

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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

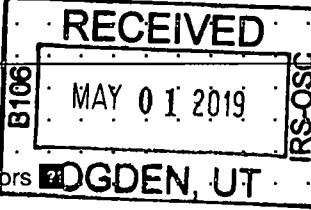
- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning		JANUARY 1 , 2018, and ending		DECEMBER 31 , 20 18	
B Check if applicable		C Name of organization ?1		D Employer identification number ?1	
<input type="checkbox"/> Address change		UNITED STEELWORKERS LOCAL 2-469		391152992	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address) ?1		E Telephone number	
<input type="checkbox"/> Initial return		W3235 COUNTY ROAD O		920-733-5438	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► ?1 0260	
<input type="checkbox"/> Amended return		FREEDOM, WI 54913		OS	
<input type="checkbox"/> Application pending					
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ►					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		LABOR UNION			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ					
► \$ 136,927					

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?1Check if the organization used Schedule O to respond to any question in this Part I ?1

Line	Description	Amount	Line	Amount
1	Contributions, gifts, grants, and similar amounts received	1	5a	135,434
2	Program service revenue including government fees and contracts	2	5b	352
3	Membership dues and assessments	3	5c	
4	Investment income	4	6a	
5a	Gross amount from sale of assets other than inventory	5a	6b	
b	Less: cost or other basis and sales expenses	5b	6c	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6d		
6	Gaming and fundraising events:		7a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	7b	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	7c	
c	Less: direct expenses from gaming and fundraising events	6c	8	1,141
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9	136,927
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		
10	Grants and similar amounts paid (list in Schedule O)	10		
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits ?1	12		
13	Professional fees and other payments to independent contractors ?1	13		
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O) ?1	16		
17	Total expenses. Add lines 10 through 16	17		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21		



Part II Balance Sheets (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II <input type="checkbox"/>		
		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	303,141	22	294,346
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	4,000	24	4,000
25	Total assets	307,141	25	298,346
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	307,141	27	298,346
Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>		
What is the organization's primary exempt purpose?		COLLECTIVE BARGAINING		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)		
28	THE LOCAL COLLECTIVE BARGAINING AGREEMENT IS TO BETTER THE WORKING CONDITIONS OF THE LOCAL AND PROVIDE REPRESENTATION TO ITS MEMBERS			
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	28a	
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	29a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	30a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	► <input type="checkbox"/>	32	
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DANIEL J BAERENWALD, SARGEANT OF ARMS	4HR	1066	0	
EZRA HILL, SARGEANT OF ARMS/TRUSTEE	4HR	1997	0	
JOSEPH J BROWN, PRESIDENT	40HR	3624	0	
DANIEL D UMNUS, PRESIDENT	20HR	7179	0	
CHAD A HANSON, VICE PRESIDENT	30HR	7786	0	
RICHARD A BRICKNER, CHEIF STEWARD	30HR	5254	0	
LEE A HANSON, FINANCIAL SECTY/TREASURER	40HR	5797	0	
SCOTT R SMITH, RECORDING SECTY	20HR	5490	0	
JEFFREY M VAN EPEREN, BOARD MEMBER	10HR	7336	0	
STACEY L FORBECK, TRUSTEE	2HR	370/1961	0	
KURTIS P BURTON, TRUSTEE				
CYRIL L CLAVERS, TRUSTEE	2HR	1034	0	
MITCH J ZOLP,TRUSTEE	2HR	80	0	

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O ? 33

	Yes	No
33	✓	

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions ? 34

34	✓
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? ? 35a

35a	✓
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b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O ? 35b

35b	✓
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c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III ? 35c

35c	✓
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N ? 36

36	✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► ? 37a

37a	✓
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b Did the organization file Form 1120-POL for this year? ? 37b

37b	✓
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ? 38a

38a	✓
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b If "Yes," complete Schedule L, Part II and enter the total amount involved ? 38b

38b	✓
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39 Section 501(c)(7) organizations. Enter: ? 39a

39a	✓
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a Initiation fees and capital contributions included on line 9 ? 39b

39b	✓
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b Gross receipts, included on line 9, for public use of club facilities ? 40a

40a	✓
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► ? 40b

40b	✓
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ? 40c

40c	✓
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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ? 40d

40d	✓
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ? 40e

40e	✓
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41 List the states with which a copy of this return is filed ► **WISCONSIN**

42a The organization's books are in care of ► **LEE HANSON** Telephone no. ► **920-733-5438**

Located at ► **825 E WISCONSIN AVE, APPLETON, WI** ZIP + 4 ► **54912**

b 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 account)? ? 42b

42b	✓
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If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► ? 42c

42c	✓
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► ? 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ? 44a

44a	✓
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ? 44b

44b	✓
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c Did the organization receive any payments for indoor tanning services during the year? ? 44c

44c	✓
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ? 44d

44d	✓
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ? 45a

45a	✓
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b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions ? 45b

45b	✓
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46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	 (Signature of officer)	9-27-19 Date
	LEE HANSON, FINANCIAL SECTY/TREASURER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

2018

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Inspection**

Name of the organization

UNITED STEELWORKERS

Employer identification number

39-1152992

NO. 8 - REVENUE:

REFUND 1,141.00

NO. 10 - DONATIONS; NO ENTITY 8,500.00

NO. 16 - EXPENSES

EDUCATION/RECREATION 20,489.00

PER CAPITA 1,185.00

OFFICE SUPPLIES 1,212.00

DIRECT TAXES 29,162.00

TOTAL 52048.00

NO. 24 - OTHER ASSETS:

OFFICE EQUIPMENT 4000.00