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

Open to Public

Department of the Treasury

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

Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2018 calendar year, or tax year beginning 2018, and ending January 1 December D Employer identification number В C Name of organization United Steelworkers Local 307 Check if applicable Address change Doing business as United Steelworkers Local 307 48-0517457 Number and street (or P O box if mail is not delivered to street address) Boom/suite E Telephone number Name change Initial return 785-234-5688 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated -Amended return Topeka, Ks. 66610 G Gross receipts \$ 437098 H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer Application pending Jody Juarez, 5217 NE Shaffer Rd., Topeka, Ks. 66617 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) √ 501(c) (5)
√ (insert no)
√ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► Labor Union L Year of formation 1945 M State of legal domicile KS Part I Briefly describe the organization's mission or most significant activities. Local Union enforces collective bargaining SCANNED JUL 3 0 26 Governance 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. Number of voting members of the governing body (Part VI, line 1a) 3 3 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 130 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, copp 7a 0 Net unrelated business taxable income from For-7b 0 Prior Year **Current Year** S 8 Contributions and grants (Part VIII, line 1h). 0 9 Program service revenue (Part VIII, line 2g) 412737 363409 Investment income (Part VIII, column (A), lines 3, 4, 2007). Other revenue (Part VIII, column (A), lines 5, 6d, 86, 96, 196). 10 1786 1269 11 312644 72420 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 727167 437098 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 5000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 244216 153948 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 917937 572549 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1071885 821765 Revenue less expenses. Subtract line 18 from line 12 19 -344718 -384667 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 1546736 1162069 21 Total liabilities (Part X, line 26) . O 0 22 Net assets or fund balances. Subtract line 21 from line 20 1546736 1162069 Signature Block Part II Under penalties of perjure , I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge true, correct, and comple Sign Here unnons Print/Type preparer's name Preparer's signature Date Paid Check I if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

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Part		ment of Program Service		hio Dort III	
1		ribe the organization's miss		his Part III	• 🖳
•	•	-		collective bargaining, greivance procedures, arbi	tration.
	strike benifi	ts, education, organization an	d to improve working conditions.		
2				he year which were not listed on the	☑ No
3	Did the or		ng, or make significant changes	in how it conducts, any program	
		scribe these changes on Sc			☑ No
4	expenses.	Section 501(c)(3) and 501(c)	ervice accomplishments for each (4) organizations are required to for each program service reports	of its three largest program services, as meas report the amount of grants and allocations to d.	sured by o others,
4a) (Revenue \$	
					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other prog	ram services (Describe in Sc			
	(Expenses	\$ including		enue \$)	
-4e	Total progr	am service expenses >			

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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? If "Yes," complete Schedule C, Part I	3		1
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		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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		√
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	✓	
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		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
12a	Schedule D, Parts XI and XII	12a		✓
	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u>✓</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	/0.5.1.T.
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Part	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		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		1
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>L</u>
С	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		<u> </u>
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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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		√
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		✓
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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	✓	
Part				_
	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 1		162	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) with backup withholding rules for reportable payments to verdors and	1c		

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
·				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	: #27		能道
	Statements, filed for the calendar year ending with or within the year covered by this return 2	a 13	30		100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax		2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		177) KEAR	94,28
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	S-12-84	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched	dule O .	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
70	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		/
b	If "Yes," enter the name of the foreign country: ▶		74.90	10.794	90051.7
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts (FRAR)			
5a	_Was_the_organization-a-party-to-a-prohibited-tax-shelter-transaction-at-any-time-during-the-tax-yea		- 5a-		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		5b		-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	21134041011	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000,	and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such con				<u> </u>
В	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		-63.4G	7.24	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and par	tly for goods		* 2° 3°	
а	and services provided to the payor?	try for goods	7a	<u> </u>	MEA EG
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for			<u> </u>	
С	required to file Form 8282?	which it was	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	a		11 11/2/2	AVITATE AND
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	3.6.7.3	<u> </u>
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 889		7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining donor advised funds.		2.47.75	1 " " E	CATA F
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining sponsoring organization have excess business holdings at any time during the year?	•	8	المتعادد	1735
9	Sponsoring organizations maintaining donor advised funds.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Supply Supply	變1939
a,	Did the sponsoring organization make any taxable distributions under section 4966?		9a	-531 - S	EN AL
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person'	 ?	9b		
10	Section 501(c)(7) organizations. Enter:		1,182		罗尔图
а	Initiation fees and capital contributions included on Part VIII, line 12	a l			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10	. 1			
11	Section 501(c)(12) organizations. Enter:	<u></u>	\dashv	*10	
	Gross income from members or shareholders	al		小 题	
b	Gross income from other sources (Do not net amounts due or paid to other sources	-		n 18	
D	against amounts due or received from them.)	ь			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12		6470	.23%	711
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>~ 1</u>			
	Is the organization licensed to issue qualified health plans in more than one state?		13a	/ ×2×	1000 Mary 1 - 1 1
-	Note. See the instructions for additional information the organization must report on Schedule O.		779.09		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
D	the organization is licensed to issue qualified health plans	ь	16		7
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	- 1	14a	17 ,787 19	1 1000 C
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	edule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in ren		\vdash		
10	excess parachute payment(s) during the year?	idileration of	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.		XXX	\$1.58	i i i i i i i i i i i i i i i i i i i
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment.	ent income?	16	7 <u>17-788</u> ,	<u>≠∞</u>
. •	If "Yes," complete Form 4720, Schedule O.		37.70	11/11/18	· V

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	struct	ions.
Secti	on A. Governing Body and Management			<u>. </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1		統。於	
	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			
ь	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		1
- 5-	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	1	
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	1	
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	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	√	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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	L.,	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		$\overline{}$
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		-
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tia	(CN) (S.)	V
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1	200
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	\vdash
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		/
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?			S .
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		~ 養訓
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?	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	LIOD		<u> </u>
17	List the states with which a copy of this Form 900 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(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)	(300		(=)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int 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	cords	•	
	Scott W Tummons - 1603 NW Taylor, Topeka Ks. 66608 - (785)234-5688			

Form 990 (2018)	m	990	(201	8)
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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 no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
	(C)									
(A)	(B)	,,			ition			(D)	(E)	(F)
Name and Title	Average			it check more				Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)				compensation	compensation from	amount of	
	week (list any hours for	익둙	يرا	♀	ĕ	라프	Fo	from the	related organizations	other compensation
	related	Individual trustee or director	Ē	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	or Ea	long		탕	8 6	"	(W-2/1099-MISC)		organization and related
	line)	trus	=		yee	mpe				organizations
		ee	Institutional trustee			Highest compensated employee				
	1					e e				
(1) Jody Juarez	52									
President	T	1		✓				15319		
(2) Anthony J Stattleman	52									
Vice President				✓	<u> </u>			12589		
(3) Jon Workman	52									
Recording Secretary				✓				5929		
(4) Mark Elder	52									
Treasure				✓				12647		
(5) Scott Tummons	52	ļ				<u> </u>				
Financial Secretary	ļ			✓				11395		
(6) Jeremy Brown	3			١,						
Trustee	 	ļ		✓		ļ	<u> </u>	1135		
(7) Todd White	33			١,						
Trustee		<u> </u>	-	✓				0		
(8) Kenneth Williams	3	-		١,						
Trustee				✓				2239		
(9) Tim High	22			/						
Executive Board			_	-			\vdash	0		
(10) Harry R Kober	2			1						
Executive Board (11) Paul Smith	2			 			\vdash	0		
Executive Board	 	ł		1				6029		
(12) Mark Noble	2			Ė			-	0023		-
Unit President	† -			1				788		
(13) Jones Michael	52			Ė			l	700		
Vice President - Past	† <u>-</u>						1	4864		
(14) Kevin McClain	4							7004		
Recording Secretary - Past	†						1	4768		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(C)													
	(A)	(B) Position (do not check more than o							(D)	(E)		(F)
Na	Name and title			unles	s pe	rson	ıs both					Estima amou	
		hours per week (list any			_		or/trust	·	from	compensation related		oth	
		hours for related	a nd v	nstit	Officer	Key employee	賣賣	Former	the organization	organizatio (W-2/1099-M		compen from	
		organizations	recto	t o	er	emp	est c	<u>ಥ</u>	(W-2/1099-MISC)		"30,	organiz	
		below dotted line)	4 =	nal t		loye	l wä				ŀ	and re organiz	
		11116)	Individual trustee or director	Institutional trustee		Φ.	ens					Organiza	ations
				e			Highest compensated employee		1				
(15) Racheal Ray		2		П									_
Executive Board - Pas]					1	627				
(16) Michael Haze		2											
Unit President - Past	.							✓	284				
(17)													
(40)				Ш				<u> </u>					
(18)													
(19)	 			Н				\vdash			-+		
(19)		 	!										
(20)		-						-					
<u> </u>													
(21)													
				Ш									
(22)								1					
		<u> </u>		Ш				_					
(23)													
(24)		-		Н				\vdash					
(24)		 											
(25)													
S==Z		†											
1b Sub-total .				•					911				
	ontinuation sheets to Part	•		•	•		•	>	71857				
	nes 1b and 1c)							<u> </u>	72768				
	of individuals (including but		to th	ose	list	ed a	above	e) w	ho received me	ore than \$10	000,000	of	
reportable co	mpensation from the organi	ization >							0				res No
O Diel Alexander		if.aau aluuaa					lene e		laves or beat	aat aamaa	nnatad		res No
	nization list any former of line 1a? <i>If "Yes," complete t</i>							,	noyee, or riigh	est compe		3	√
• •	dual listed on line 1a, is the							n a	nd other comp	ensation fr	om the		
	and related organizations												
ındıvıdual												4	✓
	on listed on line 1a receive o									ation or ind	ıvıdual		
	endered to the organization	? If "Yes," c	ompl	ete .	Sch	iedu	ıle J f	or s	such person		· ·	5	✓
Section B. Independ													
	s table for your five highest of												lo tov
year.	n from the organization. Rep	on compe	nsauc	או ונ	וו זכ	ie C	aleno	ar y	rear ending wit	n or within t	.ne org	anization	Stax
your.	(A)								(B)	I		(C)	
	Name and business add	Iress							Description of se	ervices	(Compensati	ion
													-
	·												
	- f		- '				ا ب						
	r of independent contractors than \$100,000 of compens							t n	ose listed abo	vej wno			

Form **990** (2018)

	00 (2010	-,						,
Part	VIII	Statement of Reve						
		Check if Schedule O	contains a resp	oonse or note t	o any line in this	s Part VIII	<u></u>	🗆
		M. A.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
SO	1a	Federated campaigns	3 1a	22 C C C C C C C C C C C C C C C C C C		\$#A42		
ts, Grar.ts Amounts	b	Membership dues .	1b					
Gifts, Ilar Ar	С	Fundraising events .						
ons, Gift Simılar	d	Related organizations						
ns, Sim	e							
atio er:	T	All other contributions, g						
tributic Other		and similar amounts not inc						
Contributions, and Other Sim	g-	_Noncash.contributions includ						
	h	Total. Add lines 1a-1	f	<u> ▶</u>			Minds Harris	
Œ				Businoss Code				
<u>-</u>	2a	Membership Dues		900099	363409			
Program Service Revenue	b							
ice.	С					•		
Sen	d							
Ē	е	***************************************						
gra	f	All other program sen	vice revenue .]		
P	g	Total. Add lines 2a-2		▶	363409	F. 32 THE SEC.		
	3	Investment income	(including divide	ends, interest,				
		and other similar amo	ounts)	•	1269	,		,
	4	Income from investment	and proceeds ▶					
	5	Royalties						
			(i) Real	(II) Personal				Algeria e e e e e e e e e e e e e e e e e e e
	6a	Gross rents	48600					
	b	Less: rental expenses	n					
	C	Rental income or (loss)	48600	-				
	d	Net rental income or (48600	alfillabiles " "Discontinument " " " " " " " " " " " " " " " " " " "	The state of the second of the	**************************************
			(i) Securities	(II) Other	40000			
	7a	Gross amount from sales of assets other than inventory						
	L	Less cost or other basis		-				
	b							
	_	and sales expenses .						
	0 1	Gain or (loss)			#37.46 - POSECUTION S. AND SERVICE OF U.S. N. S.	##:	attach seather stade and and and	会がは出版的ない。 は関係には、 は関係による。 は関係による。 は関係による。 は関係による。 は関係による。 は関係による。 は、 は、 は、 は、 は、 は、 は、 は、 は、 は、
	d	Net gain or (loss) .		· · · · <u>· · · · · · · · · · · · · · · </u>				
Other Revenue	8a	Gross income from fu	ındraısıng					
eve		events (not including \$						
ď.		of contributions reporte	-					
heı			\cdot \cdot \cdot \cdot a					
ŏ	Ь	Less direct expenses					76.3	34
	С	Net income or (loss) f		events >			anaul and transposer consists.	CONTRACTOR DESCRIPTION AND PROPERTY AND PROP
	9a	Gross income from ga			建筑		155	
		See Part IV, line 19 .	-					
	b	Less direct expenses	,		1/2 days of the			
	С	Net income or (loss) f		vities ►	and the second s	MH -4 -4- 18000000000000000000000000000000000000	V\$47800004000 00001099944 0000 4000 00	acidentia Landant Landant vinganti ta tomas kilin tami
	10a	Gross sales of in				2.4		
		returns and allowance	es a	10649				
	b	Less: cost of goods s	old b	0				
	C	Net income or (loss) f	rom sales of inve	entory 🕨	10649			
		Miscellaneous R	evenue	Business Code	Profession (A)		ar ar ar	建长。2008年
	11a	Travel Refunds		900099	4888			<u></u>
	b	Void Checks		900099	4542			
	С	Paid Cash Dues		900099	2314	. = -		
	d	All other revenue .		900099	1427			
	е	Total. Add lines 11a-	11d	🕨	13171		we we th	
	40	Total revenue See in	antri inti anno					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to any line 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	5000						
2	Grants and other assistance to domestic							
	ındıvıduals. See Part IV, line 22							
3	Grants and other assistance to foreign							
•	organizations, foreign governments, and foreign		·					
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members			**************************************	CANAL MARKET CONTRACTOR			
. 4 5	Compensation of current officers, directors,							
3	trustees, and key employees							
		78613						
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B) .							
7	Other salaries and wages	160650						
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	4953						
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management	14441						
b	Legal	19835	!					
C	Accounting	. 10000						
d	Lobbying							
e	Professional fundraising services See Part IV, line 17		The second secon					
f	Investment management fees		24-44 1-12131-131-131-131-131-131-131-13131313131313131313131313	M. W. C. Control of the Control of t				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
9	(A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	11921						
13	Office expenses	26117						
14	Information technology	20117						
15	~ ;							
	Royalties							
16	Occupancy	298810	 					
17	Travel	77696						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
	-							
19	Conferences, conventions, and meetings .	36321						
20	Interest							
21	Payments to affiliates	5254			-			
22	Depreciation, depletion, and amortization .							
23	Insurance	6550	Name and State of the State of	Marie Marie and Carlo and a state from some an at the sub-definition	NO. COUNTERPARAGE, T. PERSONNEL NO. CONTROL			
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.)		AND SERVICE SERVICES					
а	Labor Day Picnic	30861						
b	News and Views	14072						
С	Retiree Banquet	10935						
d	Contract Books	6173						
е	All other expenses	13563						
25	Total functional expenses. Add lines 1 through 24e	821765						
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and				,			
	fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 112705 80868 2 2 593648 240818 3 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 q Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less, accumulated depreciation 10b 840383 10c Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 . . . 13 13 Investments—program-related. See Part IV, line 11 . . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1546736 1162069 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ **Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or 30 Capital stock or trust principal, or current funds . . . 30 706353 321686 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 840383 840383 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 1546736 1162069 Total liabilities and net assets/fund balances 34 1546736 1162069

n	4	7
₽age	ı	_

Part	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		437098
2	Total expenses (must equal Part IX, column (A), line 25)	2		821765
3	Revenue less expenses. Subtract line 2 from line 1	3		-384667
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 1546736</u>
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8		0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	•	1162069
Part	XII Financial Statements and Reporting			
~ ····-	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>, 🖵</u>
			Ye	es No
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	olaın ın		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	√
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a		
	separate basis, consolidated basis, or both			
	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 over		_	l
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	100000000
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in		
	Schedule O.	•	E CO	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in	,_	
_	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a control of the organization did not undergo such a control of the organization did not undergo such a control of the organization did not undergo such a control of the organization did not undergo such a control of the organization did not undergo the organization did not undergo the organization did not undergo.		3b	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Juits.		90 (2018)
			Form 9	30 (2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2018

Employer identification number

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

United Steelworkers Local 307 48-0517457 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 **Conservation Easements.** Part II 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 Protection of natural habitat Preservation of a certified historic structure ☐ 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 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: **b** Assets included in Form 990, Part X .

Cat No 52283D

Schedule D (Form 990) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part	Organizations Maintaining C	ollections of A	Art, Hist	orical 1	reasures,	or Ot	her Similar As	ssets (conti	nued)
3	Using the organization's acquisition, ac collection items (check all that apply):								
а	☐ Public exhibition		d [☐ Loan	or exchange	e progr	rams		
b	☐ Scholarly research		е [☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizatio XIII.								ın Part
5	During the year, did the organization so assets to be sold to raise funds rather the	olicit or receive o	donations	s of art,	historical tre	easures	s, or other simil	ar 🗌 Yes	□ No
· Parl	IV Escrow and Custodial Arran					-			<u> </u>
·	Complete if the organization a		on Forr	n 990, F	Part IV, line	9, or	reported an ar	nount on Fo	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the fol	lowing ta	able:				
							Α	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount	on Form 990, Pa	ırt X, lıne	21, for e	scrow or cu	stodial	account liability	/ [?] ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part	XIII. Check here	of the ex	planatio	n has been p	provide	ed on Part XIII .		
Par	t V Endowment Funds.								
	Complete if the organization a	nswered "Yes"					<u> </u>		
		(a) Current year	(b) Pno	r year	(c) Two years	back	(d) Three years bac	k (e) Four yea	rs back
1a	Beginning of year balance				_				
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships						***		
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	current year end	d balance	e (line 1g	, column (a)	held a	as:		
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment ▶	%	-						
С	Temporarily restricted endowment ▶	 %							
	The percentages on lines 2a, 2b, and 2c	should equal 10	00%.						
3a	Are there endowment funds not in the p	possession of the	e organiz	ation tha	at are held a	ınd adı	ministered for th	ne	
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga							3b	
4	Describe in Part XIII the intended uses of	of the organization	n's endo	wment fo	unds.				
Part	VI Land, Buildings, and Equipm	ient.		•			<u> </u>		
	Complete if the organization a	nswered "Yes"	on Forr	n 990, F	Part IV, line	11a. S	See Form 990,	Part X, line	10.
·	Description of property	(a) Cost or oth (investme			or other basis ther)		Accumulated preciation	(d) Book va	lue
1a	Land		70862						70862
b	Buildings		769521						769521
c	Leasehold improvements								
d	Equipment		-			<u> </u>			
e	Other								
	Add lines 1a through 1e. (Column (d) mu.	st equal Form 99	0. Part X	. column	(B), line 100	:)	•		840383

	(a) Description of security or categ	ory		(b) Book value		Method of valuation _
	(including name of security)	•	<u> </u>		Cost or	end-of-year market value
-	derivatives				<u> </u>	
	neld equity interests			•		
3) Other	t.,	·	-	•	<u> </u>	_
(A)						
(B)				,	•	
(C)						
(D)						<u></u>
(E)		-			;	
(F) <u>.</u>		•	,			• ,
(G)					ļ	
(H)		•	•			
	b) must equal Form 990, Part X, col (B) line 12)					Maria de Partir de Caración de
Part VIII	Investments—Program Relat			4	•	*
	Complete if the organization ar	swered "Ye	es" on For	m 990, Part IV, Iır	ne 11c. See Fo	orm 990, Part X, line 13.
	(a) Description of investment	;		" (b) Book value		Method of valuation end-of-year market value
	<u>· ' · · · · · · · · · · · · · · · · · ·</u>	· · · · · · · · · · · · · · · · · · ·			Cost or	end-or-year market value
(1)				•	, ,	
(2)					•	
(3)				•		•
(4) - 3					-	
(5)	ڪيا جي هو جي آهي جي _{جي} جي ر			, -	Ψ	
(6) 🤞 🖺	<u> </u>	- 1		<u> </u>	_	·
(7)	<u> </u>	• •		4 1	-	
(8)			, ,	,	1	-
(9)		,			•	
Cotal (Column (15 000 5 11/ (/5)/ 401 5					
i otal. (Columni (i	b) must equal Form 990, Part X, col (B) line 13.) ▮	-	1			
Part IX	Other Assets.		1			
			es" on For	m 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15.
	Other Assets.			m 990, Part IV, lir	ne 11d. See Fo	orm 990, Part X, line 15. (b) Book value
	Other Assets.	nswered "Ye		m 990, Part IV, lir	ne 11d. See Fo	
Part IX'	Other Assets.	nswered "Ye		m 990, Part IV, lir	ne 11d. See Fo	
(1) (2)	Other Assets. Complete if the organization are	nswered "Ye (a) Description		m 990, Part IV, Iir	ne 11d. See Fo	
(1) (2) (3)	Other Assets. Complete if the organization are	nswered "Ye (a) Description		m 990, Part IV, lir	ne 11d. See Fo	
(1) (2) (3) (4)	Other Assets. Complete if the organization are	nswered "Ye (a) Description	,		ne 11d. See Fo	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization are	nswered "Ye (a) Description	,		ne 11d. See Fo	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization are	nswered "Ye (a) Description			ne 11d. See Fo	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization are	nswered "Ye (a) Description			ne 11d. See Fo	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization are	nswered "Ye (a) Description			ne 11d. See Fo	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ar	(a) Description				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization are	(a) Description				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization are serviced in the or	(a) Description				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization are min (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization are minutes or the organization are minutes.	(a) Description				(b) Book value
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Part		ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part		ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	<u>1</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	<u>3</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	
b		4c
С 5	Add lines 4a and 4b	
	XIII Supplemental Information.	. 3
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b t XI, lines 2d and 4b. Also complete this part to provide any additional to the second	
		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

	•	
OMB No 1545-0047	2018	Open to Public Inspection

Employer identification number

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, % ⊡ (h) Purpose of grant or assistance □Yes 48-0517457 Donation Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 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 5000 (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. General Information on Grants and Assistance 48-0628333 (b) EIN 1 (a) Name and address of organization 2131 SW 36th St., Topeka, Ks. 66611 (1) Kansas AFL-CIO COPE Fund Jnited Steelworkers Local 307 or government Partl Part 9 0 8 5 (12) <u>4</u> <u></u> ව <u>O</u> 8 <u>N</u>

Schedule I (Form 990) (2018)

Cat No 50055P

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. Part III

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, recipients cash grant noncash assistance FMV, appraise!, other)							Supplemental morniation. Frovide the miornation required in Part I, line 2, Part III, column (b), and any other additional information.
	1	2	3	4	5	9	arty Supplemental morniano

Schedule I (Form 990) (2018)

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.

OMB No 1545-0047 2018

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Name of the organization 48-0517457 **United Steelworkers Local 307** 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 every three years specified by the constitution. Form 990, PartVI, Section A, Line 7b: The Labor Organiaztion's active members 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 B, Line 11b: The Labor Organizations Prensident and Treasure review form completed by the Financial Secretary, before filing. Form 990, Part VI, Section C, Line 19: The Labor Organization does not routinely make these documents available to the public.