Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Department of the Treasury

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

Open to Public

inte		nue Service			mssc for instructio			<u>. </u>	IIIspectio			
<u>A</u>	For the	2018 cale	endar year, or tax year be	eginning	01/01	, 2018, and end	ing 1	2/31	, 20 18			
В	Check r	applicable.	C Name of organization Ur	nited Steelwor	kers Local 560			D Employe	r identification num	ber		
	Address	change	Doing business as						45-0311279			
	Name c	hange	Number and street (or P.C). box if mail is not	delivered to street add	ress) Room/s	surte	E Telephone	É Telephone number			
	Initial re	turn	20 North Main St PO I	Box 157				1	701-678-2041			
	Final retu	m/terminated	City or town, state or prov	ince, country, and	ZIP or foreign postal c	ode						
一		d return	Gwinner, ND 58040-01					G Gross rec	eipts \$			
一百		on pending			<u> </u>		H(a) le this a		bordinates? Yes	No		
	Applicat	ion pending	The state and address of print	orpai orniocr.					included? Tes			
_	T			501(c) (5) ◀ (insert no) ☐ 494	2(2)(4) ==	f		ist (see instructions)			
- +	Website	mpt status:	501(c)(3)	A 501(c) (3		7(a)(1) or \square 527	-					
2				7	Labor	L Year of form		p exemption n		ND		
K			Corporation Trust	Association	Other Vinion	E Tear Grom	ation 1970) M State C	f legal domicile	ND_		
	art I	Summ				- 41141						
_	1		escribe the organization									
ຼັຍ		agreeme	ent to better the working	conditions of	the local Union an	d provide repre	sentation to	its member	S.			
E									·			
<u>s</u>	2		is box ▶ ☐ if the organ				that the	71 1	s net assets.			
Ğ	3		of voting members of t					υ <mark>3</mark>		11		
න් ග	4	Number	of independent voting	members of th	ne governing body	Part VI, line 1t) aata ·	<u> 4</u>		0		
<u>ğ</u>	5		mber of individuals emp			N, line (2a) U	4 2019 .	5		67		
Activities & Governance	6	Total nur	nber of volunteers (esti	imate if neces	sary)		<u></u>	ະ 6		0		
¥	7a	Total unr	elated business revenu	ue from Part V	III, column (C), line	12 OGDS	M . 1 777	. 7a		0		
	b	Net unre	lated business taxable	income from I	Form 990-T, line 3	8	14, 9	جب 7b		0		
m							Prior \	'ear	Current Year			
ုံဂို	8	Contribut	tions and grants (Part \	/ill, line 1h) .				0		0		
<u>≯</u> ≩	9	Program	service revenue (Part \		306,056	38	86,611					
	10	Investme	ent income (Part VIII, co	2,585		3,080						
SCANNED	11	Other rev	enue (Part VIII, column	6,077		21,742						
D	12	Total reve	enue-add lines 8 throu	gh 11 (must e	qual Part VIII, colun	nn (A), line 12)		314,718	4	11,433		
_	13	Grants a	nd similar amounts paid		31,800		14,879					
MAY	14	Benefits	paid to or for members	0		0						
~~ <u>~</u>	15	Salaries,	other compensation, em	nployee benefit	s (Part IX, column (A), lines 5–10)		95,287	10	64,984		
<u>ی</u> 8	16a	Profession	onal fundraising fees (P	art IX, column	(A), line 11e) .			0		0		
0 6 21 Expenses	Ь		draising expenses (Par						- "-			
2019	17		penses (Part IX, columi	•				123,939		86,300		
13	18		penses. Add lines 13-1), line 25) .		251,025		66,163		
	19		less expenses. Subtra					63,693		54,730		
= 8			<u> </u>			<u> </u>	Beginning of C		End of Year	5-1 1-00		
Net Assets or	20	Total ass	sets (Part X, line 16) .					770,377	7	15,647		
8	21		oilities (Part X, line 26)					0		10,047		
že,	22		ts or fund balances. Su		from line 20			770,377	7.	15,647		
	art II		ture Block	Diagot mio E i				110,011		10,041		
			ry, I declare that I have exam	ined this return in	ochique accompanyme	schedules and stat	tements and to	the best of my	knowledge and be	diaf it is		
			ete Declaration of preparer (Kilowieuge allu be	1101, 11 13		
		T										
Sig	an	Sign	ature of officer Ac			 		 ate				
	ere	\	Guicke 1	Va .m			_	02/25/2	019			
	51 C	Type	or print name and title	Erioleo Dourio	Financial Tre							
			pe preparer's name	Ericka Davis	Financial Tre		Date		, J PTIN	——		
Pa	aid	/	סוושוו כ וטוטיקטייק ביק	Frepan	o, o aignaturo	('		Check _	Jif			
Pr	epare		-					self-emplo	oyed			
Us	se Onl							m's EIN ▶				
			ddress >				Ph	one no				
			s this return with the pr				· · · · ·	<u></u>	Yes _			
For	Paperv	vork Redu	ction Act Notice, see the	separate inst	ructions.	Cat	No. 11282Y		Form 99 0	J (2018)		



) (Revenue \$

Other program services (Describe in Schedule O.)



C 00	United Steelworkers Local 560 45-0311279 0 (2018)	き 人	/	Page 3
Part	<u> </u>	<u> </u>		raye C
Fart	Officialist 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		×
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		X
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		X.
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	X	
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		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	<u>├</u> . ╭-
14a	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 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		_	X
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.			X
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)	_		X
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			X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
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		
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		X
	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		X
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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	'	×
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		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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		<u>X</u>
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, Part I	31		_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	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		×
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		X
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		X
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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Ochequie C Contains a response of note to any line in this Fait V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	₹ .		
·	reportable gaming (gambling) winnings to prize winners?	1c	X	1
			n 990	(2018)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•	Enter the number of employees reported on Form W-3. Transmittel of Wage and Tax		Yes	No
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 2a 67	1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			لــِـــا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		_
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			^
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	_	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			1 1
-	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		
þ	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.			1
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			
^	- · · · · · · · · · · · · · · · · · · ·			
c 14a	Enter the amount of reserves on hand	14a		X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		For	n 990	(2018)

Part	VI 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			_				
Secti	on A. Governing Body and Management		-					
			Yes	No				
1a		4						
	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.	Ì	ľ	1 1				
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 0	J						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
_	any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<u> </u>	 				
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6	X	-				
7a								
10	one or more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		X					
	stockholders, or persons other than the governing body?	7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:			 				
a	The governing body?	8a	X	<u> </u>				
ь	Each committee with authority to act on behalf of the governing body?	_8b	X	 				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>				
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X .	├				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		X				
13	describe in Schedule O how this was done	12c		 				
14	Did the organization have a written document retention and destruction policy?	14		×				
15	Did the process for determining compensation of the following persons include a review and approval by	- • •		 `				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<u> </u>				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	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 arrangement with a taxable entity during the year?			X_1				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100						
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
<u> </u>	organization's exempt status with respect to such arrangements?	16b		L				
<u>Secti</u> 17	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1							
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	(380	uon :	30 I (C)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erect	nolicy	/ and				
	financial statements available to the public during the tax year.			,, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Ericka Davis 20 N Main St PO Box 157 Gwinner, ND 58040 701-678-2041	cords						

Form 990 (2018)

Form 990 (2018	B)		Page 7
Part VII	Compensation of Officers, Directors	, Trustees, Key Employees, Highest	Compensated Employees, and
	Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII .

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 related organization compensated any current officer, director, or trustee.

Check this box if neither the organization no		Γ	_		>)					-
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per	per officer and a director/trustee)						compensation	compensation from related	amount of other
	week (list any hours for	유교	Ins	3	<u>₹</u>	em H	Fo	from the	organizations	compensation
	related	Individual trustee or director	素	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor t] 0 0		탕	8 8	`	(W-2/1099-MISC)		organization and related
	line)	กร	3) We	闄				organizations
		8	Institutional trustee			Highest compensated employee				
(1) Travis Swanson	6.00			ر						
President	<u> </u>			X	L.		ļ	12,660		
(2) Deborah Carter	2.00						۱. ۵			
Guard					L		X	6,978		
(3) Chris Hangsleben	5.00			م ا						
Vice President			_	X				6,606		
(4) William Wilkinson	5.00			ر .	l					
Vice President			L	X				11,590		
(5) Steph Hejtmanek	2.00			م .ا			1			
Guard	<u> </u>		_	X		<u> </u>		6,365		
(6) Neil Sad	4.00			ا. ا			İ			
Recording Secretary		<u> </u>		X		1	<u> </u>	7,477		
(7) James Fliflet	2.00			م . ا				i		
Trustee	ļ		L.	X			<u> </u>	2,335		
(8) Ericka Davis	8.00			م . ا						
Financial Treasurer				X		_	┞	19,075		
(9) Travis Bultema	2.00		l	م. ا	1				1	
Trustee				X	_	├	<u> </u>	983		
(10) Tom Ricker	5.00		1				۱. ۵			
Vice President		<u> </u>	<u> </u>	ļ		ļ	X	3,850		
(11) Jeff Fliflet	2.00			م. ا						
Guard	ļ		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	X	<u> </u>	<u> </u>	L	1,175		
(12) Paula Anderson	2.00				ŀ					
Trustee			L_	X	_		<u> </u>	5,333		
(13) Larry Johnson	2.00			١.						
Gulde			$ldsymbol{ld}}}}}}$	X	$ldsymbol{ld}}}}}}$	<u> </u>	$oxed{igspace}$	4,871		
(14)		I '	1	l]	1		1		

Page 8

Part	Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week (list any	(do n box, office	ot ch	Pos neck is pe d a d	c) intion more rson irect	than is both	one n an tee)	(D) Reportable compensation from	(E) Reportation	ole n from	Esti	(F) mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızati (W-2/1099-I	ons	comp fro orga and	ensation the nization related inzation	1
(15)								Γ			_			
(16)							-							
<u>(17)</u>								-			_	_		
(18)														
(19)								<u> </u>		_	-+			
(20)						-		H			\dashv			
(21)				H				_			_			
(22)						<u> </u>		-			_			
(23)			! 		ļ ——			H				_		
(24)								L				_		
								_			_			
(25)			_					Ļ		_		-	_	
1b c d	Sub-total					 	•	> >	89,298 89,298					
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc						emp		est compe	ensáted	3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual													X
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	dividual			X
Section 1	on B. Independent Contractors Complete this table for your five highest of	compensate	ed inc	depe	ende	ent	contr	acto	ors that receive	ed more tha	an \$100	.000 of		_
	compensation from the organization. Repyear.								ear ending wit			anizatio		ax
	(A) Name and business add	ress						L.	(B) Description of s	ervices		(C) Compens	ation	
								-				-		0
												_		0
								-						0 0
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				-

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule C	contains a	resp	onse or note to			<u> </u>				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
ats	1a	Federated campaigns	s	1a	0	_						
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues .		1b	0							
, ₹ ¥	С	Fundraising events .	<u> </u>	1c	0							
<u> </u>	d	Related organizations		1d	0							
J. J.	е	Government grants (cor		1e	0		ļ					
iğ e	f	All other contributions, g				ļ						
Contributions, and Other Sim		and similar amounts not inc		1f	0							
Cont and (g	Noncash contributions include			0							
	h	Total. Add lines 1a-1	<u> </u>	• -		0						
Ž				-	Business Code				 			
Program Service Revenue	2a	Membership dues		}	900099	386,611	386,611					
9	b			-		0			 			
ž	۵			}-		0						
Š	d			}-		0			 			
퉏	e f	All other program ser		: 		0			 			
ě	'g	Total. Add lines 2a-2				386,611			+			
_	3	Investment income				300,011			 			
		and other similar amo				3,080	3,080		1			
	4	Income from investmen	•		,				 			
	5	Royalties			· · · · · · · · · · · · · · · · · · ·							
		•	(i) Real		(ii) Personal							
	6a	Gross rents	_	$\neg \uparrow$		ŀ						
	ь	Less: rental expenses										
	С	Rental income or (loss)		0	0							
	d	Net rental income or	(loss)	· .	▶	0						
	7a	Gross amount from sales of	(i) Secunties	s T	(ii) Other							
		assets other than inventory		0	0	1						
	ь	Less: cost or other basis										
		and sales expenses .		0	0							
	C	Gain or (loss)		0_	0							
	d	Net gain or (loss) .		<u>.</u>	▶_	0						
0	_											
agu.	8a	Gross income from fu	undraising									
Other Revel	}	events (not including \$	0	2								
č		of contributions reporte		- 1								
重		See Part IV, line 18 .		~ ⊢	0							
ð	•	Less: direct expenses		ͺbĹ	. 0			-				
		Net income or (loss) f			vents . ►	0			+			
	9a	Gross income from ga See Part IV, line 19 .										
				· ·	0		İ		†			
		Less: direct expenses Net income or (loss) f		_								
	100	Gross sales of in			ities 🚩	0						
	IVa	returns and allowance			o							
	ь	Less: cost of goods s										
		Net income or (loss) f				0			 			
	_ <u> </u>	Miscellaneous R		111001	Business Code							
	11a			-+					 			
	b			···					 			
	C			├					 			
	d	All other revenue .		├	900099	21,742	21,742					
	e	Total. Add lines 11a-				21,742	21,142					
	12	Total revenue. See in			-	411,433			 			

	90 (2018)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com	·		ns must complete co	lumn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		
	et include amounts reported on lines 6b, 7b, o, 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	14,879			<u> </u>
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 89,298			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	64,288			
9	Other employee benefits	0	<u> </u>	 	
10	Payroll taxes	11,398			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	20,500			
C	Accounting	0			
d	Lobbying	. 0			-
e	Professional fundraising services. See Part IV, line 17				
f 9	Investment management fees	0			
12	Advertising and promotion	o			
13	Office expenses	19,593			
14	Information technology				
15	Royalties				
16	Occupancy	5,660			
17	Travel	119,786			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	5,470			
20	Interest	9,470			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	-		-	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				1
а	per cap fee	3,453			-
b	Union Apparel. Solidarity Actions	111,838			
C					
d					
е	All other expenses				
25	I otal functional expenses. Add lines 1 through 246	466,163			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

P	art X				
_		Check if Schedule O contains a response or note to any line in this Par			<u> </u>
	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	763,534		708,80
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
£	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	
ĕ	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 6,843			
	ь	Less: accumulated depreciation 10b	6,843	10c	6,843
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	770,377	16	715,647
	17	Accounts payable and accrued expenses		17	<u> </u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and	<u></u>		
ap		disqualified persons. Complete Part II of Schedule L		22	
I	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	
_	26	Total liabilities. Add lines 17 through 25	0	26	
(A)		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ö		complete lines 27 through 29, and lines 33 and 34.			
틸	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
5	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 💢 and 🛘			
ō		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	763,534	30	708,804
SS (31	Paid-in or capital surplus, or land, building, or equipment fund	6,843		6,843
Ä	32	Retained earnings, endowment, accumulated income, or other funds.	0		
ž	33	Total net assets or fund balances	770,377		715,647
	34	Total liabilities and net assets/fund balances	770,377	34	715,647

IIn	ited	Steel	lworkers	Local	560
UII	ILÇU	SICC	MOIVEIS	LOUGI	JUU

45-0311279

Form 9	00 (2018)			Pag	₃₀ 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1			1,433
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,163
3	Revenue less expenses. Subtract line 2 from line 1	3			4,730
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		770	0,377
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Do.	33, column (B))	10		715	5,647
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · · · </u>		· ·	No.
4	Accounting method used to prepare the Form 990: Cash □ Accrual □ Other			Yes	1
1		nlain in	-]
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain ir	' '		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	-	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r 🗔		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	ı		7
	separate basis, consolidated basis, or both:				- 1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	[<u>1</u>		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain in	1		1
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	,		
	the Single Audit Act and OMB Circular A-1337				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

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

Employer identification number

Name of the organization **United Steelworkers Local 560** 45-0311279 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2ч Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Par 3	Organizations Maintaining Using the organization's acquisition,									
3	collection items (check all that apply):						-	signine	ant us	e or its
а	Public exhibition				or exchanç					
b	Scholarly research		е	☐ Othe	er					
C	Preservation for future generations					44.				
4	Provide a description of the organiza XIII.	tion's collections a	and expla	iin now i	tney turtner	tne org	ganization's ex	empt pi	ırpose	in Part
5	During the year, did the organization									
	assets to be sold to raise funds rather	r than to be mainta	ined as p	art of th	e organizati	ion's co	ollection? .	· 🗆	Yes	□ No
Part	IV Escrow and Custodial Arra			_						
	Complete if the organization 990, Part X, line 21.	n answered "Yes'	on For	m 990,	Part IV, line	e 9, or	reported an a	amount	on Fo	orm
	Is the organization an agent, trustee	custodian or oth	er interm	ediary f	or contribut	tions of	other assets	not		
	included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in P								.00	
_	ii 100, explain the arrangement iii i	art Ain and comple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Amoun	t	
C	Beginning balance					10	;			
d	Additions during the year					10	ı			
e	Distributions during the year					1e	,			
f	Ending balance					11				
2a	Did the organization include an amou					ustodia	l account liabil	ity?	Yes	☐ No
b	If "Yes," explain the arrangement in P							-		
Par	V Endowment Funds.				-					
	Complete if the organization	answered "Yes"	on For	m 990,	Part IV, line	e 10.				
		(a) Current year	(b) Pric	or year	(c) Two year	rs back	(d) Three years be	ack (e)	Four yea	rs back
1a	Beginning of year balance				1					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	-			<u> </u>			+		
e	Other expenditures for facilities and									
	programs									
f	Administrative expenses					_				
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1	, column (a	i)) held	as:			
а	Board designated or quasi-endowment			` `	•					
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.			•				
3a	Are there endowment funds not in the	e possession of th	e organiz	zation th	at are held	and ad	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. 38	a(i)	
	(ii) related organizations							. За	(ii)	
b	If "Yes" on line 3a(ii), are the related o							. 3	b	
4	Describe in Part XIII the intended uses		n's endo	wment f	unds.					
Part			_				_			_
	Complete if the organization	answered "Yes"	on For			<u>e 11a.</u>	See Form 99	0, Part	X, line	10.
	Description of property	(a) Cost or oth			or other basis other)		Accumulated epreciation	(d)	Book val	lue
1a	Land	. +	0		0					0
b	Buildings		0		0		0			
C	Leasehold improvements		0		0		0	_		0
d	Equipment		0		6843		0			6843
е	Other		0		0		0			0
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X	, columi	n (B), line 10	Oc.) .				6843

Schedule D (Form 990) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of certainty of security) (b) Book value (c) Method of valuation (c) Cotor and of-tysear market value (d) Cher (A) (d) (d) (d) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g	Part VII	Investments—Other Securities.	wordd "Vos" on For		ine 11h See Form	900 Part Y line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Closely-held equity interests (3) Closely-held equity interests (3) Closely-held equity interests (4) Closely held equity interests (5) Closely held equity interests (6) Closely held equity interests (6) Closely held equity interests (7) Closely held equity interests (7) Closely held equity interests (7) Closely held (7) Closely h		(a) Description of security or category			(c) Met	thod of valuation
(2) Closely-held equity interests	445 = 1				Cost or end	
(3) Other (4) (5) (6) (6) (7) (7) (7) (8) (7) (8) (7) (8)				<u> </u>		
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	• •	· · ·				
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	(A)			- <u> </u>		
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)				<u></u> _		
(5) (6) (7) (8) (8) (7) (8) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(if) (if) (if) (if) (if) (if) (if) (if)	(D)					
(6) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (1) (8) (9) (9) (9) (1) (9) (9) (9) (1) (9) (9) (1) (9) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(E)					
Total,	(F)					
Total, Column (b) must equal Form 990, Part X, col. (b) line 12.) ► Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(G)					
Investments						
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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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SCHEDULE (Form 990)

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

Open to Puk	Inspection

OMB No 1545-0047

Schedule I (Form 990) (2018) 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. % X (h) Purpose of grant or assistance **Employer identification number** □ Yes 45-0311279 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noncash assistance (g) Description of . . Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FMV, appraisal, other) Cat No. 50055P ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► Attach to Form 990. (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Series General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization United Steelworkers Local 560 or government Department of the Treasury Internal Revenue Service Name of the organization Part II Ξ 3 ල € 9 <u></u> <u>S</u> Ε (10) **©**

45-0311279 United Steelworkers Local 560

Schedule I (Form 990) (2018)

Part III

Schedule I (Form 990) (2018) (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. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV ო 4 S 9 N

Page 2

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 980 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treesury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

➤ Go to www.ire.gov/Form990 for the letest information.

Open to Public Inspection

Employer identification number

45-0311279 United Steelworkers Local 560 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 and elect officers of the governing body he every three years as specified in the Constitution. Form 990, Part VI, Section A, Line 7B: The Labor organization's active members each have one vote and approve all decisions of the governing body and decisions that arise during shoeduled membership meetings. Form 990, Part VI, Section B, Line 11B: The labor organization's Financial Officer and President review the form before filling. 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) (2018)	Page 2
Name of the organization	Employer Identification number
United Steelworkers Local 560	45-311279
	
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