For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** 

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

OMB No. 1545-0047

201

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.

Open to Public

A Forth 2017 callendary year, or tax year beginning			nue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspect	ion			
Control reportable   Charmed organization United Steelworkers Local 307   Septiment of the provided in the	Ā	For the	e 2017 cale	ndar year, or tax year beginning January 1 , 2017, and endin	January 1 , 2017, and ending Dece						
Address change   Institute	В							ımber			
Number and street (or P O box f mals not delivered to street address)   Room/suite   E Telephone number						1	48-0517457				
Professional return   Fold return/mammate   City of two, state or province, country, and ZIP or foreign postal code   Topeka, Kansas   Tope	$\overline{\Box}$		*		ite	E Telepho					
Program service revenue (Part VIII, Inne 19)   1   1   1   1   1   1   1   1   1	$\overline{\Box}$		•	1603 NW Taylor			785-234-5688				
Amended return	$\Box$				700-204-0000						
Application pending   Name and address of pimocoal officer   Jody Juanez S217 NE Shaffer Rd., Topeka, Ks. 66817   High is bas group return to subcordrates?   Yes   No   No   No   No   No   No   No   N	$\Xi$			G Gross re	oceints \$	727167					
Tax-exempt status    Softigio   2 Softigio   3 Softigio	$\Box$										
Two-secret atabus   Strip(s)		Applicat	lion pending		1 ''						
Website:   New   High Group exemption number   High Group exemp	_	Tay-ovo	mot status								
Summary   Sum	<del></del>				<b>~</b>		•	,			
Summary   Seminary	<u>K</u>			Corporation Trust Association (7 Other N. Labor Union I. Year of format	<del></del> _			VS			
Brefly describe the organization's mission or most significant activities: Local Union enforces collective bargaining agreement for better working conditions and representation to the members of Local 307.  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) . 3 11  4 Number of independent voting members of the governing body (Part VI, line 1a) . 3 11  5 Total number of independent voting members of the governing body (Part VI, line 1a) . 4 00  6 Total number of volunteers (settimate if necessary) . 6 0 134  6 Total number of volunteers (settimate if necessary) . 6 0 0 0  Net unrelated business revenue from Part VIII, column (C), line 2CEIVED . 7a 0 0  7a Total unrelated business revenue from Form 900T, line 2CEIVED . 7a 0 0  9 Program service revenue (Part VIII, line 1a) . 9 0 0 0 0  10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_				1011 1945	i i i state	or legal domicile	<u> </u>			
agreement for better working conditions and representation to the members of Local 307.    Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		_			Inion onfor	os collect	ivo bargaining				
4 Number of independent voting members of the governing body (Part VI, line 1b). 4	a)	'	-	***************************************		es coneci	ive bargaining				
4 Number of independent voting members of the governing body (Part VI, line 1b). 4	Š	1	agreemen	it for better working conditions and representation to the members of Loca	307.						
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0  5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 134  6 Total number of volunteers (estimate if necessary) 6 0  7a Total unrelated business revenue from Part VIII, column (C), Title CEIVED 7b 0  8 Contributions and grants (Part VIII, line 1h) 7b 0  9 Program service revenue (Part VIII, line 2p) 7b 0  10 Investment income (Part VIII, column (A), lines 3, 4, and 7b 12 2219 1786  11 Other revenue (Part VIII, column (A), lines 3, 68, 89 10c 545555 412737  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 56407 312644  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 4) 0 0 0  13 Grants and similar amounts pad (Part IX, column (A), lines 4) 0 0 0  14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 211965 153948  16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0  17 Other expenses (Part IX, column (A), line 12) 494165 1071885  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 494165 1071885  19 Revenue less expenses. Subtract line 18 from line 12 88910 9 1131146 1546736  20 Total assets (Part X, line 16) 1131146 1546736  21 Total liabilities (Part X, line 26) 0 0 0  10 Total revenue Book  Under penalties of perjury, I seciare that I have exampled his return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete belaration of proport of their burn-officer) is based on all information of which preparer has any knowledge and belief, it is self-employed  Prim's perparer's name Preparer's signature Date Check of Prim's Ein Prim's	Ë	9	Chook th	us hav North the arganization discontinued its appraisance or disposed	of more the	n 25% of	ite not accote				
4 Number of independent voting members of the governing body (Part VI, line 1b). 4	Š	1			n more ma		its het assets.				
b Net unrelated business taxable income from Form 990 T, line SECEIVED 7b 0  8 Contributions and grants (Part VIII, line 1h) 0 0 0 0  9 Program service revenue (Part VIII, line 2g) 0 425875 412737  10 Investment income (Part VIII, column (A), lines 3, 4, and 70 1  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c 10c 10c 10c 10c 10c 10c 10c 10c 10	<u>ن</u> حم	1					<del></del>				
b Net unrelated business taxable income from Form 990 T, line SECEIVED 7b 0  8 Contributions and grants (Part VIII, line 1h) 0 0 0 0  9 Program service revenue (Part VIII, line 2g) 0 425875 412737  10 Investment income (Part VIII, column (A), lines 3, 4, and 70 1  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c 10c 10c 10c 10c 10c 10c 10c 10c 10	es 6	1				<del></del>		0			
b Net unrelated business taxable income from Form 990 T, line SECEIVED 7b 0  8 Contributions and grants (Part VIII, line 1h) 0 0 0 0  9 Program service revenue (Part VIII, line 2g) 0 425875 412737  10 Investment income (Part VIII, column (A), lines 3, 4, and 70 1  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c 10c 10c 10c 10c 10c 10c 10c 10c 10	Ϋ́	1									
b Net unrelated business taxable income from Form 990 T, line SECEIVED 7b 0  8 Contributions and grants (Part VIII, line 1h) 0 0 0 0  9 Program service revenue (Part VIII, line 2g) 0 425875 412737  10 Investment income (Part VIII, column (A), lines 3, 4, and 70 1  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c 10c 10c 10c 10c 10c 10c 10c 10c 10	Ç	1									
8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 10	•	1 .	Not uprol	etad business tevenue from Fait VIII, columni (C), line RECEIVED							
8 Contributions and grants (Part VIII, line 1h)		<u>B</u>	ivet uniter	ated business taxable income from Porti 99011, line 34-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9	- Prior V		Current Ve				
9 Program service revenue (Part VIII, Line 2g) 425875 412737 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2219 1786 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 56407 312644 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 484501 727167 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 211965 153948 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 282200 917937 17 Other expenses (Part IX, column (A), line 11e) 0 0 282200 917937 18 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25) 494165 1071885 19 Revenue less expenses. Subtract line 18 from line 12 9664 344718 20 Total assets (Part X, line 26) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ne		Contribut	trans and grants (Part VIII line 1h)			- Outrent Te				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c, 10umn (A), line 12)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0  14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0  17 Other expenses (Part IX, column (A), line 11e) 0 0 0  18 Total fundraising expenses (Part IX, column (D), line 25) 0 0  19 Total fundraising expenses (Part IX, column (A), line 11e) 0 0 0  10 Total fundraising expenses (Part IX, column (A), line 25) 0 0  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 282200 917937  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 494165 1071885  19 Revenue less expenses. Subtract line 18 from line 12 0 282200 917837  20 Total assets (Part X, line 16) 1131146 1546736  21 Total liabilities (Part X, line 26) 0 0 0  22 Net assets or fund balances. Subtract line 21 from line 20 1131146 1546736  23 Part II Signature Block  Under penalties of pergury, I declare that I have exampled this return, polluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete the claration of preparer fother than officer) is based on all information of which preparer has any knowledge  Part II Signature Prim's address Primes address											
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c, 10umn (A), line 12)  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0  14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0  17 Other expenses (Part IX, column (A), line 11e) 0 0 0  18 Total fundraising expenses (Part IX, column (D), line 25) 0 0  19 Total fundraising expenses (Part IX, column (A), line 11e) 0 0 0  10 Total fundraising expenses (Part IX, column (A), line 25) 0 0  17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 282200 917937  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 494165 1071885  19 Revenue less expenses. Subtract line 18 from line 12 0 282200 917837  20 Total assets (Part X, line 16) 1131146 1546736  21 Total liabilities (Part X, line 26) 0 0 0  22 Net assets or fund balances. Subtract line 21 from line 20 1131146 1546736  23 Part II Signature Block  Under penalties of pergury, I declare that I have exampled this return, polluding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete the claration of preparer fother than officer) is based on all information of which preparer has any knowledge  Part II Signature Prim's address Primes address	Ver	i	-								
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   484501   727167     13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Re	1	Otherre	Port VIII, column (A), lines 5, 4, and 7d)							
13   Grants and similar amounts paid (Part IX, column (A), lines 1–3)   0   0   0   14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0   0   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   211965   153948   153948   16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0   0   0   0   0   0   0		1			-		<del></del>				
14 Benefits paid to or for members (Part IX, column (A), line 4)							<del></del>	727167			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   211965   153948   16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0   0   0   0   0   0   0		ļ.			<del></del> -	0	<del></del>	0			
16a Professional fundraising fees (Part IX, column (A), line 11e)		1		· · · · · · · · · · · · · · · · · · ·		0		0			
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3131146  314718  Beginning of Current Year  End of Year  End of Year  1 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  1131146  1546736  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of perjury in name and title  Paid  Preparer  Primit ype or print name and title  Preparer  Use Only  Firm's name  Firm's address ▶  Phone no	ses	1		taran da antara da a				153948			
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3131146  314718  Beginning of Current Year  End of Year  End of Year  1 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  1131146  1546736  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of perjury in name and title  Paid  Preparer  Primit ype or print name and title  Preparer  Use Only  Firm's name  Firm's address ▶  Phone no	ë				2 AM 1 AM 1		### (P###C 19##C 19#	0			
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3131146  314718  Beginning of Current Year  End of Year  End of Year  1 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  1131146  1546736  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Signature of perjury in name and title  Paid  Preparer  Primit ype or print name and title  Preparer  Use Only  Firm's name  Firm's address ▶  Phone no	Š	1			24 7 M		\$\$\$\$\frac{1}{2} \cdot \frac{1}{2} \$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	······································			
19 Revenue less expenses, Subtract line 18 from line 12	_		-	to the state of the							
Beginning of Current Year   End of Year		ı			<del></del>						
Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Net assets or fund balances. Subtract line 21 from line 20  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 16)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 16)  Net assets or fund balances. Subtract line 21 from line 20  Total liabilities (Part X, line 16)  Total liabilities (Part X,			Revenue		Page at C		End of Vo				
Under penalties of perjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Prim's name  Firm's name  Firm's address  Phone no	is or	00	T-4-1	<u></u>	beginning of C						
Under penalties of perjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Prim's name  Firm's name  Firm's address  Phone no	sse's	20		· · · · · · · · · · · · · · · · · · ·	<del></del>	1131146		1546736			
Under penalties of perjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Prim's name  Firm's name  Firm's address  Phone no	ĘĘ.	21		· · · · · · · · · · · · · · · · · · ·	<del></del>	0		0			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge  Sign Here  Paid Print/Type preparer's name Preparer's signature  Prim's name Firm's name Firm's address Phone no				<del></del>		1131146	<del></del>	1546736			
Sign Here  Paid Preparer Use Only  Firm's address  Firm's address  Firm's address  Phone no	_										
Sign Here    Signature of lifticer   Date	tru	aer pena e. correc	aities of perjui et, and compl	ry, I declare that I have examined this return, including accompanying schedules and state ete. Declaration of preparer (other than officer) is based on all information of which preparer	ments, and to rhas anv knov	tne best of r /ledae	ny knowledge and	belief, it is			
Sign Here  Signature of Officer  Type or print name and title  Paid  Preparer  Use Only  Firm's name  Firm's address   Poate  Type or print name and title  Preparer's signature  Preparer's signature  Date  Check if self-employed self-employed  Firm's EIN   Phone no			T								
Here    State   Ummons   State   Stat	Sic	ın	Sign			ato.	<del></del>	<del></del>			
Type or print name and title  Paid Preparer  Use Only  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Print/Type											
Paid Preparer  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name  Firm's EIN ▶  Firm's address ▶  Phone no	. 16		Typo			<u> </u>	, , , , ,	ر			
Paid Preparer Use Only Firm's name Firm's address ▶ Phone no			<u> </u>		nte .		PTIM				
Use Only Firm's name Firm's EIN ► Phone no			1	po proparor a name	110						
Firm's address Phone no							oloyeo				
	Us	e On	יי עי				<del></del>				
	Ma	v the II			Ph	one no	ΠVan	□ No			

Form **990** (2017)

Cat. No 11282Y

	0 (2017)	Page <b>2</b>
Part		
	Check if Schedule O contains a response or note to any line in this Part III	· · · 📮
1	Briefly describe the organization's mission:  The Local's mssion includes, but is not limited to, on behalf of the union, collective argaining, greivance procedures, arbit strike benifits, education, organizing and to improve working conditions.	
2		es 🗹 No
3		es ☑No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as mexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	neasured by s to others,
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
		~~~~~~~
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
		' 
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	



Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>→</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		3	
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	1	
þ	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		<b>√</b>
	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		<b>√</b>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>·</u>
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		<u>▼</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<b>✓</b>
b b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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		<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Form 9	90 (2017)		f	age 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<b>✓</b>
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20ь		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>✓</b>
31	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		<b>✓</b>
32	Part I	31		<b>✓</b>
- 33	complete Schedule N, Part II	32		✓ -
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	<u> </u>
		Forr	n 990	(2017)

Part	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 1a	953		100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		3.0	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	E.S.	700	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 134		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			223
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ļ	ļ	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ		
	account)?	4a	- N. A.	<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		137	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}		Ì
	gifts were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			4.4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			20.4
	and services provided to the payor?	7a		
b	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?	] _		
-1		7c	4 8 6	30 .1
d	If "Yes," indicate the number of Forms 8282 filed during the year		144	
e ₄	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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		A12 285
U	sponsoring organization have excess business holdings at any time during the year?	8	**	10.134
	sponsoning organization have excess positiess holdings at any time during the year?	10		L

	required to tile Form 8282?	7c
d	If "Yes," indicate the number of Forms 8282 filed during the year	12 40 23
е	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?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
	sponsoring organization have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
а	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
10	Section 501(c)(7) organizations. Enter:	<b>建筑域北京</b> 市
a	Initiation fees and capital contributions included on Part VIII, line 12	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	
11	Section 501(c)(12) organizations. Enter:	
а	Gross income from members or shareholders	
ь	Gross income from other sources (Do not net amounts due or paid to other sources	
	against amounts due or received from them.)	
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.	
а	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	
С	Enter the amount of reserves on hand	F 94 74 14 14 14 14 14 14 14 14 14 14 14 14 14
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 🗸
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b
		Form <b>990</b> (2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	or a tructi	ions.
Secti	on A. Governing Body and Management			
4.	Cotanillo muchos d'unter acceptos d'Alexandres de la companya de l	87548#	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		7
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<b>√</b>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
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	./	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	75	•	9 - 10 - 1 2 - 15 - 1
а	The governing body?	8a	✓_	
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	de.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	- 40	<b>✓</b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		1
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO Executive Director, or top management official.	100-1000-1	(n 'S	
a - b-	, , ,	15a 15b	entrillijas (	<b>√</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00		L
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 (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(d	c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest p	oolicy	/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords.	<b>&gt;</b>	

	•		
Form	990	(201	7)

Page 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor	any relate	d orga	aniz	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(C)										
(A) Name and Title	(B) Average hours per week (list any	Position (do not check mo box, unless perso officer and a direct				is both or/trus	an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jody Juarez	52						<u> </u>			
President				✓			L	8094		L
(2) Mike Jones Vice President	52			1				9453		
(3) Kevın McClain	2									
Recording Secretary				✓			}	5280		i
(4) Mark Elder Treasure	4			1				4414		
(5) Scott W Tummons	52		-	<u>'</u>			-	77.7		
Financial Secretary	52			1				3676		
(6) Jeremy Brown	2									
Trustee				1				1237		
(7) Todd White	2			_	-	_				
Trustee				✓			<u>l</u> .	0		
(8) Kenny Williams	2			Ì		1	1	i	1	
Trustee				1			<u>L</u>	2074		
(9) Harry R Kober	2	}	1			}	ł	1		
Executive Board				✓	_		<u> </u>	0		
(10) Rachel Ray	2						}	l .		}
Executive Board		<u> </u>	_	1	<u> </u>	<b>.</b>	_	167		
(11) Paul Smith	2	ļ	1					1		
Executive Board		<u> </u>	-	✓	Ļ.,	<u> </u>	<u> </u>	2233	L	
(12) Michael Haze	22	Į		١,		l				
Executive Board / Unit President	<del> </del>		_	<b>/</b>		Į	-	669	ļ	
(13)							ļ			
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b of lndividua	unles	s pe	tion more	than of the structure o	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-N	n from ons	(F) Estimated amount of other compensation from the organization and related organizations
(15)							ă				-	
(16)												<del> </del>
(17)												
(18)			i   					_				<del></del>
(19)						_		-				<del></del>
(20)								ļ 		<u></u>		<del></del>
	······				_							
												. <del>-</del>
(22)												
(23)												
(24)												
(25)												
1b c d	Sub-total	not limited	n A ·	· -		 ::	· 	<b>▶ ▶ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○</b>	37297 37297 ho received m		00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		
	n B. Independent Contractors											
1	Complete this table for your five highest of compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
		<del></del>										
2	Total number of independent contractor received more than \$100,000 of compens							th	lose listed ab	ove) who		

Form **990** (2017)

Part	VIII	Statement of Revenue										
		Check if Schedule O	contains a	response or note t	o any line in this	Part VIII			🗆			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Reve excluded under s	enue			
δ. Q	1a	Federated campaigns	#(08) . (0000 - 260) + 1/2/08	1a	22. 30.30 30.20	10.0120	11 11 11 11 11 11 11 11 11 11 11 11 11	MILEY BACK	1066342-014			
Grants	1 .	· •	-	<del></del>								
اع ق	ь	Membership dues .	)	1b								
ا کر آ	C	Fundraising events .	<b>⊢</b>	1c				30 P. W.				
Gifts, ilar An	d	Related organizations	<b>⊢</b>	1d				10-21-27				
S. E	е	Government grants (con		1e				#£ 75				
is ti	f	All other contributions, gi						La de				
<u>a</u> €		and similar amounts not inc	luded above	1f								
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	ded in lines 1a-1	f' \$								
ဒိုင်	h	Total. Add lines 1a-1	f									
ne ne				Business Code				1. W. S. W.	1.			
luə/	2a	Membership Dues		900099	412737	412737		286	ك بىلادىنىدىكىدىدىك بىلىدىك			
Program Service Revenue	ь				1,12,37	112701						
ခ္ဆ	C					<del></del>	<del></del>					
eL	d					<del></del>						
n S	e						<del> </del>	<del></del>				
)rar	f	All other program sen		· <del>  </del>			<del> </del>	<del> </del>				
,roć	g	Total. Add lines 2a-2			442727	763W-, 1965-1965-15			3.780416.1588			
	3	Investment income	(including c	lividande interest	412737	7.60 30 NO. 10 NO. 1	T	1 -08 x 15 - 302 0	E 1888 307, 188			
ĺ	٦	and other similar amo	, •				}	1				
			•		1786	1786	ļ	<del> </del>				
	4	Income from investment					<del> </del>	<del> </del>				
	5	Royalties	(i) Real		550 C. G	N 11 14 2-20 NO. 2 207	P. V. S. Silver C. Silver State of No. 24	A 28 WY.	3.8 x 5 x 6 x 6			
		_	<del>-``</del>	(ii) Personal								
	6a	Gross rents	40	3600				7 44 3				
	b	Less rental expenses		0				1 1 1	<b>沙冷</b> 多			
	С	Rental income or (loss)	40	3600				211				
	d	Net rental income or (	<del></del>	<u></u>	46600	46600						
	7a	Gross amount from sales of	(i) Securitie	s (II) Other	<b>等等的</b>			* 34.7	( ) ( )			
		assets other than inventory						[建设]	1000000			
	b	Less cost or other basis										
		and sales expenses .										
	c	Gain or (loss)					KONTA (SEAN)					
	d	Net gain or (loss) .	· · · ·	<b>&gt;</b>								
		. ,			The Control		F-30776.35	(海)家庭	A. William			
ne	8a	Gross income from fu	ındraisıng	}								
'en		events (not including \$	Ü									
ev Sev		of contributions reporte	ed on line 1c)	·				TEN				
7.		•										
Other Reve	b	Less: direct expenses		~				. 13:11				
0_		Net income or (loss) fi					2 2 2 2		لعتاتهمه			
		Gross income from ga			MENTS CONTROL STORY	\$5. 100 PM 200 PM 200 PM	**************************************	E. M. S. W.	N- 48:/N N-1			
	32		ining activity						÷			
				<u>"</u>				<b>电影</b>				
		Less: direct expenses		b]		36. 36.73		2 4 7 X				
		Net income or (loss) fi			* 00000-0000 * 000 v .000 .500	-55754 1981 -576 (0.325%	9.57760c 0.000, 85 -< 000	N2 - 1782 (40) 2780	70 538° 530 57.4			
	10a	Gross sales of in returns and allowance		ess		3						
	)		-	a				3.00	Bar J. F			
	b	Less cost of goods s		. b		19 T. 18 19 19 19 19 19 19 19 19 19 19 19 19 19		relied				
	С	Net income or (loss) fi				2 242 2 24 240 25		<u> </u>				
		Miscellaneous R	evenue	Business Code		CE XEVE		DAY B				
	11a	Loans Obtained		900099	250059	250059						
	b	Sale of Supplies		900099	8460	8460						
	С	0-6		000000	3020	3020						
ļ	d	All other revenue .		900099	4505		<del> </del>					
j	е	Total. Add lines 11a-	11d		266044		N. N. S. N. S.	就 多流流				
	10	Total revenue See in	actructions	_		200,000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

	IX Statement of Functional Expenses				
Section	nn 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respor	nse or note to any l	ne in this Part IX		🛚
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				4.5
2	Grants and other assistance to domestic		1		
_	individuals. See Part IV, line 22	ļ	ļ	Anna San San San San San San San San San	
3	Grants and other assistance to foreign			**************************************	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	}			
4		<del></del>	<del> </del>		
4 5	Benefits paid to or for members				
	trustees, and key employees	27207			
6	Compensation not included above, to disqualified	37297	<del> </del>	<del> </del>	<del> </del>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	86813		<del></del>	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9000	<b>,</b>		
9	Other employee benefits	8757			
10	Payroll taxes	12081			
11	Fees for services (non-employees):				
а	Management	16500			
b	Legal	2233			
С	Accounting				
d	Lobbying	<del></del>		M. 198. 346 . C 1 W 84 312	
e	Professional fundraising services. See Part IV, line 17			数字《海、泛基公	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	ļ		<u> </u>	
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion ,	2187			
13	Office expenses	34482			
14	Information technology				
15	Royalties	<u> </u>			
16	Occupancy	36586	<del> </del>		
17	Travel	92889	<del></del>	<del> </del>	
18	for any federal, state, or local public officials		İ		
19	Conferences, conventions, and meetings .	10050	<del> </del>	<del> </del>	<del></del>
20	Interest	10658			
21	Payments to affiliates	5188			
22	Depreciation, depletion, and amortization			<del> </del>	
23	Insurance	6053			<del></del>
24	Other expenses, Itemize expenses not covered	系统发展的 (A)	作业的 原形石机		
	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)	E VALUE AND			
а	Property Investment	657322			
b	Labor Day Picnic	21848			
C	Retirement Banquet	14002		<del> </del>	<u> </u>
ď	Donations	5900	<del> </del>	ļ	ļ
e	All other expenses	4817		ļ	
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1071885			<del> </del>
26	organization reported in column (B) joint costs				
	from a combined educational campaign and	]		1	
	fundraising solicitation. Check here ► ☐ if	1	]	1	

نا ر	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	ırt X		<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	305360	1	112705
	2	Savings and temporary cash investments	754924	2	593648
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		4244	30356953546930
		trustees, key employees, and highest compensated employees.			
	}	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 728516			1 1 1 1 1 1
	b	Less: accumulated depreciation 10b 0	70862	10c	840383
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1131146		1546736
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	E - 180 8 E - 180 180	21	CAN WE ALL WATER
Liabilitíes	22	Loans and other payables to current and former officers, directors,			
Ę		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		Alc: I	
įė.	00			22	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	<del> </del>
	24	Other liabilities (including federal income tax, payables to related third		24	<u> </u>
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	ļ	of Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	0		0
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		1. T	
es		complete lines 27 through 29, and lines 33 and 34.		203	
_ဗို	27	Unrestricted net assets	120 22 22 22 22 22 22 22 22 22 22 22 22 2	27	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
age	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	110° 00.74 (5.400.15		3/2/-W/A 18028-3/
Ä	l	complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	1060284	30	706353
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	70862		840383
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Vet	33	Total net assets or fund balances	1131146	33	1546736
_	34	Total liabilities and net assets/fund balances	1131146		1546736

Form 9	90 (2017)			Pa	ıge <b>12</b>
	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			27167
2	Total expenses (must equal Part IX, column (A), line 25)	2		10	71885
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	44718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11:	31146
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7		7/	60308
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		154	46736
Part	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:  Cash  Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	19-362	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed 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		<b>√</b>
_	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit review or compilation of its financial statements and selection of an independent accounts.	_	0-		

If the organization changed either its oversight process or selection process during the tax year, explain in

За

Form 990 (2017)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### 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.

2017

OMB No 1545-0047

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

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

Open to Public Inspection

Employer identification number

United Steelworkers Local 307	48-0817457
Form 990, Part VI, Section A, Line 4: Constitutional Covention was held in 2017, p	parent body will provide any documentation.
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 e	each have one vote and elect officers of the governing body
every three years as specified by the const	itutions.
Form 990, Part VI, Section A, Line 7b The Labor Organization's active members e	each have one vote and approve all decisions of the
governing body or any decisions that arise	during scheduled membership meetings.
Form 990, Part VI, Section A, Line 11b. The Labor Organization's Financial Secret	
Form 990, Part VI, Section B, Line 19: The Labor Organization does not routinely	make these denouements available to the public.

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
United	d Steelworkers Local 307		48-0517457
	rt I Organizations Maintaining Donor Ad		nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene		nt funds can be used
		<u> </u>	· · · · · · 🗌 Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	<u> </u>
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recreated	ation or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
ď	Number of conservation easements included in historic structure listed in the National Register		1 1
3	Number of conservation easements modified, tran		
_	tax year ►		gg
4	Number of states where property subject to conse	ervation easement is located ▶	
5	Does the organization have a written policy reviolations, and enforcement of the conservation e	egarding the periodic monitoring, ins	spection, handling of
6	Staff and volunteer hours devoted to monitoring, inspec		<b>— —</b>
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	a 2/d) above satisfy the requirements of	f caction 170(h)(4)(P)(i)
0		· · · · · · · · · · · · · · · · · · ·	
•			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		ianciai statements that describes the
Don			Other Similar Assets
- 61	Complete if the organization answered		
1a	If the organization elected, as permitted under Si		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under a works of art, historical treasures, or other similar public service, provide the following amounts related to the service of the services of	ar assets held for public exhibition, eduting to these items:	ducation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line	1	<b>. &gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of ar following amounts required to be reported under	t, historical treasures, or other similal	r assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	· -	
b	Assets included in Form 990, Part X		

Pari	III Organizations Maintaining	Collec	tions of	Art, His	torical	Treasures	, or O	ther Similar A	ssets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):	accession								
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	rams		
b	Scholarly research			е	🗌 Othe	r				
С	Preservation for future generations									
4	Provide a description of the organiza XIII.	tion's co	ollections	and expla	un how t	they further	the or	ganization's exe	empt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather									s 🗌 No
Part	IV Escrow and Custodial Arra	angeme	ents.							
	Complete if the organization 990, Part X, line 21.									Form
	Is the organization an agent, trustee included on Form 990, Part X?								_	s 🗌 No
ь	If "Yes," explain the arrangement in P	art XIII a	nd compl	ete the fo	llowing t	able:		<del></del>	A	
	B						<u> </u>		Amount	
C	Beginning balance						10			
d	Additions during the year Distributions during the year						10	<del></del>		
e f	Ending balance						11			
2a	Did the organization include an amount								tv? 🗍 Ye	s 🗆 No
	If "Yes," explain the arrangement in P									
Par							<u> </u>		· - · · · · · · · · · · · · · · · · · ·	
	Complete if the organization	answe	red "Yes	on For	m 990, i	Part IV, lin	e 10.			
		(a) Cur	rent year	(b) Prid	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four y	years back
1a	Beginning of year balance	ļ 								
b	Contributions									
С	Net investment earnings, gains, and losses	]								
d	Grants or scholarships									
e	Other expenditures for facilities and programs			1						
f	Administrative expenses									
g	End of year balance		<del> </del>	L		l				
2	Provide the estimated percentage of t				e (line 1g	g, column (a	a)) held	as:		
a	Board designated or quasi-endowmer			%						
b	Permanent endowment	···%	97							
С	Temporarily restricted endowment ►		% Id oaugl 1	000/						
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:				zation th	at are held	and ac	Iministered for		/ I N
									. – 3a(i)	Yes No
	(i) unrelated organizations (ii) related organizations		· · ·	• • •	: •- •-	• • •- •			. 3a(i)	
b	If "Yes" on line 3a(ii), are the related o								. 3b	
4	Describe in Part XIII the intended uses								٠ استقال	
Part	VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answe	red "Yes	on For	m 990, I	Part IV, lin	e 11a.	See Form 990	), Part X, Ii	ne 10.
	Description of property	(	a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book	value
1a	Land	. [		70862			源、龟	都能為。與		70862
b	Buildings	. [		769521						769521
С	Leasehold improvements	. [								
d	Equipment	·  _				<del></del>				····
<u>e</u>	Other		<del></del>		Ļ		<u> </u>			
Total.	Add lines 1a through 1e. (Column (d) n	nust equ	ıal Form 9	90, Part )	<, columi	n (B), line 1	Oc).	▶		840383

Part VII	Investments — Other Securities Complete if the organization ans		rm 000 Part IV lir	o 11h Soo Form	2000 Part V line 12
			<del></del>		
	(a) Description of security or categor (including name of security)	y 	(b) Book value		thod of valuation i-of-year market value
(1) Financial	derivatives				
(2) Closely-t	neld equity interests				
(3) Other	~				<del></del>
(A)					
(B)					
(C)					
(D)			L	ļ	
(E)				<u></u>	
(F)			<u></u>		
(G)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L		
(H)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 12 ) 🕨			\$ \$60 A-3.	
Part VIII	Investments—Program Relate				
	Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, lir	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
(1)					
(2)		<del> </del>	<u> </u>	<del> </del>	
(3)			<del></del>	<u> </u>	
(4)					
_(5)					
_(6)					
_(7)		···	<u> </u>	<u> </u>	
(8)			<u> </u>		
(9)				24.) 800 1 27 5 87 8	W. Co. 1985 A. 18 18 14 7 180 1
	p) must equal Form 990, Part X, col (B) line 13 ) ▶		L	<b>观·斯特曼·</b>	<u>你要许多来看着</u> 是!
Part IX	Other Assets.			44 - 1 0	- 000 D-+V L 45
	Complete if the organization ans		rm 990, Part IV, IIr	ie 11a. See Form	
		a) Description			(b) Book value
(1)			<del></del>	<del></del>	<del> </del>
(2)		<del></del>		<del></del>	<del> </del>
(3)		<del></del>	<del></del>		<del> </del>
				<del></del>	<del> </del>
(5)				<del></del>	<del> </del>
(6)				<del></del>	<del> </del>
(7)		<del></del>			<del> </del>
(8)		<del></del>	<del></del>	<del></del>	<del> </del>
(9)	mn (b) must equal Form 990, Part X, c	ol (R) line 15 \	<del></del>		<del> </del>
Part X	Other Liabilities.	oi. (B) line 15.)	<u> </u>		<del></del>
PartA		word "Voo" on Fo	000 Dort IV Iv	00 110 0× 11f Co	a Farm 000 Dart V
	Complete if the organization ans line 25.	wered tes onro	mi 990, Part IV, iii	ie i ie or i ii. Se	e Form 990, Fart A,
1.	(a) Description of liability	(b) Book value	F (696, 1888, 1888)	SECRETARY SECURITION AND ASSESSMENT	WASHA STAND OF SECURITY BUILDING
(1) Federal in		(b) book value	(#35 in the second		
(2)	Come taxes	<del> </del>			
(3)	<del></del>				
(4)					
(5)	<del></del>	<del> </del>			
(6)		<del> </del>	—— ( <b>%</b>		
(7)		<del> </del>			
(8)		<del> </del>			
(9)					
	n) must equal Form 990, Part X, col (B) line 25 )	<del> </del>			
	uncertain tax positions. In Part XIII, prov	I de the text of the foot:	note to the organization	no's financial statem	ente that reporte tha
organization's	s liability for uncertain tax positions unde	r FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has be	en provided in Part XIII

Schedule	D (Form	990)	2017

Page 4

Parl		of Revenue per Audited Fin			Return.
		organization answered "Yes"			
1		other support per audited finar			1
2		e 1 but not on Form 990, Part VI	i i	í	
а		ses) on investments		2a	
þ		e of facilities $\ldots$	}	2b	
С		grants		2c	<b>F</b> ' 3
d		III.)			<u>图</u> 2
е	Add lines 2a through 2d				2e
3		: <b>1</b>			3
4		m 990, Part VIII, line 12, but no	ľ		
а		tincluded on Form 990, Part VII		4a	
b		Ш.)		4b	
C	Add lines 4a and 4b .	<u> </u>			4c
5		3 and 4c. (This must equal Form			5
Part	Reconciliation of	of Expenses per Audited Fi	nancial Stateme	ents With Expenses pe	er Return.
		organization answered "Yes"			<del></del>
1		es per audited financial stateme			1
2		e 1 but not on Form 990, Part IX	•	_ 1	
a		e of facilities		2a	
b				2b	
C				2c	
đ		III.)		2d	
e					2e
3		1			3
4		m 990, Part IX, line 25, but not			
a		included on Form 990, Part VII		4a	
b	·	III.)		4b	
c		a 2 and 40 (This must a run) Fa			4c
5	XIII Supplemental In	s 3 and 4c. (This must equal For	in 990, Part I, line	10.)	5
		d for Part II, lines 3, 5, and 9; Pa	art III. lings 1e and	4: Part IV lines 1h and 2h	Part V line 4 Part V line
		Part XII, lines 2d and 4b. Also co			
2, , 4.	cra, moo za ana no, ana n	a.t./,	omploto tino part to	provide any additional in	ino.manom.
				,,	

Schedule D (For	chedule D (Form 990) 2017 Page 5 Part XIII Supplemental Information (continued)					
Part XIII	Supplemental Information (continued)					
		<del></del>				
	***************************************					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	~					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	***************************************					