de	escribe the organization's m	nission or most significa	nt activities:	Local	Jnion enforc	es collecti	ive bargaining	]	
9		agreemer	nt for better working conditio	ns and representation to	the members	s of Loca	307.				
Ē											
Govеrnance	2	Check th	us box ▶ 🔲 if the organizati	on discontinued its ope	rations or di	sposed	of more than	25% of	ts net assets	;.	
õ	3		of voting members of the g					3		11	
	4		of independent voting mem			, line 1b)		4		0	
Activities &	5		mber of individuals employe					5	•	137	
Ĭ	6		mber of volunteers (estimate					6		0	
Act	7a		elated business revenue fro		line 12 .			7a		0	
	b		lated business taxable inco					7b		0	
							Prior Ye		Current		
	8	Contribu	tions and grants (Part VIII, i	ine 1h)		†		0		0	
ž	9		service revenue (Part VIII, I					425485		425875	
Revenue	10		ent income (Part VIII, columi					2179		2219	
ž	11		venue (Part VIII, column (A),					44533		56407	
	12		enue—add lines 8 through 1			ne 12)		472197	······································	484501	
	13		nd similar amounts paid (Pa					0		0	
	14		paid to or for members (Pa		(2)			<u> </u>		0	
10	15		other compensation, employ		mp <sub>e</sub> (A). lines	5-10)		165791		211965	
še	16a		onal fundraising fees (Part I			· · · · · ·		100701		211303	
Expenses	b		idraising expenses (Part IX,				1 1 2 2 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	5 - 3 T - 3	1. T. W.	14 1 VIII	
찗	17		penses (Part IX, column (A)	-		<u>v</u>	<u> </u>	210217	15 7 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	18		penses (rait ix, column (x) penses. Add lines 13–17 (m			5)	· · · · · ·	376008		282200	
	19		less expenses. Subtract lir		( ), 0 20	, 		96189		494165	
- 4		. to veriue	1000 Oxportioos, Oubtract III				Beginning of Cu		End of \	-9664 Year	
tso	20	Total ass	sets (Part X, line 16)			<u> </u>		1141220			
Asse	21		(5 .)( . 00)			}		410		1131146	
Net Assets or	22		ets or fund balances. Subtra		•	· · ·		1140810		<u>0</u> 1131146	
	art II		ture Block	TOTAL TOTAL TITLE 20	<u> </u>	• • • • •		1140010	· · · · · · · · · · · · · · · · · · ·	1131140	
			ury, declare that I have examined	this return, including accompa	nvino schedule	e and state	ments and to t	he best of n	v knowledge ar	nd ballef it is	
			plete Declaration of preparer (other						ly knowledge al	id beller, it is	
		<u> </u>	X 1/2/				<del></del>		<del>- // - /</del>	<del>7 -</del>	
Sig	an	Sign	nature of officer	<del></del>			Da	ite i	11-1	<del>./</del>	
	ere		~~~ h	1 Tummor	1<	7		1 2	) ) )	L	
		Typ	e or print name and title	1011101	<u> </u>	1	TINGACI	<u>u                                    </u>	Jecie	lang	
<del></del>		<del></del>	ype preparer's name	Preparer's signature		T D	ate	T	¬ . IP∏N		
	ıid		No the state of the contract					Check [ self-emp	#		
	epare				· · · · · · · · · · · · · · · · · · ·		1-		,		
Us	se On					· · ·	· · · · · · · · · · · · · · · · · · ·	n's EIN ▶			
NA	v the II		address ► ss this return with the prepa	rer shown above? (see i	nstructions\	<del></del>	Pho	one no		es 🗌 No	
							h 11000°		<del></del>	es  No 990 (2016)	
ro	rapen	work Redl	uction Act Notice, see the sep	Jarate mistructions.		Cat I	lo 11282Y		rorm	・ プラレ (2016)	

orm 99	0 (2016	D)	Page 2
Part	Ш	Statement of Program Service Accomplishments	
1	Brief	Check if Schedule O contains a response or note to any line in this Part III	<u>. Ll</u>
1		by describe the organization's mission.  Local's mission includes, but is not limmited to, on behalf of the union, collective bargining, grievance procedures, arbitrati	on.
		e benefits, education, organizing and to improve working conditions.	
	<u> </u>		
2		the organization undertake any significant program services during the year which were not listed on the	
	•	· Form 990 or 990-EZ?	∕ No
		es," describe these new services on Schedule O.	
3		the organization cease conducting, or make significant changes in how it conducts, any program	_
		ces?	⊈ No
		es," describe these changes on Schedule O.	
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measured to the control of the co	red by
	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to cotal expenses, and revenue, if any, for each program service reported.	otners,
	tne t	otal expenses, and revenue, if any, for each program service reported.	
	<u> </u>	// // // // // // // // // // // // //	
4a		de:) (Expenses \$including grants of \$) (Revenue \$)	ļ
		Local Union continues in an ongoing effort to defend and enforce the negotiated collective bargaining agreement for our	
		bers' wages, benefits and working conditions. The members' dues related income and expenses are used to carry out thes	
	activ	ities. The Local Union is continually striving to maintain or accomplish improvements for our members.	
4b	/Coc	de: ) (Expenses \$ including grants of \$ ) (Revenue \$)	
713	,000	16	'
4c	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$)	)
			- <b></b>
	O::	av average converse (Deposition in School do C.)	
4d		er program services (Describe in Schedule O.)	
4e		penses \$ including grants of \$ ) (Revenue \$ ) al program service expenses ▶	
70	, 010	ar program our not experied in	

Form 990	D (2016)		F	age 3
Part I	V 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	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
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		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		1
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	5		1
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	6		1
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	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
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	9		1
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	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	335
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		1
С	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	11c		1
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		· · ·
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>√</u>
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		<b>✓</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<u>·</u>
			n 990	

Form 99	0 (2016)			Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
-	Did the superior with the superior beauty facilities of filling " complete Cahadula II		Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b	<del> </del>	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	<del> </del>	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	\$ 21 /	W	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		7
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>√</b>
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	_	<b>▼</b>
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del>                                     </del>	<b>V</b>
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	<b>√</b>	
_	— · · · — · · — · · — · ·	Forr	n <b>990</b>	(2016)

Form **990** (2016)

	U (2016)			rage .
Part	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	] '		ŀ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 '		
	reportable gaming (gambling) winnings to prize winners?	1c	1	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 137			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	<b> </b>
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	<del>                                     </del>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<del> </del>	<b>                                     </b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	<del></del>		<u> </u>
J	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		,	1
	(FBAR).			
<b>E</b> -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<b>-</b>	<b>-</b>
C So	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<del> </del>
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		-
b		6b		
-	gifts were not tax deductible?	OD.	3 2 8	822
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	97 337 pm	£ 34	
а	and services provided to the payor?	7a		1
		7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	-	
С	required to file Form 8282?	7c		
	·	70	2 12 V	
d			تشئث	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		-
f	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<del> </del>
g		7g 7h	<del> </del> -	├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>- / 11</del>	11.5	ļ <sub>.</sub>
8			كنعدا	× 34
_	sponsoring organization have excess business holdings at any time during the year?	8	17.3	10 1 E
9_	Sponsoring organizations maintaining donor advised funds.	سنبند	ļi	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	<del> </del> -
10	Section 501(c)(7) organizations. Enter:		'. '	
a	Initiation fees and capital contributions included on Part VIII, line 12	- '		}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- ·	1	, `
11	Section 501(c)(12) organizations. Enter.	-		
a	Gross income from members or shareholders	┨	`	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			١.
		10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	1		}
b	U	1		
_		┦` - '	1	`
C	Enter the amount of reserves on hand	+		<del>                                     </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b>-</b>	1
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	<u> </u>	<u>.                                    </u>

Part								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	see ins	struct	tions.				
Sacti	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u> </u>	<u>. L</u>				
Secu	bir 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   11		res	140				
Ia	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			1				
	committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b		ļ					
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	<del> </del>	+-				
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	├—	<del>                                     </del>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<del></del>	1				
	6 Did the organization have members or stockholders?							
7a								
	one or more members of the governing body?	7a	1					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10	<del>                                     </del>	<del> </del>				
_	stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	<del>'</del>	1 25				
	the year by the following:	, ,,	, ,					
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	7	<del> </del>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<del>-</del>	<u> </u>	<del>                                     </del>				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	,				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	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		1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1 6 · ·	Û.,	140				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u></u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1						
	describe in Schedule O how this was done	12c		✓				
13	Did the organization have a written whistleblower policy?	13		1				
14	Did the organization have a written document retention and destruction policy?	14	ļ	1				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4						
a	The organization's CEO, Executive Director, or top management official	15a	ļ	1				
b	Other officers or key employees of the organization	15b		✓				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-					
IVa	with a taxable entity during the year?		<b> </b> -					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	ļ	<b>✓</b>				
b	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?	16h						
Secti	on C. Disclosure	16b		Щ				
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.	(	-,,0,0	y)				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	policy	, and				
	financial statements available to the public during the tax year.		<b>- y</b>	,				
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:						
	Scott W Tummons, 1603 NW Taylor, Topeka, Ks. 66608							

П	Pao	А	4

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizat				((						
(A)	(B)			Pos	tion			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, u	nles: r and	s per l a d	rson	than one that the that the that the that the the the the the the the the the th	an ee)	Reportable	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jody Juarez	52									
President			Ш	✓			<u> </u>	9175		
(2) Mike Jones	52							1		
Vice President				✓		ļ		10382		
(3) Kevin McClain	2			_						
Recording Secretary			Ш	✓				5521		
(4) Mark Elder	4									
Treasure				✓	<u>L</u>			3492		
(5) Scott W Tummons	52								-	
Financial Secretary				✓		ļ		5038		
(6) Jeremy Brown	2		i							
Trustee				✓			<u> </u>	1317		
(7) Todd White	2									
Trustee		<u> </u>		✓		<u> </u>	$oxed{oxed}$	0		
(8) Kenny Williams	2	1								
Trustee				✓			<u> </u>	3648		
(9) Harry R Kober	2	1								
Executive Board		L	ļ	✓	L	ļ		0		
(10) Racheal Ray	2									
Executive Board			乚	1				2024		
(11) Paul Smith	2									
Executive Board		ļ	_	1	<u> </u>	<u> </u>	1	3412		
(12) Michael Haze	2			1		ļ	1		1	
Executive Board and Unit President		<u> </u>		✓	<u> </u>	<u> </u>	<u> </u>	1152		
(13)		]		1			1			
				<u> </u>	<u> </u>	<u> </u>				
(14)		]						1		

	(A) Name and title	(B)  Average hours per week (list any) hours for related organizations below dotted line)	office office or directo	ot ch inles:	s pei	ition more	than coth is than both or/trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-I	n from	Esti amo comp fro orgai and	mated bunt of ther ensation the nization related	<b>1</b>
(4.5)			<b>5</b>	stee			sated							
(15)														
(16)					,									
(17)					<u> </u>	_						<u></u>		
(18)						-	-							
(19)													· <b>-</b> · _ ·	
(20)									<del> </del>				<del></del>	
(21)												<del></del>		<del></del>
(22)								$\vdash$						
(23)			_		-	-	-					<del></del>	==	<u> </u>
(24)						-	-	-				<del></del>		
						-	ļ	_	<u> </u>					
(25)		<u> </u>												
1b c d	Sub-total	VII, Section			•		 	<b>► ► ►</b>	45161 45161	<del>                                     </del>				
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w		<del></del>	00,000	O of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc							ployee, or high	-	ensated	d 3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or in		1 <b>2</b> 5	46 m	
Section	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Reyear.													ax
	(A) Name and business add	dress							(B) Description of s	services		(C) Compens	ation	
								$\vdash$				-		
	Table 1 to 1 t					r: '	<u> </u>	Ļ	han 0-4 4 4		28 to 100 to	1 F & Lake	vien v	
2	Total number of independent contractor received more than \$100,000 of compens							οt	riose listed ab	ovej wno				

Part	VIII	Statement of Reve				S		
		Check if Schedule O	contains a resp	oonse or note t	O any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Fundraising events Related organizations Government grants (con	1b 1c 1c 1d 1d 1tributions)					
Contributio and Other \$	g	All other contributions, gi and similar amounts not inc Noncash contributions includ <b>Total.</b> Add lines 1a–1	luded above 1f		,		:	
				Business Code				
Program Service Revenue	2a b c			900099	425875	425485		
ēΣ	d						· · · · · · · · · · · · · · · · · · ·	
ogram S	e	All other program ser	vice revenue .					
<u></u>	g	Total. Add lines 2a-2	lf		425875	S 8 - 1 - 1 - 1 - 1 - 1	, , , , , , , , , , , , , , , , , , ,	····
	3	Investment income and other similar amo	ounts)	•	2219	2219		
	5	•	(i) Real	(II) Personal				
	6a	Gross rents	33600	<del></del>	機能をよっ			
	b	Less: rental expenses	0					
	C d	Rental income or (loss)  Net rental income or (	(1000)			22000		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	33600	33600		
	b	Less. cost or other basis and sales expenses .						
	c d	Gain or (loss) Net gain or (loss) .		•			and the second	357.3
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported	_					
er	1		ed on line 1c).		1			
돌	ь	See Part IV, line 18 .	· · · · a					
5	b		• • • • a s .   .   b	<u> </u>				
ş	С	See Part IV, line 18 . Less: direct expenses	as b from fundraising aming activities.	<u> </u>				
Ott	9a b c	See Part IV, line 18 . Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 . Less: direct expenses Net income or (loss) f	as. b from fundraising aming activities. as. b from gaming acti	events . ►				
<b>15</b>	6 9a b c 10a	See Part IV, line 18 . Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 . Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance	as. bfrom fundraising aming activities. bfrom gaming activities. bfrom gaming activities, bfrom gaming activities.	events . ►				
Oth	9a b c	See Part IV, line 18 . Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 . Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s Net income or (loss) f	as b from fundraising aming activities.  as b from gaming activition yentory, less es a sold b from sales of inventory	vities >				
Oth	0 9a b c 10a b	See Part IV, line 18 . Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 . Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s Net income or (loss) f Miscellaneous F	as b from fundraising aming activities.  as b from gaming activities activities.  b from gaming activities activities.  b from sales of inventory activities activities.	events . •  vities . •  entory . •  Business Code	2000	2000		
tto Oth	b c 10a b c	See Part IV, line 18 . Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 . Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s Net income or (loss) f Miscellaneous F Sale of Supplies	from fundraising aming activities.  as	events . •  vities . •  entory . •  Business Code 900099	8009 6466			
Otto	0 9a b c 10a b	See Part IV, line 18 Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s Net income or (loss) f Miscellaneous F Sale of Supplies Reimbursed Exp.	a b from fundraising aming activities.  b from gaming activities b from gaming activities activities activities b from sales of inventer all and a b from sales of inventer all activities	events . •  vities . •  entory . •  Business Code  900099  900099	6466	6466		
tto Oth	b c 10a b c	See Part IV, line 18 Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s Net income or (loss) f Miscellaneous F Sale of Supplies Reimbursed Exp.	a b b from fundraising aming activities.  b c b from gaming activities b c b from gaming activities c c c a s c c c c c c c c c c c c c c	events . •  vities . •  entory . •  Business Code 900099		6466 6029		
tto Otto	b c 10a b c	See Part IV, line 18 . Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 . Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s Net income or (loss) f Miscellaneous F Sale of Supplies Reimbursed Exp. Expired Checks	from fundraising aming activities.  by from gaming activities.  construction gaming activities as a sold by by from sales of invested as a sold and a sold are activities.	events .   vities .   entory .   Business Code 900099 900099	6466 6029	6466 6029 2303		
tto O	b c 10a b c 11a b c d	See Part IV, line 18 Less: direct expenses Net income or (loss) f Gross income from ga See Part IV, line 19 Less: direct expenses Net income or (loss) f Gross sales of in returns and allowance Less: cost of goods s Net income or (loss) f Miscellaneous F Sale of Supplies Reimbursed Exp. Expired Checks All other revenue	as b from fundraising aming activities.  as b from gaming activities activities.  befrom gaming activities activities activities.  as b from gaming activities	events .	6466 6029 2303	6466 6029 2303		

	0 (2016)				Page 10
	X Statement of Functional Expenses	anlata all achumna. A	II other ergenzation	no must complete a	aluman (A)
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a response include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	45161		-	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	142975			
9	Other employee benefits	5337			
10	Payroll taxes	18492			
11 a	Fees for services (non-employees):  Management	14056			
b	Legal				
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17		2 1 4 6 4 7 7 7 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	10.1839Ch-8	
ť	Investment management fees		San 1 Tauri St. 15	4 16 12 1	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1942			
13	Office expenses	50570			
14	Information technology				
15	Royalties				
16	Occupancy		·		
17	Travel	116523			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	25397			
20	Interest	23397			
21	Payments to affiliates	6646			
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered			. , -	-
	above (List miscellaneous expenses in line 24e. If	,	• 1		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
•	Labor Day Bienie	26034	<u> </u>		
a b	Retirement Banquet	12438			
c	News and Views	12037	<del></del>		
d	State Fair	2179			
e	All other expenses	14375	<del></del>		
25	Total functional expenses. Add lines 1 through 24e	494165			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet	1.		
		Check if Schedule O contains a response or note to any line in this Pa	(A)	• •	<u>.</u>
			Beginning of year		End of year
	1	Cash—non-interest-bearing	317653	1	305360
	2	Savings and temporary cash investments	752705	2	754924
:	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	-		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	*		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	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 70862			
	b	Less: accumulated depreciation 10b 0	70862	10c	70862
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1141220	<del></del>	1131146
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors,	A TEST MANY TO STATE OF	7. *2 /	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ţį.	22	trustees, key employees, highest compensated employees, and	The state of the s	4.2	
Ē		disqualified persons. Complete Part II of Schedule L	The state of the s	22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	410	25	1
	26	Total liabilities. Add lines 17 through 25	410		
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		- `	
Ses		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and		1	-
Net Assets or Fund Balances		complete lines 30 through 34.		<b> </b>	Ī -
ţ	30	Capital stock or trust principal, or current funds	975280		1060484
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	70862		70862
Ę	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S	33	Total net assets or fund balances	1044211		1131146
	34	Total liabilities and net assets/fund balances	1046142	34	1131146

Pag	е	1	2

Part XI Reconciliation of Net Assets 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)	<u>. Ll</u>
· · · · · · · · · · · · · · · · · · ·	484501
	494165
3 Revenue less expenses. Subtract line 2 from line 1	-9664
	140810
5 Net unrealized gains (losses) on investments	
6 Donated services and use of facilities	
7 Investment expenses	
8 Prior period adjustments	
9 Other changes in net assets or fund balances (explain in Schedule O)	0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	131146
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>
Yes	No ,
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? 2a	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	<del> </del>
reviewed on a separate basis, consolidated basis, or both:	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1, , }
b Were the organization's financial statements audited by an independent accountant?	أساسيا
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	المحقدة
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	25.6
Schedule O.	7.3
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.	_1_
Form <b>99</b>	0 (2016)

### 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.

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

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

**United Steelworkers Local 307** Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, 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, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . . . . 2a 2b Total acreage restricted by conservation easements . . . . Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 text of the footnote to its financial statements that describes these items. b 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 similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . **b** Assets included in Form 990, Part X .

Part	III Organizatio	ons Maintaining	Coll	ections of	Art, His	orical T	reasures	, or Ot	her Similar	Assets	s (cont	inued)
3	Using the organizate collection items (chi	tion's acquisition,	acces									
а	☐ Public exhibition	า			d	☐ Loan	or exchang	ge progi	rams			
b	☐ Scholarly resear	rch										
c	☐ Preservation for	future generations	5									
4	Provide a description XIII.	on of the organiza	tion's	collections	and expla	in how t	hey further	the org	janization's ex	empt p	ourpose	ın Part
5	During the year, did assets to be sold to										] Yes	☐ No
Part		d Custodial Arra	_									
	990, Part X,								·		it on F	orm
1a	Is the organization included on Form 9	90, Part X?									Yes	□ No
b	If "Yes," explain the	e arrangement in P	art XII	I and compl	ete the fo	llowing ta	able:			Amou	nt	
C	Beginning balance							10				
d	Additions during the	e year						1d				
e	Distributions during	the year						1e				
f	Ending balance .							1f				
2a	Did the organization	n include an amou	nt on	Form 990, P	art X, line	21, for e	scrow or c	ustodial	account liabil	ity?	Yes	☐ No
b	If "Yes," explain the	arrangement in P	art XII	II. Check her	re if the ex	planation	n has been	provide	ed on Part XIII			
Par	V Endowmer	nt Funds.										
	Complete if	the organization	ans	wered "Yes	on For	m 990, F	art IV, lin	e 10.	_			
			(a)	Current year	<b>(b)</b> Pro	or year	(c) Two yea	rs back	(d) Three years b	ack (e	Four year	ars back
1a	Beginning of year b	alance										
b	Contributions .											
С	Net investment earn losses											
d	Grants or scholarsh	nips								$\neg$		
е	Other expenditures	•										
	programs				ļ			į		- 1		
f	Administrative expe	enses										
g	End of year balance											
2	Provide the estimat		the cu	irrent year er	nd balanc	e (line 1g	, column (a	)) held a	as:	<del></del>		
а	Board designated of	or quasi-endowme	nt 🕨	-	%	` •	•					
b	Permanent endown	nent ►	%									
С	Temporarily restrict											
	The percentages or				00%							
3a	Are there endowme					zation tha	at are held	and ad	ministered for	the		
	organization by										Ye	s No
	(i) unrelated organ	nizations								[3	Ba(i)	1
	(ii) related organiza										a(ii)	<del> </del>
b	If "Yes" on line 3a(ii									_	3b	
4	Describe in Part XII									<u> </u>		
Part		dings, and Equip							<del></del>			
	-	the organization			on For	m 990, F	art IV, lin	e 11a.	See Form 99	0. Par	t X. line	e 10.
		ion of property		(a) Cost or o	ther basis	(b) Cost of	or other basis other)	(c) /	Accumulated epreciation		Book va	
1a	Land				70862			<u> </u>				70862
b	Buildings											.0002
c	Leasehold improve											
d	Equipment					<b></b>						
e	- i '			<del></del>		<del></del>						
	Add lines 1a through		nust e	egual Form 9	90. Part	Column	(B) line 10	(C.)				70862
	inioo ia iniougi			722 . 0,,,,	, - 4, 6 /	., 00,0,111	. (2), 11, 10 1					70002

Part VII	Complete if the organization answ	ered "Yes"	on Form	990 Part IV li	ne 11h See i	Form 990 Part	X line 12
	(a) Description of security or category (including name of security)	100		(b) Book value	(	c) Method of valuatio or end-of-year marke	n.
(1) Financial		<del></del>			<del>                                     </del>		
	neld equity interests			<del></del>	<del> </del>	<del></del>	<del></del>
(3) Other	,				†	<del></del>	<del></del>
(A)				<del></del>	<del>-  </del>		·
(B)				<del></del>	<del>                                     </del>		
(C)					+	<del></del>	
(D)					<del> </del>		
(E)		·			<del> </del>		
(F)		·			<b>-</b>		
(G)					<del> </del>		
(H)				<del></del>	<del></del>		
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				·		<del> </del>
Part VIII	Investments - Program Related						<del></del>
	Complete if the organization answ		on Form	990. Part IV. li	ne 11c. See F	Form 990. Part	X. line 13
	(a) Description of investment			(b) Book value	(6	c) Method of valuation or end-of-year marke	'n
(1)							
(2)					<del>                                     </del>	<del> </del>	
(3)							
(4)							
(5)						<del></del>	
(6)				·			
(7)							
(8)							
(9)						·	
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				S. 1. 2 7 6 2 23		
Part IX	Other Assets.						
	Complete if the organization answ	vered "Yes" Description	on Form	990, Part IV, li	ne 11d. See F		X, line 15.
<u>(1)</u>						- 1 - 1 - 1	
(2)							
(3)							<del></del>
(4)					, <del></del> ,		
(5)							<del></del>
(6)							
(7)							<del></del>
(8)					·		
(9)					<del></del>		
Total. (Colu	mn (b) must equal Form 990, Part X, co	I. (B) line 15.)	·		<del></del>	. ▶	<del></del>
Part X	Other Liabilities. Complete if the organization answline 25.	vered "Yes"	on Form	990, Part IV, li			), Part X,
1.	(a) Description of liability	(b) Boo	k value		-17		<del></del>
(1) Federal in		(5) 200			,	•	
(2)	icome taxes						
(3)					•	,	
(4)							
(5)							
(6)		<del></del>					
				[			
(7)				<del> </del>			
(8)							
(9)	hi must equal Form 000 Oast V and (D) (see Of 1)						-
	b) must equal Form 990, Part X, col (B) line 25)	to the tout of "	20 fo = += = +	to the avarage."	on'o financial ct	damanta di	
organization'	r uncertain tax positions. In Part XIII, provides liability for uncertain tax positions under	FIN 48 (ASC 7	40). Check	here if the text of	on s unanciai sta the footnote ha	atements that repo s been provided ir	nus une i Part XIII

ı	Ps	'n	e	4

Part		r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	- <del></del> -
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	_
d	Other (Describe in Part XIII.)	4
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_
b	Other (Describe in Part XIII.)	4
C	Add lines 4a and 4b	4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	<b>⊣</b> ` ₃√]
b	Prior year adjustments	<del>-</del> 1;;;-1
С	Other losses	<u>-</u>  }: .
d	Other (Describe in Part XIII.)	<del></del>
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines <b>4a</b> and <b>4b</b>	
5	XIII Supplemental Information.	5
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2	Ph: Part V. line 4: Part V. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	
۲, ۱ u	t XI, III 03 2d and 45, and 7 art XII, III 03 2d and 45. 7100 complete the part to provide any additional	mornadon.
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Schedule D (For	m 990) 2016			Page 3
Part XIII	Supplemental Information	(continued)		
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			·····	
			<del></del>	
			***************************************	······

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

48-0517457

United Steelworkers Local 307	48-0517457							
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 Organiztion's active members each have one vote and elect officers of the governing body								
every three years as specified by the constitution.								
Form 990, Part VI, Section A, Line 7b: The Labor Organizations"s active members each have one vote	Form 990, Part VI, Section A, Line 7b: The Labor Organizations"s active members each have one vote and approve all decisions of the							
governing body or any decisions that arise during shceduled m	embership meetings.							
Form 990, Part VI, Section B, Line 11b: The Labor Organizations's Financial Secretary, Treasure and P	resident reivew the form before filing.							
Form 990, Part VI, Section B, Line 19: The Labor Organization does not routinely make these documen	ts available to the public.							

Schedule O (Form 990 or 990-Ez) (2016)		Page Z
Name of the organization	Employer identification number	
	······	
		<b></b>
	•••••	