Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection

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es 0 ∞

Α	For the	2017 ca	lendar year, or tax y	ear beginning			, and e	nding				
В	Check if a	applicable	C Name of organization	n United Steelw	orkers	•	_		D Employer	ıdentification	number	
\Box	Address o	hange	Doing business as	Local Union 1293	4							
\equiv		J	Number and street (or PO box if mail is not	delivered to street add	dress)	Room/suite		38-1551119			
Ш	Name cha	ange	PO Box 2380				1		E Telephone	number		
\Box	Initial retu	ırn	City or town		State		ZIP code		989-496-478	20		
\equiv			Midland		MI		48641	-	969-496-476			
	rinai return.	/terminated	Foreign country nan	ne Foreign	province/state/county	,	Foreign postal	code				
	Amended	return							G Gross rece	ipts \$;	321,842
\Box	Application pending F Name and address of principal officer H(a) is this a group return for subordi								or aubordinator	, N	X No	
ш	Applicatio	in penuing	Doyle Bills PO Box	•	11 49641				- '		Yes	=
_					<u> </u>			المنسد ا	all subordinate			
1 .	Tax-exem	pt status	501(c)(3) X	501(c) (5) ◀	(insert no) 4	947(a)(1)	or 527	プ "	No," attach a lis	(see instruct	ions)	
J	Website	: ► N/A	·				1.	H(c) Gro	up exemption r	umber ► 02	260	
K	Form of or	rganization	Corporation	Trust Associa	ation X Other >	Labor	Union L Yea	ar of forma	tion 1973	M State of	legal domicile	• MI
	art I	Su	mmary				1					`
	1		lescribe the organiz	ration's mission or	most significant a	activitie	s: Loca	I Union	enforced the	e collective		
စ္ပ	1 '		ng agreement to be						. = 1 0 5 0 5 1 5 1 5 1			
Governance			ntation to its member		original original control of the b	.0001 01	non and pro	VIGC				
ř			·									
ĕ	2		his box ▶॑ if th	-				of more	than 25% (1	sets.	
	3		of voting members		• •			•		_3		11
Š	4		of independent vot	-						4	_	0
語	5		mber of individuals		•	Part V, li	ine 2a) . .			5		37
Activities &	6	Total nu	mber of volunteers	(estimate if neces	sary)			-0.		6	_	<u> </u>
ĕ	7a	Total un	related business re	venue from Part V	III, column (C), lii	ne 12 .	RECEIV	IEU.		7a		0
	b	Net unre	elated business tax	able_income from l	Form 990-T, line	34	REC			7b		0
	,		utions and grants (F n service revenue (I		LARK		031	Reco	Prior Year		Current Yea	Br
Ф	8	Contribu	utions and grants (F	Part VIII, line 1h) .	oOS.\\".".		2 1 6	7013		0		0
Revenue	9	Progran	n service revenue (I	Part VIII, line 2g) .			. 0		302	,251	,	309,514
ě	10	Investm	ent income (Part Vi	III, column (A), line	es 3, 4, and 72000	9				,884		10,702
œ	11	Other re	evenue (Part VIII, co	olumn (A), lines 5,	6d, 8d, 9c, 10c, a	and 11e	DEN	R		988		1,626
	12	Total rev	enue—add lines 8 th	rough 11 (must equ	al Part VIII, columi	n (A)。iii	e18,EN		310	,123		321,842
	13	Grants a	evenue (Part VIII, co enue—add lines 8 th and similar amounts	s paid (Part IX, col	umn (A), lines	RVIC	,		51	,850		51,031
	14	Benefits	paid to or for mem	bers (Part IX, colu	mn (A), line 4)					0		
S	1		, other compensation			(A), lines	s 5–10) . .		142	,632		127,619
Se	16a		ional fundraising fe							0		0
Expenses	b		ndraising expenses				0				·	
X	17		xpenses (Part IX, co	•					80	,577		85,718
	18		penses. Add lines 1		·	(Δ)≡line				,059		264,368
	19		e less expenses. S		The second of th		- ¬s: u			,064		57,474
		1 lo vona	c 1000 expenses. e	abtract into 10 froi	/ / / =	14		Beainn	ing of Current		End of Yea	
ats c	20	Total as	sets (Part X, line 16	3)	7- 6		00		1,392			450,749
888	21		bilities (Part X, line	•	J. MAR I.	∞๋ว∩1	. // 🔿 !		1,002	0		0
Net Assets or	22		ets or fund balance	•		۱۰ ۲۰۰۰ ویم ص			1,392		1.	450,749
	art II		nature Block	5. Cabirati iiio 21	TOTT III 20				1,002	.,000		100,7 10
			y, I declare that I have ex	camined this return, incli	uding accompanying.s	chedulés	and statements	, and to th	e best of my kn	owledge		
			ect, and complete Declar									
e:	~~									3/5/	/2018	
Sig			Signature of officer		7//		.		Date			
He	re		Financial Secretar	y /		Te	Fina	ncial Se	cretary			
			Type or print name and									
		Prin	t/Type preparer's name	-	Preparer's signature			Date			PTIN	
Pa	id									neck if		
	eparer	·	 		-					elf-employed		
	e Only		n's name						Firm's EIN			
			n's address ▶						Phone no			
Ma	y the IF	RS discus	s this return with th	ne preparer shown	above? (see inst	truction	s)				Yes	X No

Form 9	90 (2017)	United Steelworkers	<u>38-1551119</u>	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission:		
	education	n, and to improve the working conditions of its members.		
2	Did the	proprietor undertake any conficent program convoca during the year which were not listed on		
2		organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.	ies	
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		T Yes	X No
		describe these changes on Schedule O.		٠٠
4		e the organization's program service accomplishments for each of its three largest program servi	ces, as measured by	
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
	the total	expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ including grants of \$) (Reve	enue \$)
		al Union continues in an ongoing effort to defend and enforce the negotiated collective		
	barganı	ng agreement for our members wages, benefits, and working conditions. The members dues,		
	related	ncome and expenses are used to carry out these activities. The Local Union is continually		
	striving	o maintain or accomplish improvements for our members.		
4b	(Code:) (Expenses \$ including grants of \$) (Reverses	enue \$)
4c	(Code.) (Expenses \$ including grants of \$) (Reverse	enue \$)
				- -
		•••••••••••••••••••••••••••••••••••••••		
4d	Other p	ogram services. (Describe in Schedule O.)		
	(Expens		0)	
4e	Total pro	oram service expenses ► 0		

Part IV Checklist of Required Schedules Part IV

			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	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			_
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>	-	
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		l	.,
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII	12a		X
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	İ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
i4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		İ	
. =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	х
6	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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			V
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		Х
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	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	10		v
	ii res, comprete conedure a, rattiir	19		Х

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the grganization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 19 if "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ł		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		ł
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		ļ
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	Ì		Ì
	990-EZ? If "Yes," complete Schedule L, Part I	25b	[ļ
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	Ţ	X
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	}	}	ł
	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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			Į
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ļ		l
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			1
	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 301.7701-37 If "Yes," complete Schedule R, Part I	33	_	X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		(
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	L

Form 990 (2017) United Steelworkers 38-1551119 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) За Did the organization have unrelated business gross income of \$1,000 or more during the year? За ь If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a Ь Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 9b 10 Section 501(c)(7) organizations. Enter: а Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 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 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . If "Yes," enter the amount of tax-exempt interest received or accrued during the year b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b

Enter the amount of reserves on hand

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

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

13c

Form 990 (2017) United Steelworkers Part VI

Sect	ion A. Governing Body and Management							
		la a		Yes	No			
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	4. ^^	* 5	:			
	If there are material differences in voting rights among members of the governing body, or		3000 v 30	- + y	2 20 5			
	if the governing body delegated broad authority to an executive committee or similar			^				
	committee, explain in Schedule O		\$75	2	* \(\frac{1}{2} \)			
b	Enter the number of voting members included in line 1a, above, who are independent		<u> </u>	Ů)			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship 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	l.		 			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		Х			
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?							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members	S.	7a		_			
_	stockholders, or persons other than the governing body?		7b	x				
8	Did the organization contemporaneously document the meetings held or written actions undertake		·	 ^				
•	the year by the following:	ir dailing						
а	The governing body?		8a	×	1			
b	Each committee with authority to act on behalf of the governing body?		8b	 x	\vdash			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	onchod	100	 ^-	├──			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		×			
<u> </u>			_ <u>-</u> _	<u> </u>	L <u>^</u>			
Seci	ion B. Policies (This Section B requests information about policies not required by the	<u>ınternar neveriue</u>	Coue.	/ Yes	No			
10-	Did the organization have local chapters, branches, or affiliates?		10a	163	X			
10a		ahantara	IUa		 ^-			
ь	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt put		106					
44.			10b		×			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the control of the	ore illing the form?.	11a		 ^-			
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1.0					
12a			12a	X	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	12b	_X	<u> </u>			
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		X			
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?		14		_X_			
15	Did the process for determining compensation of the following persons include a review and appro	~						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official		15a		X			
þ	Other officers or key employees of the organization		15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			`				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	jement		3	;			
	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	iate its			,			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard						
	the organization's exempt status with respect to such arrangements?		16b		[" ′			
Sect	ion 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 99	0-T (Section 501(c)(3)s only	/)				
. •	available for public inspection. Indicate how you made these available. Check all that apply.	0 1 (00000)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
		plaın ın Schedule O,	ı					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			d				
	financial statements available to the public during the tax year.	oorningt of interest bo	y, ai	.				
20	State the name, address, and telephone number of the person who possesses the organization's to	nooks and records:						
	0 1 0 0	989-496-4780	-					
	PO Box 2380, Midland, MI 48641	303-430-4700						
	1 O BOX 2000, Wildiana, Wil 70041							

-											-
•											
Form 990 (2017).	United Steelworkers									38-15511	19 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	eγ	Em	plo	yee	s, t	lighest Comp		
	Employees, and Independent C		·	•		•					
	Check if Schedule O contains a r	esponse or no	te to	any	/ lin	ie ir	n this	s Pa	art VII		🔲
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est (Con	npe	nsate	ed E	mployees		
1a Complete	this table for all persons required to be	listed Report co	mper	ısatı	on f	or t	he ca	lend	dar year ending v	with or within the	
organization's	tax year.	,	•						, c		
 List all 	of the organization's current officers, d	rectors, trustees	(whe	ethe	rinc	livid	luals	or o	rganizations), re	gardless of amo	unt
•	ion Enter -0- in columns (D), (E), and (
	of the organization's current key emplo										
	organization's five current highest con										yee)
	reportable compensation (Box 5 of For and any related organizations.	m vv-2 and/or Bo	3X / C	א רכ	orm	109	9-10113	5C)	or more than \$1	00,000 from the	
-	of the organization's former officers, ke	v employees ar	nd hia	hac	t co	mne	nest	ad a	amployees who r	ecawed more th	an
	eportable compensation from the organ							eue	inployees who i	eceived more in	an
	of the organization's former directors	•			_			eitv a	as a former direc	tor or trustee of	the
	more than \$10,000 of reportable compe										
	n the following order individual trustees		_						-		
compensated	employees, and former such persons.									_	
Check the	is box if neither the organization nor an	y related organiz	ation	con	npei	nsai	ted a	ny c	urrent officer, dir	ector, or trustee.	
		T T	Γ		((Ι		
			ĺ		Pos	ition)		
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per			dad	rect	or/trust	ee)	compensation	compensation	amount of
		week (list any hours for	or d	inst	Officer	Key	e 를 를	Former	from the	from related organizations	other compensation
		related organizations	Individual trustee or director	Institutional trustee	e	Key employee	lest loye	Ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	or E	mal		ploy	HE COM		(W-21099-WISC)		and related
		line)	stee	trust		ě	pen				organizations
		}		æ			Highest compensated employee	1			
(1) John M	endyk	60.00	 	-			- <u>-</u> -				
President	oria, i	0.00			х			l	21,516		
(2) Michae	Orvosh	55.00							21,010		
Vice Presiden		0.00	ļ		х			ļ	16,847		
(3) Judy Ar	00	10.00									
Recording Se	Recording Secretary 0.00 X 3,600										
(4) Doyle Bills 25 00											
Financial Secretary 0 00 X 20,561											
(5) Timothy	y Smith	5.00	{					1			
Treasurer		0.00	 	igspace	X		-	<u> </u>	1,456	<u> </u>	
(6) Phil Rit	ter	1.00						ĺ			
Guide		0.00	l		X			ı	720		

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9,775

11,512

2,279

10,143

719

(7) Alex Cameron

(8) Doug Gowing

(12)

Trustee

Trustee

Guard

Trustee

Guard

(14)

(9) Edwin Neeland

(10) Thomas Woods

(11) Brian Cantrell

(13)

38-1551119	Page 8
(continued)	

Pa	Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	I Hi	ghes	t Co	ompensated Em	ployees (contin	ued)		
		(C) Position											
	(A)	(B)			neck	more	than o		(D)	(E)	· _	(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation		timated nount o	
		week (list any				_			from the	from related	Ì	other	
		hours for related	dire	曹	Officer	y en	hes	Former	organization	organizations (W-2/1099-MISC)		pensati om the	
		organizations below dotted	or in	Sa.	ĺ	Key employee	ee con		(W-2/1099-MISC)			anızatıc i relate	
		line)	Individual trustee or director	Institutional trustee		8	pen			1		nızatıo	
		1		8	1		Highest compensated employee		}				
(45)		 			├—	-			 				
(is)			1		1				ì				
(16)			1	-	-	\vdash			 		 		
			ĺ						[_	<u> </u>		
(17)													
	 			<u> </u>	<u> </u>						 		
(18)			}		1		}		}		}		
(10)				-	}	-	-						
7137			l		}								
(20)			\vdash	\vdash	\vdash		-						
				_									
(21)			}	1	}						1		
(00)			-	<u> </u>		-					<u> </u>		
(22)				•									
(23)				 	 						 		
													_
(24)													
		-											
(25)			1				1						
1b	Sub-total			اــــــــــــــــــــــــــــــــــــ	:			•	99,128	0			0
C	Total from continuation sheets to Part VII, Se							•	0	0			0
_d	Total (add lines 1b and 1c)	<u> </u>	<u>. </u>	<u> </u>	<u>.</u>	<u></u>		▶	99,128	0			0
2	Total number of individuals (including but not lin	nited to those lis	ted a			/ho	recei	ved	more than \$100	,000 of			
	reportable compensation from the organization				0							Yes	No
3	Did the organization list any former officer, dire	ctor or trustee I	kev e	mni	ove	e 0	r hiah	nest	compensated	i		res	INO
·	employee on line 1a? If "Yes," complete Sched		•		•		g.				3		Х
4	For any individual listed on line 1a, is the sum of	of reportable com	npens	atio	n a	nd c	other	con	npensation from			ľ	
	the organization and related organizations grea									ו		·	
	ındıvıdual										4		Χ
5	Did any person listed on line 1a receive or accr	•			•			_			.	, 1	
	for services rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for	suc.	h per	son	' · · · · · · · · · · · · · · · · · · ·		5		X
Sect 1	tion B. Independent Contractors Complete this table for your five highest compe	neated independ	topt o		ract		that r		wod more than 9	100 000 of			
•	compensation from the organization. Report co										ax		
	year.					,							
	(A) (B)								(C)				
	Name and business address Description of services							rices	Compens	ation			
													0
							\dashv						<u>0</u> 0
					_								0
													0
2	Total number of independent contractors (included and included and inc	-	ed to	tho	se li	stec	abo	ve)	who received			,	'" ,
	more than \$100,000 of compensation from the	organization	_			_	0					,	

Form 990 (2017)	United Steelworkers			38-15511	19 Page
Part VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in	this Part VIII .			. 🗆
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512-514

13.00				(A)	(B)	(C)	(D)
1000	~ ~\`~.•			Total revenue	Related or exempt	Unrelated business	Revenue excluded from
					function	revenue	tax under sections
<u> </u>					revenue		512-514
ts ts	1a	Federated campaigns	0			and the second	man mark paper to made
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
s, G	С	Fundraising events	0			* * * * * * * * * * * * * * * * * * * *	
GIF.	d	Related organizations 1d	0				
is, in	е	Government grants (contributions) 1e	0	1		* ,	
ttor er S	f	All other contributions, gifts, grants, and				1	
를 통		similar amounts not included above 1f	0		, ,	, * ·	
ng T	g	Noncash contributions included in lines 1a-1f. \$	0		*		**
ပဏ	h	Total. Add lines 1a-1f	▶] 0	\$. v 1		
<u></u>			Business Code				
1E	2a	Membership Dues	900099	309,514	309,514		
ě	ь			0			
8	c			0			
2	d			0			
S	_			<u> </u>	<u> </u>		
<u> </u>	f	All other program service revenue			<u> </u>		
Program Service Revenue		Total. Add lines 2a–2f		309,514			
	3	Investment income (including dividends, interest,		000,014			
	١	other similar amounts)		10,702	10,702		
	4	Income from investment of tax-exempt bond prod		10,702			
	5			1 0			
	"	Royalties	(II) Personal	<u> </u>			
	60	Gross rents	 				
	6a			1			
	b	Less rental expenses	<u> </u>	-			
	C	110111411110011100111001110	<u>-</u>	· · · ·	,	· .	,
	_d	Net rental income or (loss)	(II) Other	0			
	7a	GIOSS GINEGIA HOME GAIGE ST	(ii) Other				
		assets other than inventory . 0			•		•
	Ь	Less: cost or other basis					
	ŀ	and sales expenses 0	0				
	C	Gain or (loss)0	L0			ĺ .	^
	d	Net gain or (loss)	<u>····</u>		<u> </u>	 	
•				Į.			
Jue	8a	Gross income from fundraising		,			
ĕ		events (not including \$0					ž
æ		of contributions reported on line 1c).]-		,	
eг		See Part IV, line 18	0				ŧ
Other Reven	b	Less direct expenses b	0		,	v ′	·
U	С	Net income or (loss) from fundraising events	<u> </u>	0			
	9a	Gross income from gaming activities				, ,	
	}	See Part IV, line 19	0	,			
	b	Less: direct expenses b	0]			
	С	Net income or (loss) from gaming activities.	<u></u> . ▶	0			
	10a	Gross sales of inventory, less			,		
		returns and allowances	0		` .	_	٤
	ь	Less: cost of goods sold b	0] (]	
	C	Net income or (loss) from sales of inventory	🕨) 0	}]
		Miscellaneous Revenue	Business Code	**		1	
	11a			i	1]
	b			0	1		
	c			0			
	d	All other revenue		1,626	1,626		
	e	Total. Add lines 11a–11d		1,626		2 2 2	
	12	Total revenue. See instructions.		321,842		 	0
						'	Form 990 (2017)

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)

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	51,031			milyin pungan an
2	Grants and other assistance to domestic			TAR OF THE PARTY O	
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			13 7	*
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	99,128		0	
6	Compensation not included above, to disqualified	33,120		ļ	
Ü	persons (as defined under section 4958(f)(1)) and	ł		}	
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	21,145			
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	ol		[
9	Other employee benefits			 	
10	Payroll taxes	7,346		 	
11	Fees for services (non-employees)	7,340			
		ol			
a	Management	35,086			
b	Legal				
ч С	Accounting	0			
d e	Lobbying				
f	Investment management fees				
-	Other (If line 11g amount exceeds 10% of line 25, column	-		 	
g	(A) amount, list line 11g expenses on Schedule O)	ol		0	
12	Advertising and promotion	_		<u> </u>	
13	Office expenses	4,105		 	
14	Information technology				
15	Royalties	- 0		 	
16	Occupancy	250			<u></u>
17	Travel	6,938			
18	Payments of travel or entertainment expenses	0,300		 	
. •	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	29,136			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization		0	0	0
23	Insurance		<u> </u>		_
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		v »	*	·
	line 24e amount exceeds 10% of line 25, column		*	, ,	
	(A) amount, list line 24e expenses on Schedule O)	,		,,	
а	Day Courts Force	2,398			<u> </u>
b	Fees and Dues Remitted	1,770			 _
C		0			
d	·	0			
e	All other expenses	6,035		 -	
25	Total functional expenses. Add lines 1 through 24e	264,368	0	0	0
<u>25 </u>	Joint costs. Complete this line only if the			 	
	organization reported in column (B) joint costs	}			
	from a combined educational campaign and	ł			
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	†			
					Form 990 (2017)

Form 990 (2017) United Steelworkers Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			· · · · [_]
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,386,762	1	1,444,236
	2	Savings and temporary cash investments	0	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,	*		
	ļ	trustees, key employees, and highest compensated employees.			
	ļ	Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section		- 4	
	ļ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	}	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts	İ	organizations (see instructions) Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment cost or			,
	Ì	other basis. Complete Part VI of Schedule D 10a 4,713	,		
	ь	Less accumulated depreciation . 10b 0	4,713	10c	4,713
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11.	1,381	12	1,800
	13	Investments—program-related See Part IV, line 11	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 equal line 34)	1,392,856	16	1,450,749
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D [0	21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	,		
ap		disqualified persons. Complete Part II of Schedule L	0	22	
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			,
	Ì	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ and			,
Ses		complete lines 27 through 29, and lines 33 and 34.	,	l I.	,
aŭ	27	Unrestricted net assets	0	27	, ,
Bal	28	Temporarily restricted net assets	0	28	
5	29	Permanently restricted net assets	0	29	
ڄ	}	Organizations that do not follow SFAS 117 (ASC958), check here	- , , , , , , , , , , , , , , , , , , ,		
or Fund Balances	}	complete lines 30 through 34.			Í.
S	30	· •			
Se	1	Capital stock or trust principal, or current funds	1,388,143		1,446,036
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	4,713		4,713
et	32	Retained earnings, endowment, accumulated income, or other funds	1 202 856	32	1 150 7 1
~	33	Total lightlyton and not coasts/fund balances	1,392,856		1,450,749
	34_	Total liabilities and net assets/fund balances	1,392,856	_34_	1,450,749

	90 (2017) United Steelworkers	38-1551	119	Pag	<u>e 12</u>
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)			321	,842
2	Total expenses (must equal Part IX, column (A), line 25)			264	,368
3	Revenue less expenses. Subtract line 2 from line 1			57	,474
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			1,392	,856
5	Net unrealized gains (losses) on investments				419
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))	<u> </u>		1,450	,749
Part .				,	
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · </u>		<u>. </u>	
		_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		- 1	l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		,
	Schedule O			- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· · -	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	ľ	- 1		
	reviewed on a separate basis, consolidated basis, or both:		1		
	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		1		
	separate basis, consolidated basis, or both		1	:	
	Separate basis Donsolidated basis Both consolidated and separate basis		1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				,
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	[2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.	1.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		Į	l	
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	l	Į	Į	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		3b		
		1	Form !	990 ((2017)

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.

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Unite	d Steelworkers		38-1551119
Par	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	
		ed "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)		<u></u>
4	Aggregate value at end of year	L	<u> </u>
5	Did the organization inform all donors and don		
	funds are the organization's property, subject t	•	
6	Did the organization inform all grantees, dono		
	used only for charitable purposes and not for t		
	purpose conferring impermissible private bene	##**	Yes . No
Pari	Conservation Easements.		
		ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by	·	
	Preservation of land for public use (e.g , r	ecreation or education) Preservati	on of a historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easer		2b
C	Number of conservation easements on a certification		<u>2c</u>
d	Number of conservation easements included i		
2	historic structure listed in the National Registe		2d
3	Number of conservation easements modified, the tax year ▶	transferred, released, extinguished, or let	minated by the organization during
4	Number of states where property subject to co	nservation easement is located	
5	Does the organization have a written policy re-		handling of
·	violations, and enforcement of the conservation		Yes No
6	Staff and volunteer hours devoted to monitoring, in		
	•		, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing con-	servation easements during the year
	▶ \$		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section $170(h)(4)(B)(II)$?		Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the to	· · · · · · · · · · · · · · · · · · ·	ancial statements that describes
	the organization's accounting for conservation		011 01 11 1
Pari	Organizations Maintaining Collect	•	
		ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other simil of public service, provide, in Part XIII, the text	· ·	
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil		
	of public service, provide the following amount	·	, o. rocouron in faratoration
	(i) Revenue included on Form 990, Part VIII, I.		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
	following amounts required to be reported und		- '
а	Revenue included on Form 990, Part VIII, line	1	> \$
b	Assets included in Form 990, Part X		b \$

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	Sched	ile D (Form 990) 2017 United Steelworkers			38-15	51119 Page 2
collection items (check all that apply). a Public exhibition of Loan or exchange programs b Scholarly research c Preservation for future generations 4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of airt, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No No Tear IV Escrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, ouslodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes" explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Additions during the year. C Beginning balance 1 E Contributions during the year. 1 Stability of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tiability? Yes X No If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance c Other organization answered "Yes" on Form 990, Part IV, line 10. 1b Permaner the estimated percentage of the current year do balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 2 Permaner the estimated percentage of the current year and balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 3 Permaner the dorganizations b Permaner the dorganizations (Part	III Organizations Maintaining Colle	ections of Art, Histori	cal Treasures, or	Other Similar Asse	ts (continued)
a Public exhibition d Loan or exchange programs b Scholarly research e Cher C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII 5 During the year, did the organization scholar or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						
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assets to be sold to raise funds rather than to be maintained as part of the organization's collection? .	~					
Escrow and Custodial Arrangements.	Э	- · ·				□ v ₂ , □ v ₂
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Section Sect	Part					. –
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Included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance C Beginning balance It d Additions during the year Ending balance Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back						
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c Beginning balance d Additions during the year 1						Yes No
c Beginning balance d Additions during the year 1 te 1 dd	b	if "Yes," explain the arrangement in Part XI	il and complete the followi	ing table	 	A
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e Distributions during the year f Ending balance. 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 4 Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 5 Contributions. C Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs f Administrative expenses. g End of year balance. D Permanent endowment P Permanent endowment P Permanent endowment P Permanent endowment No. A Ret there endowment tunds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations. (ii) related organizations. (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? D Description of property (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (b) Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. C Leasehold improvements. O O O O O O O O O O O O O O O O O O O						
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Part V		-			•	L Yes A No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete Controlutions Contr			II. Check here if the explai	nation has been provi	ded on Part XIII.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Form years ba	Part					
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b Contributions. c Net Investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs f Administrative expenses. g End of year balance. O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		 -	a) Current year (b) Prior	year (c) Two years	back (d) Three years ba	ck (e) Four years back
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f Administrative expenses. g End of year balance. D D O O O O O O O O O O O O O O O O O O	•	•			}	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	f	· · ·				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	a	·	0	0	0	0 0
Board designated or quasi-endowment b Permanent endowment C Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iiii) relat	2	· · · · · · · · · · · · · · · · · · ·	irrent year end balance (lir	ne 1g, column (a)) hel	d as:	
c Temporarily restricted endowment	а			J. (//		
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b	Permanent endowment	%			
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (iii) elated organizations. (iii) related organizations. (iiii) related organizations. (iiii) related organizations. (iiii) related organizations. (iii) related organizations. (iiii) related organizations. (iiii) related organizations. (iiii) related organizations. (iii) related organizati	C	Temporarily restricted endowment	%			
Organization by: Yes No						
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 0 0 b Buildings 0 0 0 c Leasehold improvements 0 0 0 d Equipment 0 4,713 0 4,713 e Other 0 0 0 0	3a	Are there endowment funds not in the poss	ession of the organization	that are held and add	ministered for the	
(ii) related organizations		•				Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		.,				
Description of property Land. Description of property Land.		`,				
Part VI Land, Buildings, and Equipment.	b	• • • • • • • • • • • • • • • • • • • •	·			3b
Complete If the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation				ent funds.		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Part			NO D-41/11 4.	0 5 000 5	
Ia Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 4,713 0 4,713 e Other 0 0 0 0						
1a Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 4,713 0 4,713 e Other 0 0 0 0		Description of property	''	' '	, ,	(d) Book value
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 4,713 0 4,713 e Other 0 0 0 0	10	Land	- 		depreciation	
c Leasehold improvements			_ 			
d Equipment		•				
e Other	_					
<u> </u>						4,713
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<u>-</u>		4,713

Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11b. See Form	990, Part X, line 12.
`(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	aluation
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Related.			<u> </u>
Complete if the organization answe	red "Yes" on Form 990) Part IV line 11c. See Form	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	aluation
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. Complete if the organization answe (a) De	red "Yes" on Form 990 scription), Part IV, line 11d. See Form	990, Part X, line 15.
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)		-	
(9)	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		
Part X Other Liabilities. Complete if the organization answe line 25.	red "Yes" on Form 990), Part IV, line 11e or 11f. See	e Form 990, Part X,
1. (a) Description of liability	(b) Book value	,	
(1) Federal income taxes	0	,	•
(2)			· · · · · · · · · · · · · · · · · · ·
(3)			*
(4)		· .	, ,
(5)			, , , , , , , , , , , , , , , , , , ,
(6)			,
(7)			
(8)			, ** , , , , , , , , , , , , , , , , ,
(9)			*
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	toyt of the feet state to the		*
Liability for uncertain tax positions In Part XIII, provide the organization's liability for uncertain tax positions under FIN 48			
ergernautro nabinty for universalities positions under I III 40	TOTAL TOTAL CONTROL TO THE PORT OF THE POR	ווט נסאג טו נווט וטטנווטנס וומס טפפוו 100	TIGGG III I GILAIII

Sche	dule D (Form 990) 2017 United Steelworkers		38-1551119	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part	t 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	2a		
b	Donated services and use of facilities	2b	~	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	7	
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	1 1	
b	Other (Describe in Part XIII)	4b	7 - 1	
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
Pa	1 XII Reconciliation of Expenses per Audited Financial Statemen		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		T 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1	
b	Prior year adjustments	2b	7 }	
c	Other losses	2c	1 1	
d	Other (Describe in Part XIII.)	2d	1 1	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
ь	Other (Describe in Part XIII)	4b	┥	
c	A 111 A 1 A		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	t XIII Supplemental Information.	 		
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to pro			
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Schedule D (Forn	n 990) 2017	United Steelworkers			38-155	51119	Page 5
Part XIII	Supplen	nental Information	(continued)				
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SCHEDULE 1 (Form 990)

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

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

▶ Attach to Form 990.

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Go to	

OMB No 1545-0047	7107 707	Open to Public	
Τ.	Z001	Open to Public	

Inspection Employer identification number 38-1551119

Department of the Treasury Internal Revenue Service Name of the organization United Steelworkers

Part |

art	art General Information on Grants and Assistance
Õ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
the	the selection criteria used to award the grants or assistance?
De	United States.
art II	art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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1 (a) N	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(E)								
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(1)								
(12)								
о с П	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	501(c)(3) and go ganizations liste	vernment organization of in the line 1 table.	ions listed in the line 1	table		A A	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\mbox{\scriptsize HTA}}$

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22.

United Steelworkers

Schedule I (Form 990) (2017)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV Ŋ 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization Employer identification number United Steelworkers 38-1551119 Form 990, Part VI, Section A, Line 6: The Labor organization has full dues paying members Form 990, Part VI, Section A, Line 7a: The Labor organization's active members each have one vote & elect officers of the governing body every three years as specified in the constitution. Form 990, Part VI, Section A, Line 7b. The labor organization's active members each have one vote & approve all decisions of the governing body & decisions that arise during scheduled membership meetings. Form 990, Part VI, Section B, Line 11b. The labor organization's financial officers & President review the form before filing. Form 990, Part VI, Section B, Line 19. The labor organization does not routinely make such documents available to the public

Schedule O-(Form 990 or 990-EZ) (2017)	Pag	ge 2
Name of the organization	Employer identification number	
United Steelworkers	38-1551119	
•		
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