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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A			ndar year, or tax year beginning , 2016, and ending		, 20			
В	Check if	applicable:	C Name of organization UNITED STEELWORKERS	D Emp	loyer identification number			
	Address	change	Doing business as LOCAL UNION 8-719		80-0472127			
	Name ct	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep	hone number			
\Box	Initial ret	•	PO BOX 214		606-255-6302			
ñ		m/terminated	City or town, state or province, country, and ZIP or foreign postal code					
$\overline{\Box}$	Amende		ASHLAND, KY 41105	G Gros	s receipts \$ 232225			
$\overline{\Box}$			F Name and address of principal officer:	(a) is this a group return				
					ates included? Yes No			
-	Tax-exe	mpt status	□ 501(c)(3)	• •	ch a list. (see instructions)			
j	Website			I(c) Group exempt	ion number ▶			
K			Corporation ☐ Trust ☐ Association ☑ Other ► Labor Union L Year of formation:		ate of legal domicile: KY			
P	art I	Summ						
_	1		escribe the organization's mission or most significant activities: LOCAL UNI	ION ENFORCE	O THE			
•	'	•	TIVE BARGAINING AGREEMENT TO BETTER THE WORKING CONDITIONS OF TH					
i∜ Activities & Governance	İ		ENTATION TO ITS MEMEBERS	TE EGG/ TE G/ TI				
Ĕ	2		is box ▶☐ if the organization discontinued its operations or disposed of me	ore than 25%	of ite not seedte			
Š	3		of voting members of the governing body (Part VI, line 1a)	3				
<u>ن</u>	1							
Ş	4		of independent voting members of the governing body (Part VI, line 1b) .	· · · -				
į	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)	5				
., ŧ	6		mber of volunteers (estimate if necessary)	6				
7097 A 0	7a		elated business revenue from Part VIII, column (C), line 12	· · · 7				
	<u>b</u>	Net unre	lated business taxable income from Form 990 Taline 34	7				
ଚ				Prior Year	Current Year			
∌ ē	8		tions and grants (Part VIII, line 1h)		0 0			
A F Fi Bevenu	9	_	service revenue (Part VIII, line 2g)	8347				
AF K t	10		in moone (rate viii, column v y, mes d, 4)	6	32 247			
ם ב	11	Other rev	/enue (Part VIII, column (A), lines 5, 6d 8c, 9@ (0) and 14 7	4506	50 5365			
SCANNIED Expenses	12	Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12859	89 232225			
<u>《</u>	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	95	46 4072			
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0			
<u>ي</u> ه	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	1971	12 70253			
ଲ ୍ଲ	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0 0			
e e	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶					
ŵ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	11050	17 179563			
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13116	75 253888			
	19	-	less expenses. Subtract line 18 from line 12	-256	86 -21663			
>8	3		· · · · · · · · · · · · · · · · · · ·	ning of Current Ye	ar End of Year			
ets or	20	Total ass	sets (Part X, line 16)	7397	38 739738			
let Asse	21		pilities (Part X, line 26)		0 0			
ž Š	22		ts or fund balances. Subtract line 21 from line 20	7397	38 739738			
P	art II		ture Block					
_			ry, I declare that I have examined this return, including accompanying schedules and statements	s, and to the best	of my knowledge and belief it is			
	•		lete. Declaration of preparer (other than officer) is based on all information of which preparer has		or my resource go and some, who			
		Τ	. ^					
Sig	an	Sign	ature of officer . // //	Date _	· · · · · · · · · · · · · · · · · · ·			
	ere		W: 1) 15	Q-	17-17			
		Type	or print name and title MARVZH DEARFZELD FIVANCIAL SECRETA		'			
			pe preparer's name and title /V/A/R/ZH/DEARFZELD / TVANCZUL DECRETATION Date	1	PTIN			
	aid		The second secon		⇒k ∐_if employed			
	epare							
U	se On			Firm's EIN	P			
<u> </u>	N 4 4 h = 17		address >	Phone no.				
	·		s this return with the preparer shown above? (see instructions)		Yes No			
Fo	r Papen	work Redu	ction Act Notice, see the separate instructions. Cat. No. 11	282Y	Form 990 (2016)			

om 99	0 (2016)	Page 2
Part	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
1 `	Briefly describe the organization's mission:	
	THE MISSION STATEMENT OF THE ORGANIZATION INCLUDES, BUT IS NOT LIMITED TO ON BEHALF OF ITS	
	MEMBERS COLLECTIVE BARGAINING, GRIEVANCE PROCEDURES, ARBITRATION, STRIKE BENEFITS, EDUCATION, AND TO IMPROVE THE WORKING CONDITIONS OF ITS MEMBERS.	
	EDUCATION, AND TO IMPROVE THE WORKING CONDITIONS OF ITS MEMBERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	√ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
	THE LOCAL UNION CONTIVUES IN AN ONGOING EFFORT TO DEFEND AND ENFORCE THE NEGOTIATED COLLECTIVE	. ′
	BARGAINING AGREEMENT FOR OUR MEMBERS WAGES, BENEFITS, AND WORKING CONDITIONS THE MEMBERS DUES,	
	RELATED INCOME AND EXPENSES ARE USED TO CARRY OUT THESE ACTIVITIES. THE LOCAL UNION IS CONTINUALLY	
	STRIVING TO MAINTAIN OR ACCOMPLISH IMPROVEMENTS FOR OUR MEMBERS	
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
		. ,

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

		·
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program conting expanses	

Part I	Checklist of Required Schedules			
			Yes	No
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			,
0	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1		/
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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		✓
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		<u> </u>
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		✓
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		√
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	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		√
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		>
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		1
	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		>
12 a	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
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		/
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		✓
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		√
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		1
			n 99 0	(2016)

Part	V · Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	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			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	l		,
24-		23		<u> </u>
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		\ \ \
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	Ì		
	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			١.
	disqualified persons? If "Yes," complete Schedule L, Part II	26		'
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١,
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
20	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	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	١		١,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		-
-	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- SE		<u>*</u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	22		\
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	ļ	- -
-	19? Note. All Form 990 filers are required to complete Schedule O	20		

Form **990** (2016)

art				
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ļ
	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: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L	/
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ļ	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ļ	1
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	L	ļ
10	Section 501(c)(7) organizations. Enter:	l		
а	Initiation fees and capital contributions included on Part VIII, line 12	1		1
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)		Í	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u></u>	
	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			
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand	<u>L</u>		<u>L</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Form 990				age O
Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
•	Check if Schedule O contains a response or note to any line in this Part VI			√
Section	on 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			
	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.			,
_	Enter the number of voting members included in line 1a, above, who are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customanly 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 pnor Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	√	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	J	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during 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	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	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.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	76.		1
а	The organization's CEO, Executive Director, or top management official	15a	Ĺ	1
	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		·
Section	on C. Disclosure			٠
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	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	i; ▶	

_	_
3~~~	•

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

Check if Schedule O contains a response or note to an	y line in this Part VII $\ldots \ldots \ldots$

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	rson	ore than one on is both an octor/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		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) ROY CLAAR	5	:								
RECORDING SECRETARY	0	İ		1				10132	0	0
(2) JAMES COLLEY	1			Г	<u> </u>					
TRUSTEE	0	1		1		1		394	o	0
(3) RICHARD SMITH	10						<u> </u>			
TREASURER	0	1		1	l		l	8221	o	0
(4) BRET QUEEN	10			Ì						
PRESIDENT	0	1		1			1	12574	o	0
(5) GREGORY BAYS	1									
CHAIT NEG COMM	0			1	L			3717	0	0
(6) DAVID MARTIN	10			Γ						
VICE PRESIDENT	0	Ì	L	1				13049	0	0
(7) MARTIN DEARFIELD	10									
FINANCIAL SECRETARY	0	<u> </u>		1	L			8550	0	0
(8) CURTIS DAVIS	1									
TRUSTEE	0			1	L.			394	0	0
(9)										
(10)										
(11)	 									-
(12)										
(13)										
(14)						<u> </u>				

Part VII - Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C)													
	(A)	(B)	1 Ido not check more than one 1										(F)	
	Name and title	Average hours per					is bott		Reportable compensation	Reportable compensation				
		week (list any				1	or/trus	, ´	from	related			ther	
		hours for	gğ	net	Officer	(喜	Former	the	organizatio		•	ensatio	n
		related organizations	800	Ę	ĕ	Key employee	oy est	₫	organization (W-2/1099-MISC)	(W-2/1099-N	iisc)		n the nization	ı
		below dotted	일	na!		Š	PS	[[related	
		line)	Individual trustee or director	Institutional trustee		8	9					organ	izations	3
		ŀ	•	8			Highest compensated employee]			
/4 E\		 			\vdash	-		⊢						
(15)		+	{						1					
(16)		 		\vdash		+-		├						
(10)		 	ĺ					1			Ì			
(17)		├		╁		├		 						
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(18)				 		 		\vdash						
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(19)		 				\vdash	 							
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(20)														
t	***************************************		1			ŀ	ł				ŀ			
(21)						Г								
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(22)		ļ					l			ļ	ļ			
	- Laurence - Laurence	ļ		<u> </u>	<u> </u>	ļ		<u> </u>		ļ				
(23)		ļ			ļ]				
		<u> </u>	ļ	 	▙			⇤	ļ					
(24)		 	ļ								ļ			
(05)		<u> </u>	<u> </u>	-	╀	\vdash	ļ	╀	ļ	<u> </u>				
(25)		 	1		1									
1b	Sub-total	 	١	L		ــــــــــــــــــــــــــــــــــــــ	l	_	57031					
C	Total from continuation sheets to Part		n A	•	•	•	• •	•	0					
-	Total (add lines 1b and 1c)	•		•	•	•	•	•	57031					
2	Total number of individuals (including bu						abov	e) w	ho received m	ore than \$1	00 000	of		
_	reportable compensation from the organ			1000	<i>-</i> 110	····	ubov	c, •.	no received in	010 01001 41	00,000			
				-					· · · · · · · · · · · · · · · · · · ·				Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	or tı	rust	ee,	key (emp	oloyee, or high	est compe	ensated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual					3		1
4	For any individual listed on line 1a, is the													-
	organization and related organizations	greater th	an \$	150,	,000	0? /	f "Ye	·s, "	complete Scl	nedule J fo	r such		-	ļ
	individual			•	•	•		•			• •	4		1
5	Did any person listed on line 1a receive of													
	for services rendered to the organization	? If "Yes," (comp	iete	Sci	nea	ule J	tor s	such person	· · · ·	· ·	5		
	on B. Independent Contractors										4.00			
1	Complete this table for your five highest													a
	compensation from the organization. Revear.	port compe	ensau	on i	Of ti	ne (aienc	ar y	year ending wi	ut or within	uie orga	unzan	भाइत	ax
	·							т-				(0)		
	(A) (B) Name and business address Description of services							ervices	c	(C) compens	ation			
-								\vdash	<u> </u>					
		·····						†						
								T						
								T						
	······································							T						
2	Total number of independent contractor							o ti	nose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgan	nizat	tion	>		0					

Part	VIII	Statement of Revenue Check if Schedule O contains a response	nnse or note to	any line in this	Part VIII		л
	,	Official in Scriedule O Contains a respe	Juse of Flore to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campaigns 1a	0				
	b	Membership dues 1b	0				
A E	С	Fundraising events 1c	0				}
	d	Related organizations 1d	0	į			
S, E	е	Government grants (contributions) 1e	0				
i s	f	All other contributions, gifts, grants,		1			Į
≅ੁੱ€		and similar amounts not included above 11	0	İ			İ
멸	g	Noncash contributions included in lines 1a-1f: \$	0	_1			
	h	Total. Add lines 1a-1f					
2	_	HENDERS WS 81150	Business Code	222242	222242		
eve	2a	MEMBERSHIP DUES	900099	226613	226613		
, E	b			0			
ž	C			0			
Š	d e						<u> </u>
grar	f	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f		226613			L
	3	Investment income (including divider					<u> </u>
		and other similar amounts)	▶	247	247		
	4	Income from investment of tax-exempt bor	id proceeds ▶	0			
	5	Royalties	▶ [0			
		(i) Real	(ii) Personal				
	6a	Gross rents			ŀ		ļ
	b	Less: rental expenses					
	C	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	>	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 0 Less: cost or other basis	0				
	p	and sales expenses . 0	o		į		
	c	Gain or (loss) 0					
	d	Net gain or (loss)	—	ol			
e	8a	Gross income from fundraising					
	-	events (not including \$ 0					
ě		of contributions reported on line 1c).		l]
P	ļ	See Part IV, line 18 a	o				
Other Rever	b	Less: direct expenses b	0				
		Net income or (loss) from fundraising e	vents . ▶	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0		1		
		Less: direct expenses b	0	j			ļ
		Net income or (loss) from gaming activi	ties 🕨	0	·		
	10a	Gross sales of inventory, less returns and allowances a	0				
	b c	Less: cost of goods sold b Net income or (loss) from sales of inver	ontory ▶	0	!		
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	С			0			
	d	All other revenue		5365			
	е	Total. Add lines 11a-11d	🟲	5365			
	12	Total revenue. See instructions	>	232225	232225		I

following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (B) Program service expenses (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 4072 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 57031 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13222 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 101460 10 Payroll taxes Fees for services (non-employees): Management а 46368 b Accounting C Lobbying d Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . O 12 Advertising and promotion . . . 5506 13 Office expenses Information technology . . . 14 n Royalties 15 10243 16 Occupancy 14822 17 Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 700 Conferences, conventions, and meetings ... 19 20 464 21 Payments to affiliates 22 Depreciation, depletion, and amortization . Ω 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0 b 0 All other expenses A Total functional expenses. Add lines 1 through 24e 253888 25 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 Fig. 1

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	290234	1	268571
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
<i>/</i> A		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			•
Assets	7	Notes and loans receivable, net	0	6 7	0
Ass	8	Inventories for sale or use	······	8	0
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		-	
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	449504	10c	449504
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	—	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	739738	16	718075
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			-
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0	22	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third		24	
	20	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		0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ces	1	complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
nd n	29	Permanently restricted net assets		29	·
F		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	290234		268571
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	449504		449504
) te	32	Retained earnings, endowment, accumulated income, or other funds .	700700	32	740075
ž	33 34	Total liabilities and not assets found belonces	739738		718075
	34	Total liabilities and net assets/fund balances	739738	34	718075

orm 99	0 (2016)			Pa	ge 12
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)	1			2225
2	Total expenses (must equal Part IX, column (A), line 25)	2		25	3888
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	1663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		79	3738
5	Net unrealized gains (losses) on investments	5			0
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		7	8075
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·			
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain 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 com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:		:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				-
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:			ĺ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		1		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	1		

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.

3a

Form **990** (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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of	the organization	T	Employer identification number
UNITE	STEELWORKERS		80-0472127
Part	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	is 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	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 donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or fo	r any other purpose
Part	Conservation Easements.		
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat		
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	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 easement		
C	Number of conservation easements on a certified I		
đ	•		2d
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or term	ninated by the organization during the
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		pection, handling of
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir ▶\$	ng, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports oblance sheet, and include, if applicable, the text organization's accounting for conservation easeme	of the footnote to the organization's fina	
Part	Organizations Maintaining Collection Complete if the organization answered		Other Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f	rassets held for public exhibition, ed	ucation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relati	FAS 116 (ASC 958), to report in its a assets held for public exhibition, ed	revenue statement and balance sheet
	(i) Revenue included on Form 990, Part VIII, line 1	•	▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art following amounts required to be reported under S	, historical treasures, or other similar	assets for financial gain, provide the
	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		

Dago	2
raue	~

Part	III Organizations Maintaining	Collections of	Art, His	orical T	reasures	or Ot	her Similar A	ssets (con	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	ds, chec	k any of th	e foliow	ving that are a	significant u	se of its
а	☐ Public exhibition		d	Loan	or exchang	je progr	ams		
b	☐ Scholarly research		e	Other	, 				
C	Preservation for future generations								
4	Provide a description of the organizati XIII.	on's collections a	and expla	in how t	hey further	the org	anization's exe	empt purpos	e in Part
_			d					9	
5	During the year, did the organization assets to be sold to raise funds rather								□ No
Part			·						
	Complete if the organization 990, Part X, line 21.		" on Fon	m 990, F	Part IV, line	9, or	reported an a	mount on f	-orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								□ No
þ	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	able:				
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f		be? □ Voo	[7] No.
2a b	If "Yes," explain the arrangement in Pa							-	
Par		at Am. Officer fici	e ii die ez	pia iatio	ii iias Deeii	provide	SCI OFF ALL XIII	· · · · · ·	
	Complete if the organization	answered "Yes	on For	m 990. F	Part IV, line	e 10.			
		(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ck (e) Four ye	ears 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								
g	End of year balance		l						
2	Provide the estimated percentage of the	-		e (line 1g	, column (a	i)) held a	as:		
a	Board designated or quasi-endowmen	*	%						
b	Permanent endowment								
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	%	0004						
3a	Are there endowment funds not in the			zation the	at are held	and ad	ministered for t	he	
	organization by:	possession or a	ic organi	_anom the	21 020 11010	and ad			es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related on							. 3b	
_4	Describe in Part XIII the intended uses	of the organization	on's endo	wment fu	unds.				
Part									
	Complete if the organization	answered "Yes	on For			e 11a. S	See Form 990), Part X, lir	ie 10.
	Description of property	(a) Cost or of (investm			r other basis ther)		Accumulated epreciation	(d) Book	/alue
1a	Land		0		89000			····	89000
b	Buildings		0		360504		0		360054
C	Leasehold improvements	<u> </u>	0		0		0		0
d	Equipment		0		0		0		0
Total	Other	ust equal Form 0	Of Port	Cookies	0 (P) line 10	3c 1	0		449504
rywi.	nuu iiiicə ra uiivuyii ie. (Coluiliii (U) iii	ust c yuai FUIIII 9	JU, FAIL/	y colullii.	, <i>(D), III (</i> E 1 (ru.j			773304

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Book value (c) Book value (c) Book value (c) Book value (d) Book value (e) Book value (f)	Part VII	 Investments—Other Securities. Complete if the organization answ. 	ered "Yes" on Fo	orm 990. Part IV. lin	e 11b. See Form	990, Part X, line 12.
Closely-held equity interests 0		(a) Description of security or category			(c) Meth	od of valuation:
Other Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(1) Financial	I derivatives		0		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				0		
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Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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 pnor year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r 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		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1]	
С	Add lines 4a and 4b	1 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part	XIII Supplemental Information.	<u> </u>	
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.	

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 20.16

► Attach to Form 990.

Open to Public Inspection

Schedule I (Form 990) (2016) **%** ⊡ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** □ Yes 80-0472127 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the instructions for Form 990. (P) EIN (11) 1 (a) Name and address of organization UNITED STEELWORKERS or government Department of the Treasury Internal Revenue Service Name of the organization Part II Part ල 9 9 € 5

Schedule I (Fo	Schedule I (Form 990) (2016) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individual space is needed.	is. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information rec	quired in Part I, Iin	e 2; Part III, column	(b); and any other addition	onal information.
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						Schedule ! (Form 990) (2016)

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 2016

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STEELWORKERS

► 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.

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Employer identification number

80-0472127

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 ON VOTE
AND ELECT OFFICERS OF THE GOVERNING BODY EVERY THREE YEARS AS SPECIFIED IN THE CONSTITUTION
FORM 990, PART VI, SECTION A, LINE 7b. THE LABOR ORGANIZATION'S ACTIVE MEMBERS EACH HAVE ONE VOTE
AND APPROVE ALL DECISIONS OF THE GOVERNING BODY AND DECISION THAT ARISE DURING SCHEDULED
MEMBERSHIP MEETINGS
FORM 990, PART VI, SECTION B, LINE 11b: THE LABOR ORGANIZAION'S FINANCIAL OFFICERS AND 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.