

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2016

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2016 calendar year, or tax year beginning and ending D Employer Identification number Check if applicable C Name of organization UNITED STEELWORKERS LOCAL 13214 Address change Doing business as Number and street (or P.O box if mail is not delivered to street address) Room/suite 83-0181990 Name change 400 POPO AGIE CIRCLE E Telephone number ZIP code Initial return City or town (307) 362-1501 WY 82901 Rock Springs Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return Gross receipts \$ 372,871 F Name and address of principal officer Yes X No Application pending H(a) is this a group raturn for subordinates? LEW ATKINSON 400 POPO AGIE CIRCLE, ROCK SPRINGS, WY 8290 H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X 4947(a)(1) or Tax-exempt status 501(c)) **(insert no**) Website: ► N/A H(c) Group exemption number X Other ► LABOR UNIO L Year of formation. K Form of organization Corporation Trust Association M State of legal domicile WY Part 1 LOCAL UNION ENFORCED COLLECTIVE BARGAIN Briefly describe the organization's mission or most significant activities: Activities & Governance AGREEMENT OF THE UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS. 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing (Party | Ine 1b) 4 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 29 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, commin (d) Fine 1/2. 2017. 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** OGDEN. UT Ō Contributions and grants (Part VIII, line 1h). . . 308,749 365,835 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21.603 1.236 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,800 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330.352 372.871 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 10.062 14 Benefits paid to or for members (Part IX, column (A), line 4). . . 0 197,057 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 213,704 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 80.310 112,632 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25). 287,429 326,336 18 46.535 Revenue less expenses Subtract line 18 from line 12. 42,923 19 Beginning of Current Year End of Year 556,137 602,672 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26). 556.137 602,672 Net assets or fund balances. Subtract line 21 from line 20

Under penalties of perjury, I declare that I eve examined this return, including accompanying schedules and statements, and to the best of my knowledge Declaration of preparer (other than and belief, it is true, correct, and complete) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's name Firm's EIN **Use Only**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Signature Block

Firm's address

Form 990 (2016)

orm 9	90 (2016) UNITED STEELWORKERS LOCAL 13214 83-0181990	Page Z
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	THE MISSION STATEMENT OF THIS ORGANIZATION INCLUDES, BUT IS NOT LIMITED TO ON BEHALF OF ITS MEMBERS; COLLECTIVE BARGAINING, GRIEVANCE, PROCEDURES, ARBITRATIONS, STRIKE BENEFITS, EDUCATION, ORGANIZE AND TO IMPROVE THE WORKING CONDITIONS OF ITS MEMBERS	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ THE LOCAL CONTINUES IN AN ONGOING EFFORT TO DEFEND AND ENFORCE THE NEGOTIATED COLLECTIVE BARGAINING AGREEMENT FOR OUR MEMBERS WAGE BENEFITS AND WORKING CONDITIONS THE MEMBERS DUE RELATED INCOME AND EXPENSES ARE USED TO CARRY OUT THESE ACTIVITIES THE LOCAL UNION IS CONTINUAL STRIVING TO MAINTAIN OR ACCOMPLISH IMPROVEMENTS FOR OUR MEMBERS.	LLY
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	<u> </u>	
4d	Other program services. (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ▶ 0	

Form 990 (2016) **UNITED STEELWORKERS LOCAL 13214** 83-0181990 Part IV **Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 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 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Х 9 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 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a | b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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 11d e Did the organization report an amount for other liabilities in Part X, line 257 If "Yes." complete Schedule D. Part X, . . . f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. X 11f 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

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). . . .

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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

17

17

Par	Checklist of Required Schedules (Continued)			
		(22	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		X
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		 ^- -
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	123		 ^-
476	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		1
	24b through 24d and complete Schedule K. If "No," go to line 25a	248		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		l
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	}	1	i
	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			İ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	{	i	l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1 1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	000		Ţ
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	Schedule L, Part IV	28ь	i	x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20D		 ^-
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	1		
	III, or IV, and Part V, line 1	34		X
35a	O	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			l
••	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
^-	organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
20	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
	19? Note. All Form 990 filers are required to complete Schedule O	38	990	(2016)
		⊦om	フサ リ	(2016)

Form 9	90 (2016) UNITED STEELWORKERS LOCAL 13214 8	3-0181990	Pa	ge 5
Pari	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		jį.	
	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	29	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		}	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X
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		Х
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		Į	
	account)?	. 4a		Х
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		1	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a	1	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		
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?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	2?. 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			L,
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		عنظ
10	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on Part VIII, line 12		H	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
p	Gross income from other sources (Do not net amounts due or paid to other sources		1	
40-	against amounts due or received from them.)	400		
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
a	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 440	Enter the amount of reserves on hand	444		÷
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

				_
هر کارکار	90 (2016) UNITED STEELWORKERS LOCAL 13214 83-01			age 6
Par	t VI • Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for			000
	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	30 II IS	ucu	
<u></u>			•	<u> </u>
Sect	ion A. Governing Body and Management		l v	No.
10	Enter the number of voting members of the governing body at the end of the tax year 1a 17		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or	1	ļ	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
ь				
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		X
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			{
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
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	İ	x
Saat	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u> </u>	
Seci	ion B. Policies (This Section B requests information about policies not required by the internal Revenue	-ou e	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1	1	
-	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		Х
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ		ļ
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	L	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a	ļ	X
Ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
, oa	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		Â
_	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		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl	y) -	
	available for public inspection Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po financial statements available to the public during the tax year.	ıcy, ar	nd	

State the name, address, and telephone number of the person who possesses the organization's books and records

400 POPO AGIE CIRCLE, ROOK SPRINGS, WY 82901

LEW ATKINSON

307 362 1501

Form 990 (2016)	UNITED STEELWORKERS LOCAL	L 13214				83-01819	90 Page 7
Part VII	Compensation of Officers, Dire		es, Key E	mployees,	Highest Comp	ensated	
•	Employees, and Independent C Check if Schedule O contains a re		te to any	line in this F	art VII		🗀
Section A.	Officers, Directors, Trustees, Key Er	mployees, and	Highest Co	ompensated	Employees		
1a Complete t organization's	his table for all persons required to be l tax year	isted Report co	mpensatioi	n for the cale	ndar year ending v	with or within the	ı
	of the organization's current officers, di on Enter -0- in columns (D), (E), and (f				organizations), re	gardless of amo	unt
 List the who received 	of the organization's current key emplo organization's five current highest corr reportable compensation (Box 5 of Fori and any related organizations	pensated emple	oyees (othe	er than an offi	cer, director, trust	ee, or key emplo	
	of the organization's former officers, ke eportable compensation from the organi				employees who r	eceived more th	an
	of the organization's former directors o more than \$10,000 of reportable compe						the
	n the following order individual trustees employees, and former such persons	or directors, ins	stitutional tr	ustees, office	rs, key employees	s, highest	
Check this	s box if neither the organization nor any	related organiz	ation comp	ensated any	current officer, dir	ector, or trustee.	ı.
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not cheo box, unless officer and a	osition ck more than one person is both ar a director/trustee director/trustee Officer Officer	compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an e)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAY KELSO	0 00			}						
PRESIDENT	20 00			X				26,128		
(2) WILLIAM MADURA	0 00									
VICE PRESIDENT	20.00			X				26,886		·
(3) MICHAEL JENSEN	0 00									
RECORDING SECRETARY	20 00		L_	Х	L.			8,692		
(4) LEW ATKINSON	0 00		1		ľ					
FINANCIAL SECRETARY	20.00			Х	<u>.</u>			28,369		
(5) JOHN LARSEN	0 00									
TREASURER	20 00			Х	L			25,362		l
(6) DAVID PAOLI	0 00									
TRUSTEE	5 00			Х				4,100		
(7) CHRISTOPHER SCHAEFER	0 00									
TRUSTEE	5 00			Х				3,897		
(8) BOYD MORETTI	0 00									
TRUSTEE	5 00			Х				2,064		
(9) TYLER CARR	0 00				l					
OUTSIDE GUARD	2 00			Х				452		
(10) BRYCE HAMBLIN	0 00									
INSIDE GUARD	2 00			Х				452		
(11) LYNN HADLOCK	0 00									
GUIDE	2 00			Х				0		
(12)										
(13)										
(14)										

	90 (2016)	UNITED STEELWORKERS							_	· · · · · · · · · · · · · · · · · · ·	83-018	
Pa	irt VII	Section A. Officers, Directors, T	rustees, Key Em	ploye	es,	_	d Hi C)	ghes	t C	ompensated Em	ployees (contin	ued)
	(A) Name and title		(B) Average hours per	box, offic	unle: er an	Pos heck ss pe	more erson	e than i is both	h an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
			week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee or director		Key employee Officer		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)												
(16)												
(17)							-					
(18)					-		 					
(19)				-	-							
(20)								-			·····	
(21)							T					
(22)				-	-							
(23)									-			
(24)				-	ļ	-			-			
(25)				-	-				 			
1b	Sub-total	· · · · · · · · · · · · · · · · · · ·		L	<u> </u>	<u>. </u>	1	<u> </u>	┢	126,402	0	0
C		n continuation sheets to Part VII,	Section A					,	. •	0	0	
_d	Total (add	I lines 1b and 1c). ber of individuals (including but not							•	126,402	0	0
2		compensation from the organization		sted a		0 0	wno 	rece	vec	more than \$100	,000 of 	
3		ganization list any former officer, d		-	-	loye	e, c	or hig	hes	t compensated		Yes No
		on line 1a? If "Yes," complete School						-41				3 X
4		dividual listed on line 1a, is the sun zation and related organizations gr									ל	4 X
5	Did any pe	erson listed on line 1a receive or ac	•			-			_		ridual	
Sec		es rendered to the organization? If ' ependent Contractors	"Yes," complete Se	chedi	ile J	tor	SUC	ch pei	rsor	7 .		5 X
1	Complete	this table for your five highest com ation from the organization. Report										ax
	J 5511.	(A) Name and business a	ddress							(B) Description of sen	vices ((C) Compensation
												0
			<u> </u>						\vdash			0
					_							0
												0
2		ber of independent contractors (inc \$100,000 of compensation from the	-	ted to ►	tho	se i	ıste	d abo		wno received		

Form **990** (2016)

Part VIII - Statement of Revenue

		Check if Schedule O contains	a response or	note to any line if	n this Part VIII	,		
	<u>a</u> -				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रह रह	1a	Federated campaigns	12					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	11		-			
S, G	C	Fundraising events .	10		-			
탈틸	d	Related organizations	10		-{			
S E	е	Government grants (contributions	· —	9 0				
를 를	f	All other contributions, gifts, gran	· ·	ĺ				
를 등		similar amounts not included abo		<u> </u>			,	
i i	g	Noncash contributions included in li	nes 1a-1f [.] \$	0				
	<u>h</u>	Total. Add lines 1a-1f		<u> </u>	0			
9				Business Code				
Ve I	2a	MEMBERSHIP DUES		900099	365,835	365,835		
&	b				0			
25	C				0			
Ser	d				0			
ᇤ	е				0			
Program Service Revenue	f	All other program service revenu	e	<u>L</u>	0			
	g	Total. Add lines 2a-2f	·	<u> </u>	365,835			
	3	Investment income (including div	idends, interes	t, and				
-		other sımılar amounts)		>	1,236	1,236		
1	4	Income from investment of tax-ex	cempt bond pro	ceeds	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross rents	1,10	0	_			1.2
1	þ	Less rental expenses					ĺ	
	C	Rental income or (loss)	1,10			·		
]	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·		1,100	1,100		
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	` <u> </u>	0 0				
	b	Less cost or other basis	ł					
		and sales expenses		0 0	- 1			
	С	Gain or (loss)		0] 0				
	d	Net gain or (loss)			0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line	0 1c)					
er		See Part IV, line 18	а					
동	b	Less direct expenses	. b					
	С	Net income or (loss) from fundra		<u> </u>	0			
	9a	Gross income from gaming activ						
		See Part IV, line 19	а		-			
	b	Less direct expenses	b					
	С	Net income or (loss) from gamine	g activities		0			
	10a	•		1				
		returns and allowances	а		-			
	ь	Less cost of goods sold	b	0				
	<u> </u>	Net income or (loss) from sales of	of inventory		0			
	L	Miscellaneous Revenue		Business Code				
	11a			900099	1,655			
	b	BANK ERROR		900099	120			
	C	REIMBURSMENT		900099	2,925			
	d	All other revenue			0			
	e	Total. Add lines 11a-11d		•	4,700			
	12	Total revenue. See instructions		. •	372,871	368,171	0	0

Part IX Statement of Functional Expenses

Section 501(c)	(A) 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	Γ

-	Crieck if Ochequie of Contains a response of fine	(A)	(B)	(C)	(D)		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations				J. 1		
	domestic governments See Part IV, line 21	0					
2	Grants and other assistance to domestic	ľ					
	ındıvıduals See Part IV, line 22 .	0					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals See Part IV, lines 15 and 16.	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors,			ا			
	trustees, and key employees	126,402		0			
6	Compensation not included above, to disqualified			ĺ			
	persons (as defined under section 4958(f)(1)) and						
_	persons described in section 4958(c)(3)(B)	0			 		
7	Other salaries and wages	71,504			<u> </u>		
8	Pension plan accruals and contributions (include	0		1			
•	section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits .	15,798					
10	Payroll taxes .	15,796					
11	Fees for services (non-employees)	0					
a b	Management	22,828					
C	Legal . Accounting	0					
d	Lobbying	0					
e	Professional fundraising services. See Part IV, line 17	0					
f	Investment management fees .	0					
g	Other. (If line 11g amount exceeds 10% of line 25, column						
9	(A) amount, list line 11g expenses on Schedule O)	0					
12	Advertising and promotion	0					
13	Office expenses	5,927					
14	Information technology	0					
15	Royalties	4,287					
16	Occupancy .	0					
17	Travel	25,257					
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	32,267					
20	Interest	7,070					
21	Payments to affiliates	7,373	0	0			
22	Depreciation, depletion, and amortization	0	0	U	<u>_</u>		
23 24	Insurance . Other expenses. Itemize expenses not covered						
24	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)						
а	() amount, not mile 2 to expenses an estimate of	0					
b		0					
C		0					
đ		0					
е	All other expenses	14,693					
25	Total functional expenses. Add lines 1 through 24e	326,336	0	0	0		
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						
	following SOP 98-2 (ASC 958-720)				l		

Total liabilities and net assets/fund balances

34

	990 (20		13214				83-0181990 Page 11
Pa	irt X	* Balance Sheet			·		
		Check if Schedule O contains a response o	r note to	any line in this Part X	•		<u>. </u>
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .			515,203	1	561,738
	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 c	officers, directors,			
		trustees, key employees, and highest compens	tees, key employees, and highest compensated employees				
		Complete Part II of Schedule L .			·	5	
	6	Loans and other receivables from other disqualified pers	lefined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contr	buting employers and			
	1	sponsoring organizations of section 501(c)(9) voluntary	employee	s' beneficiary			
ets	1	organizations (see instructions) Complete Part II of Sch	· · · <u>[</u>		6		
Assets	7	Notes and loans receivable, net		_	0	7	0
∢	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·	8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or					
	ł	other basis. Complete Part VI of Schedule D	10a	40,934	<u>.</u>		
	b	Less accumulated depreciation	10b	0	40,934		40,934
	11	Investments—publicly traded securities .		<u> </u>	0	11	0
	12	Investments—other securities See Part IV, line		.]	0	12	0
	13	Investments—program-related See Part IV, lin	e 11	1	0	13	0
	14	Intangible assets .		_	0	14	0
	15	Other assets See Part IV, line 11	•		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	34)	556,137	16	602,672
	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				21	
ijes	22	Loans and other payables to current and forme					
Ĕ		trustees, key employees, highest compensated		yees, and		22	
Liabilities	20	disqualified persons. Complete Part II of Sched				22	
_	23	Secured mortgages and notes payable to unre			0	-	0
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, p		-	U	24	0
	25	parties, and other liabilities not included on line	•				
		Part X of Schedule D .	,) Complete	0	25	0
	26	Total liabilities. Add lines 17 through 25		` 	0	26	0
	==	<u> </u>	· · · · · ·				
Ø	1	Organizations that follow SFAS 117 (ASC 95 complete lines 27 through 29, and lines 33 a		ck here ► and			
S		_	IIIU 34.	ļ		07	
<u>a</u>	27	Unrestricted net assets		•		27	
Ö	28	Temporarily restricted net assets		}-		28 29	
P	29	Permanently restricted net assets		· 1		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958) complete lines 30 through 34.), check l	nere X and			
ş	30	Capital stock or trust principal, or current funds	3	ľ		30	
58	31	Paid-in or capital surplus, or land, building, or		ent fund	1	31	
ř	32	Retained earnings, endowment, accumulated	income,	or other funds	556,137	32	602,672
ž	33	Total net assets or fund balances			556,137	33	602,672

602,672

556,137

34

1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Form 9	990 (2016) UNITED STEELWORKERS LOCAL 13214	83-018	1990	Pag	e 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 326,33 3 Revenue less expenses. Subtract line 2 from line 1 3 46,53 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 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) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	Part	XI Reconciliation of Net Assets			-	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Pror period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Tonsolidated basis Both consolidated and separate basis Both consolidated and separate basis Tonsolidated basis Both consolidated and separate basis Tonsolidated basis Both consolidated and separate basis		Check if Schedule O contains a response or note to any line in this Part XI			.	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis 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, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1	Total revenue (must equal Part VIII, column (A), line 12)	1		372	,871
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Accounting method used to prepare the Form 990 X Dash Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2	Total expenses (must equal Part IX, column (A), line 25)	2		326	,336
Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	3	Revenue less expenses. Subtract line 2 from line 1	3		46	,535
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) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 602,67 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		556	,137
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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 X 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 602,67 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990	8	Prior period adjustments	8			
Column (B)). 10 602,67 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Check if Schedule O contains a response or note to any line in this Part XII . Tyes No. 1 Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
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 X 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? . 2b X 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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			10		602	672
1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part					
1 Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		Check if Schedule O contains a response or note to any line in this Part XII			. (
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?					Yes	No
Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		Schedule O				
reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		reviewed on a separate basis, consolidated basis, or both				
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		Separate basis Consolidated basis Both consolidated and separate basis			1	
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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	b			2b		Х
separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	-	· · · · · · · · · · · · · · · · · · ·				
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		•				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	_	_		}	}	
the adult, review, or compliation of its imancial statements and selection of an independent accountant?	С			20		
If the organization changed either its everyight process or collection process during the tay year evolution in		·		20		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
	20					
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? 3a X	Já		1	32		х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	h		•	"		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	D			3h		
Form 990 (201		- 104011-04 GUGA, O. GUGARIO, EXPLAINT HITTY HIT CONTOCUED CONTOCUENTY GEOPERATOR OF CONTOCUENTY GUGARION CONTOCUE			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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	the organization		Embloket identification innuber			
	ED STEELWORKERS LOCAL 13214		83-0181990			
Part		or Advised Funds or Other Simila				
	Complete if the organization answ	<u>wered "Yes" on Form 990, Part IV, lir</u>	ne 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 d	onor advisors in writing that the assets he	eld in donor advised			
•	funds are the organization's property, subject					
6	Did the organization inform all grantees, dor	•				
•	used only for charitable purposes and not fo					
	purpose conferring impermissible private be		Yes No			
D - 4		TION.	·			
Part			_			
		wered "Yes" on Form 990, Part IV, lir				
1	Purpose(s) of conservation easements held	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (e.g., rec	creation or education) Preserva	ation of a historically important land area			
	Protection of natural habitat	Preserva	ation of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organiza	ation held a gualified conservation contrib	ution in the form of a conservation			
_	easement on the last day of the tax year	Stort field a qualified conscivation contino	Held at the End of the Tax Year			
_	Total number of conservation easements		2a			
a		· · ·	2b			
b	Total acreage restricted by conservation eas Number of conservation easements on a ce		. 20			
C		• •				
d	Number of conservation easements include		2d			
2	historic structure listed in the National Regis Number of conservation easements modifie		<u> </u>			
3		u, transferreu, releaseu, extinguisneu, or	terminated by the organization during			
4	the tax year	concentration agreement is legated.				
4 5	Number of states where property subject to		tion bonding of			
J	Does the organization have a written policy violations, and enforcement of the conserva		Yes No			
6						
U	Staff and volunteer hours devoted to monitoring,	inspecting, nationing of violations, and emore	ang conservation easements during the year			
7	Amount of expenses incurred in monitoring, insp	sociate bandling of walntons and anforage	concentration accompate during the year			
•	\$	recting, flatiding of violations, and emorcing t	conservation easements during the year			
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	nts of section 170(h)(A)(R)(i)			
•	and section 170(h)(4)(B)(ii)?	on the Z(d) above sallory the requirement	Yes No			
9	In Part XIII, describe how the organization re	enorts conservation easements in its reve				
•	balance sheet, and include, if applicable, the					
	the organization's accounting for conservation					
Pari		lections of Art, Historical Treasure	es, or Other Similar Assets.			
منيعم		wered "Yes" on Form 990, Part IV, lii				
1a	If the organization elected, as permitted und	• • • • • • • • • • • • • • • • • • • •				
	works of art, historical treasures, or other sin	· · · · · · · · · · · · · · · · · · ·				
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
Þ	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 sit		ucation, or research in furtherance			
	of public service, provide the following amou	•				
	(i) Revenue included on Form 990, Part VII	I, line 1	> \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of		- ,			
	following amounts required to be reported u					
а	Revenue included on Form 990, Part VIII, III	ne 1	▶ \$			
b	Assets included in Form 990, Part X		▶ \$			

Sched	ule D (Form 990) 2016 UNITED STEELWOR	KERS LOCAL 13	3214				83-018	1990	Page 4
Part	III ` Organizations Maintaining C			rical Tr	easures, or	Other			
3	Using the organization's acquisition, acce								
	collection items (check all that apply)								
а	Public exhibition		d	Loan	or exchange p	rograms			
b	Scholarly research		е 🗌	Other					
С	Preservation for future generations						,		
4	Provide a description of the organization's		explain ho	w they fu	rther the orga	nizatıon'	s exempt purpo	ose in Part	
5	During the year, did the organization solid assets to be sold to raise funds rather that							Yes	□ No
Dor		 	ica as part		Janization 5 cc	, iiootioii			
Part	Complete if the organization at 990, Part X, line 21.		on Form	990, Pa	rt IV, line 9, o	or repoi	ted an amou	nt on Forn	n
1a	Is the organization an agent, trustee, cus	todian or other in	ntermediary	for contr	ibutions or oth	ner asse	ts not		
	included on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part 2	KIII and complete	e the follow	nng table			,		
							ļ	Amount	
C	Beginning balance .	•	•			1c	<u> </u>		
d	Additions during the year				•	1d			
e f	Distributions during the year Ending balance	•			•	1e		 	
			4 V I 04	f			1		
2a	Did the organization include an amount o						-	Yes	ĭ No
b	If "Yes," explain the arrangement in Part	KIII Check here	if the expla	ination na	as been provid	lea on P	art XIII		
Part			. =	000 D-	484146				
	Complete if the organization a						13.75	1	
4-	Deginaria of voor belongs	(a) Current year	(b) Prio	ryear	(c) Two years b	back (c	i) Three years back	(e) Four y	ears back
1a	Beginning of year balance Contributions		 		"			- 	
b C	Net investment earnings, gains,	 						+	
·	and losses .]						
d	Grants or scholarships			·			····	<u> </u>	
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0		<u> </u>		0	
2	Provide the estimated percentage of the	current year end		ne 1g, co	olumn (a)) held	d as			
a	Board designated or quasi-endowment	>	·%						
b	Permanent endowment	%							
С	Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c	should equal 10	-						
3a	Are there endowment funds not in the po			n that are	held and adm	ninistere	d for the		
Ju	organization by	330331011 01 1110 1	oi gai lizatio	i tilot alo	riola ana aan		a for the	Y	es No
	(i) unrelated organizations .							3a(i)	1
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(II), are the related orga	nizations listed a	as required	on Sched	dule R? .			3b	
4	Describe in Part XIII the intended uses of	the organization	n's endown	ent funds	3				
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	rt IV, line 11a	a See	Form 990, Pa	rt X, line 1	0
	Description of property	(a) Cost or o (investri			st or other s (other)	• •	ocumulated preciation	(d) Book	value
1a	Land		0		17,859				17,85
b	Buildings		0		23,075		0		23,07
C	Leasehold improvements		0		0		0		
d	Equipment		0		0		0		
e	Other	ſ	01		01		al		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

40,934

(a) Description	(b) Book v	value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	•	
Other Liebilities		·

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	_	(b) Book value		
(1) Federal income taxes			0	
(2)				
(3)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, ∞l (B) line 25)	•		0	

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

Sched	uie D (Form 990) 2016 UNITED STEELWORKERS LOCAL 13214		83-0181990	Page 4
Par			nue per Return.	
	Complete if the organization answered "Yes" on Form 990	D, 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	ا مو ا		
a	Net unrealized gains (losses) on investments	2a 2b		
b	Donated services and use of facilities .			
C	Recoveries of prior year grants	2c 2d	———	
d	Other (Describe in Part XIII) Add lines 2a through 2d	_ <u> </u>	2e	٥
е 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		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	L <u>:~_l</u>	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2)	5	
	Reconciliation of Expenses per Audited Financial Sta		enses per Return.	
	Complete if the organization answered "Yes" on Form 990	-		
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities .	2a_		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	C
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)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	0
_	t XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and			X, line
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t	o provide any additior	al information	
. 				

Schedule D (Form 990) 2016		83-01819 <u>9</u> 0 Page 5
Part XIII Suppl	emental Information (continued)	

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.

2016

Open to Public Inspection

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

Name of the organization	Employer identification number
UNITED STEELWORKERS LOCAL 13214	83-0181990
OHILD OILLINGING LOOPL 102 17	100 0 10 1000
	*
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
UNITED STEELWORKERS LOCAL 13214	83-0181990
<del></del>	
	***************************************