# SCANNED MAR 1 7 2021

Form **990** (Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2019

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   | Go to www.irs.gov/Formsso for instructions and the latest into  |             |                          | inspection                            |
|--------------------------------|------------------------|---------------|---|-------------|--------------------------|---------------------------------------|
| <u>A</u>                       |                        |               | lendar year, or tax year beginning , and endi   | _           | D. Employee Identi       | ISaatlan ayahar                       |
| B                              |                        | applicable    | C Name of organization United Steelworkers International Union, Local 00560   | '           | D Employer identi        | meation number                        |
| Ш                              | Address                | change        | Doing business as   | —I.         | 5 0044070                |                                       |
|                                | Name ch                | nange         | Number and street (or P O box if mail is not delivered to street address)  Room/suite   |             | 5-0311279                |                                       |
| $\equiv$                       |                        | •             | 402 Eagle Lane  | '           | E Telephone numb         | oer .                                 |
| لــا                           | Initial ret            | um            | City or town State ZiP code   | C           | 701) 678-2041            |                                       |
| $\Box$                         | Final retun            | n/terminated  | <u>Gwinner</u> <u>ND</u> <u>58040</u>   |             |                          |                                       |
| $\overline{}$                  |                        |               | Foreign country name Foreign province/state/county Foreign postal coo   | 1           |                          | 074 504                               |
| ш                              | Amende                 | d return      |   |             | G Gross receipts \$      | 874,504                               |
|                                | Application            | on pending    | F Name and address of principal officer   | (a) Is this | a group return for subor | rdinates? Yes X No                    |
|                                |                        |               | William Wilkinson III 402 Eagle Lane, Gwinner, ND 58040   | (b) Are a   | all subordinates inclu   | ided? Yes No                          |
| $\overline{}$                  | Tov                    |               |   |             | o," attach a list (see   |                                       |
| <u>'</u>                       |                        | mpt status    |   |             |                          |                                       |
|                                | Website                | e: ► N/A      | H(  | (c)_Grou    | p exemption number       | r ▶ 0260                              |
| K                              | Form of                | organization  | Corporation ☐ Trust ☐ Association X Other ► IABOR UNIO L Year of  | f formati   | on 1970 M                | State of legal domicile ND            |
|                                | Part I                 | Su            | mmary   |             |                          | · · · · · · · · · · · · · · · · · · · |
|                                | 1                      |               |   | LINIO       | N ENEORCED               | THE COLLECTIVE                        |
| ø                              | 1 '                    |               | INING AGREEMENT TO BETTER THE WORKING CONDITIONS OF THE L   |             |                          |                                       |
| ä                              |                        |               | SENTATION TO ITS MEMBERS  | FOOVE       | - ONION AND F            | NOVIDE                                |
| Governance                     | 1                      |               |   |             |                          |                                       |
| ₹                              | 2                      |               | his box 🕨 🔛 if the organization discontinued its operations or disposed of  | more i      | than 25% of its          | 1                                     |
| Ö                              | 3                      |               | of voting members of the governing body (Part VI, line 1a)  | •           | 3_                       | 11                                    |
| Š                              | 4                      | Number        | of independent voting members of the governing body (Part VI, line 1b)  |             | . 4                      | 0                                     |
| 差                              | 5                      | Total nu      | mber of individuals employed in calendar year 2019 (Part V, line 2a)  |             | 5                        | 64                                    |
| Activities &                   | 6                      | Total nu      | mber of volunteers (estimate if necessary)  |             | 6                        | 0                                     |
| ĕ                              | 7a                     | Total un      | related business revenue from Part VIII, column (C), line 12  |             | . 7a                     | 0                                     |
|                                | ь                      | Net unre      | elated business taxable income from Form 990-T, line 39   |             | . 7b                     | 0                                     |
|                                | ]                      | · · · · · ·   |   | F           | Prior Year               | Current Year                          |
| a                              | 8                      | Contribu      | itions and grants (Part VIII, line 1h)  |             | 0                        | 0                                     |
| Revenue                        | 9                      |               | · · · · · · · · · · · · · · · · · · ·   |             | 386,611                  | 387,285                               |
| š                              | 10                     | Investm       | service revenue (Part VIII, line 2g)<br>ent income (Part VIII, column (A), lines 3, 4 ent v6) ORRES<br>venue (Part VIII, column (A), lines 5, 6t, 8c, 9o 90c, and 11e)<br>enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) |             | 3,080                    | 6,553                                 |
| æ                              | 11                     | Other re      | venue (Part VIII, column (A), lineR/E St. 8c, 9p.90c; and 11e)  |             | 21,742                   | 480,666                               |
|                                | 12                     | Total rev     | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |             | 411,433                  | 874,504                               |
|                                | 13                     |               | and similar amounts paid (Part IX, column (A), the 2030   |             | 14,879                   | 17,855                                |
|                                | 14                     |               | paid to or for members (Part IX, column (A), line 4).   |             | 0                        | 17,000                                |
|                                | 15                     | Salarias      | other compensation, employee benefits (Part IX, column (A), lines 5–10)   |             | 164,984                  | 120,065                               |
| Ses                            | 16a                    |               |   |             | 104,984                  | 120,003                               |
| Expenses                       | i                      |               | onal fundraising fees (Part IX, column (A),(InEMe)  |             |                          |                                       |
| ×                              | _b                     |               |   |             | 206 200                  |                                       |
| _                              | 17                     |               | penses (Part IX, column (A), lines 11a–11d, 11f–24e)  |             | 286,300                  | 696,066                               |
|                                | 18                     |               | penses. Add lines 13–17 (must equal Part IX, column (A), line 25) .   | _           | 466,163                  | 833,986                               |
| - 10                           | 19                     | Revenu        | e less expenses Subtract line 18 from line 12   |             | -54,730                  | 40,518                                |
| Net Assets or<br>Fund Balances |                        |               | <b></b>   | eginnin     | g of Current Year        | End of Year                           |
| Ssei                           | 20                     |               | sets (Part X, line 16)  |             | 715,647                  | 829,512                               |
| F P                            | 21                     |               | pilities (Part X, line 26)  |             | 0                        | 468,684                               |
|                                |                        |               | ets or fund balances. Subtract line 21 from line 20   |             | 715,647                  | 360,828                               |
|                                | <u>art II</u>          |               | nature Block  |             |                          |                                       |
|                                |                        |               | , I declare that I have examined this return, including accompanying schedules and statements, and  |             |                          | le .                                  |
| and                            | belief, it i           | s true, corre | ct, appropriete Declaration of preparer other than officer) is based on all information of which pre  | eparer h    | as any knowledge         | <del></del>                           |
| Sig                            | n                      |               | Cathories mires   | _           |                          | 3/24/2020                             |
|                                |                        |               |   |             | Date                     |                                       |
| He                             |                        | I .           | Signature/of officer  |             |                          |                                       |
| He                             |                        |               | Signature of officer Steph Hejtmanek Financia   | al Trea     | asurer                   |                                       |
| He                             |                        |               |   | al Trea     | asurer                   |                                       |
| He                             |                        | Prin          | Steph Hejtmanek Financia  | al Trea     |                          | PTIN                                  |
| He<br>—                        | re<br>                 | Prin          | Steph Hejtmanek Financia Type or print name and title   |             | Check                    | if                                    |
| Pa                             | re<br>                 | ĺ             | Steph Hejtmanek Financia Type or print name and title   |             |                          | if                                    |
| Pai<br>Pre                     | re<br>———id<br>eparer  |               | Steph Hejtmanek Financia Type or print name and title   | Date        | Check                    | if                                    |
| Pai<br>Pre                     | re<br><br>id           | Firm          | Steph Hejtmanek Financia  Type or print name and title  (Type preparer's name Preparer's signature  | Date        | Check<br>self-emp        | if                                    |
| Pa<br>Pre<br>Us                | id<br>eparer<br>e Only | Firm          | Steph Hejtmanek Financia  Type or print name and title  (Type preparer's name Preparer's signature  | Date        | Check self-emp           | if                                    |

| Form 9 | 90 (2019)                 | United Steelworkers International Union, Local 00560   | 45-0311279                      | Page 2  |
|--------|---------------------------|--|---------------------------------|---------|
| Pa     | rt III                    | Statement of Program Service Accomplishments   |                                 |         |
|        |                           | Check if Schedule O contains a response or note to any line in this Part III   |                                 |         |
| 1      | LABOR                     | escribe the organization's mission:<br>UNION ENFORCED THE COLLECTIVE BARGAINING AGREEMENT TO BETTER THE WORKII<br>LOCAL UNION AND PROVIDE REPRESENTATION TO ITS MEMBERS  |                                 |         |
|        |                           |  | ,                               |         |
|        |                           |  |                                 |         |
| 2      | the prior                 | organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?   | Tes                             | X No    |
|        |                           | describe these new services on Schedule O.   |                                 |         |
| 3      |                           | organization cease conducting, or make significant changes in how it conducts, any program   | Tyes                            | X No    |
|        |                           | ?  | res                             |         |
| 4      |                           | e the organization's program service accomplishments for each of its three largest program service   | es as measured by               |         |
| 4      |                           | is. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a  |                                 |         |
|        |                           | expenses, and revenue, if any, for each program service reported   | mocations to others,            |         |
|        | trie total                | expenses, and revenue, if any, for each program service reported   |                                 |         |
| 4a     | THE LO<br>BARGA<br>RELATE | ) (Expenses \$ Including grants of \$ ) (Rever<br>CAL UNION CONTINUES IN A ONGOING EFFORT TO DEFEND AND ENFORCE THE NEGOTI<br>NING AGREEMENT FOR OUR MEMBERS WAGES, BENEFITS, AND WORKING CONDITIONS<br>D INCOME AND EXPENSES ARE USED TO CARRY OUT THESE ACTIVITIES. THE LOCAL UITING TO MAINTAIN OR ACCOMPLISH IMPROVEMENTS FOR OUR MEMBERS. | IATED COLLECTIVE THE MEMBERS FU | JES AND |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  | ·                               |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
| 4b     | (Code:                    | ) (Expenses \$ including grants of \$ ) (Rever   | nue \$                          | )       |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           | ••••••   |                                 | <b></b> |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
| 4c     | (Code.                    | ) (Expenses \$ including grants of \$ ) (Rever   | nue \$                          | )       |
|        | •                         |  |                                 | '       |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
|        |                           |  |                                 |         |
| 4d     |                           | ogram services (Describe on Schedule O )   |                                 |         |
|        | (Expens                   |  | 0)                              |         |
| 4e     | Total pro                 | gram service expenses   0  |                                 |         |

IDIO

| Part | V 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        |             | X         |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                       | 2        |             | Х         |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to        |          |             |           |
| •    | candidates for public office? If "Yes," complete Schedule C, Part I   | 3        |             | Х         |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)           | H        |             |           |
| •    | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4        |             |           |
| _    |   | <b>├</b> |             |           |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,            | _        |             | v         |
| _    | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III          | 5        |             | Х         |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                 |          |             |           |
|      | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If             |          |             |           |
|      | "Yes," complete Schedule D, Part I  | 6        |             | X         |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,               |          |             |           |
|      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                    | 7        |             | <u> X</u> |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     | l .      |             |           |
|      | complete Schedule D, Part III   | 8        |             | Х         |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a         |          |             |           |
|      | 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        |             | Χ         |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments            |          |             |           |
| ••   | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10       |             | Х         |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,            | <u> </u> |             |           |
| • •  | VII, 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         | أحما     | l           |           |
|      | Schedule D, Part VI   | 11a      | Х           |           |
| D    | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more           | ا ا      |             |           |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                | 11b      |             | Х         |
| С    | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more            | ١ ا      |             |           |
|      | 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      |             | Х         |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e      |             | Х         |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses |          | l           |           |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f      |             | Х         |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     |          |             |           |
|      | Schedule D, Parts XI and XII  | 12a      |             | Х         |
| b    | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"     |          |             |           |
|      | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional             | 12b      |             | Х         |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                       | 13       | Ì           | Х         |
| 14a  |   | 14a      | $\neg \neg$ | X         |
|      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                        | 111      |             |           |
| _    | fundraising, business, investment, and program service activities outside the United States, or aggregate               |          | Ì           |           |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                          | 14b      |             | Х         |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or       | 170      |             |           |
| 13   | a a a a a a a a a a a a a a a a a a a   | 4.5      |             | х         |
| 4.0  |   | 15       |             |           |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other              | 4.       |             | v         |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.                              | 16       |             | <u> </u>  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services             | l l      |             |           |
|      | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).                      | 17       |             | <u>X</u>  |
| 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       |             | Х         |
| 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       |             | Х         |
| 20a  | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                             | 20a      |             | Χ         |
|      | 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       | [           | Х         |
|      |   |          |             |           |

| Par | Checklist of Required Schedules (continued)  |            |     | _              |
|-----|--|------------|-----|----------------|
| 22  | Did the exceptantian report more than \$5,000 of grants or other applicance to or for demostic individuals on  |            | 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         |     | x              |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  | 22         |     | <del>  ^</del> |
| 20  | organization's current and former officers, directors, trustees, key employees, and highest compensated  |            |     |                |
|     | employees? If "Yes," complete Schedule J   | 23         | x   | i              |
| 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        |     | Х              |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     |                |
| C   | 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        |     | <u> </u>       |
|     | 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   | 25.0       |     |                |
| _   | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     |                |
| D   | prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or   |            |     | 1              |
|     | 990-EZ? If "Yes," complete Schedule L, Part I  | 25b        |     |                |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |            |     |                |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  | i          |     |                |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |     | ×              |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |            |     |                |
|     | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee   |            |     | 1              |
|     | member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If   | 200        |     | ,              |
| b   | If"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28a<br>28b |     | X              |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  | 200        |     | <del>  ^</del> |
| ·   | If"Yes," complete Schedule L, Part IV.   | 28c        |     | х              |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |     | X              |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |            |     |                |
|     | conservation contributions? If "Yes," complete Schedule M  | 30         |     | Х              |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | Х              |
| 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         |     | Х              |
| 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         |     | х              |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | x              |
|     | 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        |     | х              |
| 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         |     | 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         | Х   |                |
| Par |  |            | 1   |                |
|     | Check if Schedule O contains a response or note to any line in this Part V   |            |     | <u> </u>       |
|     |  |            | Yes | No             |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |            |     |                |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |     |                |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                   | 1c         |     |                |
| -   | garning (garnoling) willings to prize withers:   |            | 990 | (2019)         |
|     |  |            | 1   | /              |

| Par    | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |        |                   |                      |
|--------|--|--------|-------------------|----------------------|
| ٥-     | Fatasha washa of analosa a sasahal a Fama W.O. Tanana Malas Wana and Tan   | _      | 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   |        |                   | İ                    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   |        |                   |                      |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)   |        |                   | $\vdash$             |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <br>3a |                   | X                    |
| ь      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | 3b     | _                 | <u> </u>             |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |        |                   |                      |
|        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a     |                   | х                    |
| b      | If "Yes," enter the name of the foreign country  |        |                   | m                    |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |        |                   | ĺ                    |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a     | _                 | X                    |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b     |                   | X                    |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c     |                   |                      |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |        |                   |                      |
|        | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a     |                   | Х                    |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |        |                   | 1                    |
|        | gifts were not tax deductible?   | 6b     |                   | <u> </u>             |
| 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     |                   |                      |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b     | $\rightarrow$     |                      |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | _      |                   |                      |
| _      | required to file Form 8282?  | 7c     |                   |                      |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  |        |                   |                      |
| e<br>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     | $\longrightarrow$ |                      |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g     | $\rightarrow$     |                      |
| 9<br>h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h     |                   |                      |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |        |                   |                      |
|        | sponsoring organization have excess business holdings at any time during the year?   | 8      |                   |                      |
| 9      | Sponsoring organizations maintaining donor advised funds.  |        |                   |                      |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a     |                   |                      |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b     |                   |                      |
| 10     | Section 501(c)(7) organizations. Enter:  |        |                   |                      |
| а      | Initiation fees and capital contributions included on Part VIII, line 12   |        |                   |                      |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |        |                   |                      |
| 11     | Section 501(c)(12) organizations. Enter.   |        |                   |                      |
| а      | Gross income from members or shareholders  | - 1    | i                 | ı                    |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   |        |                   |                      |
|        | against amounts due or received from them.)  |        |                   |                      |
|        | · · · · · · · · · · · · · · · · · · ·  | 12a    | -                 |                      |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |        | - 1               |                      |
|        | Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?   | 13a    |                   |                      |
| а      | Note: See the instructions for additional information the organization must report on Schedule O.  | 13a    |                   |                      |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which   |        | - 1               |                      |
|        | the organization is licensed to issue qualified health plans   |        |                   |                      |
|        | Enter the amount of reserves on hand   | ľ      | - 1               | Ì                    |
| 14a    |  | 14a    |                   |                      |
|        |  | 14b    |                   |                      |
|        | 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     | ļ                 | Х                    |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   | ••     |                   | _                    |
|        | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16     | <del> </del>      | ×                    |
|        | ·  |        | $\dashv$          | $\stackrel{\sim}{-}$ |
|        | If "Yes," complete Form 4720, Schedule O.  |        |                   | !                    |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 

| Sect        | ion A. Governing Body and Management  |                                       |            |              |                     |
|-------------|---|---------------------------------------|------------|--------------|---------------------|
|             |   | •                                     |            | Yes          | No                  |
| 1a          | Enter the number of voting members of the governing body at the end of the tax year                         | <b>1a</b> 11                          | [          |              |                     |
|             | If there are material differences in voting rights among members of the governing body, or                  |                                       |            |              | <b>'</b>            |
|             | If the governing body delegated broad authority to an executive committee or similar                        |                                       |            |              |                     |
|             | committee, explain on Schedule O.   |                                       |            |              | '                   |
| b           | Enter the number of voting members included on line 1a, above, who are independent                          | <b>1b</b> 0                           |            |              | l .                 |
| 2           | Did any officer, director, trustee, or key employee have a family relationship or a business relations      | ship with                             |            |              |                     |
|             | any other officer, director, trustee, or key employee?  |                                       | 2          |              | Х                   |
| 3           | Did the organization delegate control over management duties customarily performed by or under              | the direct                            |            |              |                     |
|             | supervision of officers, directors, trustees, or key employees to a management company or other p           |                                       | 3          |              | x                   |
| 4           | Did the organization make any significant changes to its governing documents since the prior Form 990 w     |                                       | 4          |              | X                   |
| 5           | Did the organization become aware during the year of a significant diversion of the organization's          |                                       | 5          |              | $\frac{\hat{x}}{x}$ |
|             | •   | 355615:                               | 6          | Х            | <del>  ^</del> -    |
| 6           | Did the organization have members or stockholders?  |                                       | ۳          |              |                     |
| 7a          | Did the organization have members, stockholders, or other persons who had the power to elect or             | арропп                                | 7-         | _            |                     |
|             | one or more members of the governing body?  | · · · · · · · · · · · · · · · · · · · | 7a         | X            |                     |
| b           | Are any governance decisions of the organization reserved to (or subject to approval by) members            | •                                     | l <u>.</u> |              |                     |
| _           | stockholders, or persons other than the governing body?   |                                       | 7b         | Х            |                     |
| 8           | Did the organization contemporaneously document the meetings held or written actions undertake              | n during                              | ,          |              |                     |
|             | the year by the following:  |                                       |            |              |                     |
| а           | The governing body?   |                                       | 8a         | X            |                     |
| b           | Each committee with authority to act on behalf of the governing body?                                       | • • • •                               | 8b         | Х            |                     |
| 9           | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r     | eached                                |            |              |                     |
|             | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O              | <del></del>                           | 9          |              | X                   |
| <u>Sect</u> | ion B. Policies (This Section B requests information about policies not required by the                     | Internal Revenue C                    | ode.       |              |                     |
|             |   |                                       |            | Yes          | No                  |
| 10a         | Did the organization have local chapters, branches, or affiliates?  |                                       | 10a        |              | Х                   |
| b           | If "Yes," did the organization have written policies and procedures governing the activities of such        |                                       |            |              |                     |
|             | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu        |                                       | 10b        |              |                     |
| 11a         | Has the organization provided a complete copy of this Form 990 to all members of its governing body before  | ore filing the form?.                 | 11a        |              | Х                   |
| þ           | 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        | Χ            |                     |
| b           | Were officers, directors, or trustees, and key employees required to disclose annually interests that could |                                       | 12b        | Х            |                     |
| 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        |              | X                   |
| 13          | Did the organization have a written whistleblower policy?   |                                       | 13         |              | X                   |
| 14          | Did the organization have a written document retention and destruction policy?                              |                                       | 14         |              | X                   |
| 15          | Did the process for determining compensation of the following persons include a review and appro            | val by                                |            |              |                     |
|             | independent persons, comparability data, and contemporaneous substantiation of the deliberation             | and decision?                         |            |              |                     |
| а           | The organization's CEO, Executive Director, or top management official                                      |                                       | 15a        |              | X                   |
| b           | Other officers or key employees of the organization   |                                       | 15b        |              | Χ_                  |
|             | 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 arrang   | ement                                 |            |              |                     |
|             | with a taxable entity during the year?  |                                       | 16a        |              | Х                   |
| b           | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu     | iate its                              |            |              |                     |
|             | participation in joint venture arrangements under applicable federal tax law, and take steps to safe        |                                       |            |              |                     |
|             | the organization's exempt status with respect to such arrangements?   | -                                     | 16b        |              |                     |
| Sect        | ion C. Disclosure   |                                       |            |              |                     |
| <u> 17</u>  | List the states with which a copy of this Form 990 is required to be filed                                  |                                       |            |              |                     |
| 18          | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990           | , and 990-T (Section 5                | 01(c)      |              |                     |
|             | (3)s only) available for public inspection. Indicate how you made these available. Check all that ap        |                                       | \-/        |              |                     |
|             |   | plain on Schedule O)                  |            |              |                     |
| 19          | Describe on Schedule O whether (and if so, how) the organization made its governing documents,              | •                                     | ICV.       |              |                     |
|             | and financial statements available to the public during the tax year  | on more per                           | -,,        |              |                     |
| 20          | State the name, address, and telephone number of the person who possesses the organization's b              | ooks and records                      | •          |              |                     |
| ~0          |   | (704) 070 0044                        |            |              |                     |
|             | Steph Hejtmanel 402 Eagle Lane, Gwinner, ND 58040   |                                       |            | <del>-</del> |                     |
|             | 402 Lagie Lane, Ominiel, ND 30040   |                                       |            |              |                     |

| •   |                     |
|---|---------------------|
| Form 990 (2019) United Steelworkers International Union, Local 00560 45-0311279   | Page 7              |
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated  |                     |
| Employees, and Independent Contractors  | <del></del> -       |
| Check if Schedule O contains a response or note to any line in this Part VII  | <u>. L.</u>         |
| 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"   |                     |
| <ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> </ul>                  |                     |
| 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.  |                     |
| See instructions for the order in which to list the persons above.  |                     |
| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee                                       |                     |
| (C)   |                     |
| Position  |                     |
| (A) (B) (do not check more than one (D) (E)  Name and title Average box, unless person is both an Reportable Reportable Estin                                       |                     |
|   | (F)<br>nated amount |

| (A)<br>Name and title     | (B)<br>Average<br>hours<br>per week   | box,<br>office                 | unles<br>er and       | Pos<br>neck<br>ss pe<br>d a d | rson<br>Irecto | than o                       | an<br>e) | (D) Reportable compensation from the | (E)<br>Reportable<br>compensation<br>from related | (F) Estimated amount of other compensation      |
|---------------------------|---|--------------------------------|-----------------------|-------------------------------|----------------|------------------------------|----------|--------------------------------------|---|---|
|                           | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer                       | Key employee   | Highest compensated employee | Former   | organization<br>(W-2/1099-MISC)      | organizations<br>(W-2/1099-MISC)                  | from the organization and related organizations |
| (1) William Wilkinson III | 7 00  |                                |                       |                               |                |                              |          |                                      |   |   |
| President                 | 0.00  |                                | Н                     | X                             | Н              |                              |          | 15,263                               |   |   |
| (2) Stephanie Hejtmanek   | 5.00  |                                |                       |                               |                |                              |          | 40.040                               |   |   |
| Treasurer                 | 0.00  |                                | -                     | Х                             | Н              |                              |          | 10,240                               |   | <u> </u>  |
| (3) Christopher Hangleben | 3.00  |                                |                       | V                             |                |                              |          | 0.507                                |   |   |
| Vice President            | 0 00  |                                | $\vdash$              | Х                             | Н              |                              |          | 8,507                                |   |   |
| (4) Neil Sad              | 1.00  |                                |                       | J                             |                |                              |          | 6 704                                |   |   |
| Recording Secretary       | 0.00  |                                | Н                     | Х                             | $\vdash$       |                              |          | 6,731                                |   |   |
| (5) Ericka Davis          | 5.00  |                                |                       |                               |                |                              | v        | 0.004                                |   |   |
| Financial Treasurer       | 0 00  |                                | Н                     | Х                             | $\vdash$       |                              | Х        | 6,304                                |   |   |
| (6) Brian Lesner          | 5 00  |                                |                       |                               |                | ļ                            |          | 5.045                                |   |   |
| Financial Secretary       | 0 00  |                                | Н                     | Х                             | $\vdash\vdash$ |                              |          | 5,845                                |   |   |
| (7) Jeff Fliflet          | 1.00  |                                |                       | v                             |                |                              |          | 0.040                                |   |   |
| Guard                     | 0.00  |                                | Н                     | Х                             |                | <b></b>                      |          | 3,042                                |   |   |
| (8) Paula Anderson        | 1.00  |                                |                       |                               |                |                              |          |                                      |   |   |
| Trustee                   | 0.00  |                                |                       | Х                             | $\vdash$       |                              |          | 1,499                                | · -   |   |
| (9) Mıranda Martinez-Fıtz | 1.00  |                                |                       |                               |                |                              |          |                                      |   |   |
| Guard                     | 0 00  |                                |                       | Х                             | Щ              |                              |          | 570                                  |   |   |
| (10) James Fliflet        | 1 00  |                                |                       |                               |                |                              |          |                                      |   |   |
| Trustee                   | 0 00  |                                | Ш                     | Х                             |                |                              |          | 427                                  |   |   |
| (11) Travis Swanson       | 1 00  |                                |                       |                               |                | j                            |          |                                      |   |   |
| President                 | 0 00  |                                |                       | Х                             | Ш              |                              | Х        | 340                                  |   |   |
| (12) Travis Bultema       | 1.00  |                                |                       |                               |                |                              |          |                                      |   |   |
| Trustee                   | 0.00  |                                |                       | Х                             | Щ              |                              |          | 315                                  |   |   |
| (13) Larry Johnson        | 1.00  |                                |                       |                               |                |                              |          |                                      |   |   |
| Guide                     | 0.00  |                                | Щ                     | Х                             |                |                              |          | 0                                    |   |   |
| (14)                      |   |                                |                       |                               |                |                              |          |                                      |   |   |

| P       | (A) Name and title   | (B)<br>Average<br>hours   | (do r                          | not ch<br>unles       | Pos<br>neck<br>ss pe<br>d a d | C)<br>intion<br>more<br>irson<br>lirect | than o                       | one<br>n an           | (D)<br>Reportable<br>compensation           | (E)<br>Reportable<br>compensation                | (F) Estimated amount of other   |
|---------|--|---|--------------------------------|-----------------------|-------------------------------|---|------------------------------|-----------------------|---|--|---|
|         |  | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer                       | Key employee                            | Highest compensated employee | Former                | from the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization and<br>related organizations |
| (15)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (16)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (17)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (18)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (19)    |  |   |                                |                       | _                             |   |                              |                       |   |  |   |
| (20)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (21)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (22)    |  |   |                                |                       |                               |   |                              |                       |   | •  |   |
| (23)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (24)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| (25)    |  |   |                                |                       |                               |   |                              |                       |   |  |   |
| 1b<br>c | Subtotal  Total from continuation sheets to Part VII, So  Total (add lines 1b and 1c)                            | ection A  |                                |                       | •                             |   |                              | <b>&gt; &gt; &gt;</b> | 59,083<br>0<br>59,083                       | 0  | 0   |
| 2       | Total number of individuals (including but not lin   | mited to those lis  |                                |                       |                               |   | rece                         |                       | <del></del>                                 |  | 0   |
| 3       | Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched                 | ector, trustee, ke  |                                |                       | ee,                           | or h                                    | nighe                        | st co                 | ompensated                                  |  | Yes No  |
| 4       | For any individual listed on line 1a, is the sum of the organization and related organizations great andividual. | iter than \$150,00  |                                | "Υε                   | €S, "                         | con                                     | nplete                       | So                    |   | ት<br>  | 4 X   |
| 5       | Did any person listed on line 1a receive or accr<br>for services rendered to the organization? If "Ye            |   |                                |                       |                               |   |                              |                       |   |  | 5 X   |
| Sec     | tion B. Independent Contractors  |   |                                |                       |                               |   |                              |                       |   |  |   |
| 1       | Complete this table for your five highest compe compensation from the organization Report co                     |   |                                |                       |                               |   |                              |                       |   |  | tax year.   |
|         | (A)<br>Name and business addi  | •   |                                |                       |                               |   |                              |                       | (B)<br>Description of serv                  |  | (C)<br>Compensation   |
|         |  |   |                                |                       |                               |   |                              |                       |   |  | 0   |
|         |  |   |                                |                       |                               |   |                              | $\vdash$              |   |  | 0   |
|         |  |   |                                |                       |                               |   |                              | <del> </del>          |   |  | 0   |
|         |  |   |                                |                       |                               |   |                              |                       |   |  | 0   |
| 2       | Total number of independent contractors (include more than \$100,000 of compensation from the                    | -   |                                | tho                   | se l                          | ıste                                    | d abo                        | ve)<br>0              |   |  |   |

Part VIII

| , |                      | <br> |
|---|----------------------|------|
|   | Statement of Revenue |      |
|   |                      |      |

|  |               | Check if Schedule O cor                                 | ntains a respon  | se or         | note to any line in |                      | <b>.</b>                               |                                      |  |
|--|---------------|---|------------------|---------------|---------------------|----------------------|--|--------------------------------------|--|
|  |               |   |                  |               |                     | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512–514 |
| y, v   | 1a            | Federated campaigns .                                   |                  | 1a            | 0                   |                      |  |                                      |  |
| Contributions, Gifts, Grants and Other Similar Amounts | ь             | Membership dues   |                  | 1b            | 0                   |                      |  |                                      |  |
| نَ وَ  | С             | Fundraising events                                      |                  | 1c            | 0                   |                      |  |                                      |  |
| r A  | ď             | Related organizations                                   |                  | 1d            | 0                   |                      |  |                                      |  |
| ق ڦ  | e             | Government grants (contrib                              | outions) .       | 1e            | 0                   |                      |  |                                      |  |
| Sin  | f             | All other contributions, gifts                          | , grants, and    |               |                     |                      |  |                                      |  |
| utic<br>e  |               | sımılar amounts not ınclude                             | ed above .       | 1f            | 0                   |                      |  |                                      |  |
| 문항   | g             | Noncash contributions inclu                             | ıded ın          | 1             |                     |                      |  |                                      |  |
| e P  |               | lines 1a-1f   |                  | 1g            | \$ 0                |                      |  |                                      |  |
| 0 %  | h             | Total. Add lines 1a-1f                                  | <u> </u>         |               | 0                   |                      |  |                                      |  |
|  |               |   |                  |               | Business Code       |                      |  |                                      |  |
| ice  | 2a            | Membership dues   |                  |               | 900099              | 387,285              | 387,285                                |                                      |  |
| er<br>ue   | þ             |   |                  |               |                     | 0                    |  |                                      |  |
| S r  | C             |   |                  |               |                     | 0                    |  |                                      |  |
| ran<br>Rev   | d             |   |                  |               |                     | 0                    |  |                                      |  |
| Program Service<br>Revenue                             | e             |   |                  |               |                     | 0                    |  |                                      |  |
|  | T             | All other program service re                            |                  |               | <b></b>             | 0                    |  |                                      |  |
|  | <u>g</u><br>3 | Total. Add lines 2a-2f                                  |                  |               | <del></del>         | 387,285              |  |                                      |  |
|  | 3             | Investment income (includir other similar amounts)      | ng aividends, in |               |                     | 6,553                | 6,553                                  |                                      |  |
|  | 4             | •   |                  | 0,555         | 0,555               |                      |  |                                      |  |
|  | 5             | Income from investment of tax-exempt bond pro Royalties |                  |               | ceeus .             | 0                    | -                                      |                                      |  |
|  | •             | rtoyanios   | (i) Real         |               | (II) Personal       | -                    |  |                                      |  |
|  | 6a            | Gross rents   | 6a               |               |                     |                      |  |                                      | ı  |
|  | ь             | Less. rental expenses .                                 | 6b               |               |                     |                      |  |                                      |  |
|  | С             | Rental income or (loss)                                 | 6c               | 0             | 0                   |                      |  |                                      |  |
|  | d             | Net rental income or (loss)                             |                  |               |                     | 0                    |  |                                      |  |
|  | 7a            | Gross amount from                                       | (ı) Secur        | ties          | (II) Other          |                      |  |                                      |  |
|  |               | sales of assets   |                  |               |                     |                      |  |                                      |  |
|  |               | other than inventory                                    | 7a               | 0             | 0                   |                      |  |                                      |  |
| ine  | b             | Less cost or other basis                                |                  |               |                     |                      |  |                                      |  |
| /er  |               | and sales expenses                                      | 7b               | 0             |                     |                      |  |                                      |  |
| Re   | С             | Gain or (loss) .  | 7c               | 0             |                     |                      |  | <del></del>                          |  |
| Other Revenue  | d             | Net gain or (loss)                                      |                  | <u> </u>      | ,▶                  | 0                    |  |                                      |  |
| 동  | 8a            | Gross income from fundrais                              |                  |               |                     |                      |  |                                      |  |
|  |               | events (not including \$                                | 0                |               |                     |                      |  |                                      |  |
|  |               | of contributions reported on See Part IV, line 18       | -                | 8a            | 0                   |                      |  |                                      |  |
|  | ь             | Less: direct expenses .                                 |                  | 8b            | 0                   |                      |  |                                      |  |
|  | C             | Net income or (loss) from fu                            | indraising even  | $\overline{}$ |                     | 0                    |  |                                      | <del></del>  |
|  | 9a            | Gross income from gaming                                |                  |               |                     |                      | -                                      |                                      |  |
|  | <b>J</b> u    |   |                  | 9a            | o                   |                      |  |                                      |  |
|  | ь             |   |                  | 9b            | 0                   |                      |  |                                      |  |
|  | C             | Net income or (loss) from g                             |                  |               | <u></u> ▶           | 0                    |  |                                      |  |
|  | 10a           | Gross sales of inventory, le                            | -                |               |                     |                      |  |                                      |  |
|  |               | returns and allowances                                  |                  | 10a           | l o                 |                      |  |                                      |  |
|  | b             | Less: cost of goods sold .                              |                  | 10b           |                     | !                    |  |                                      |  |
| - 1  | С             | Net income or (loss) from sa                            |                  | <u>'</u>      |                     | 0                    |  |                                      |  |
| <u>s</u>   |               |   |                  |               | Business Code       |                      |  |                                      |  |
| ᅙ  | 11a           | Loan Obtained to build Unio                             | on Hall          |               | 900099              | 468,684              | 468,684                                |                                      |  |
| ᆲ  | b             | Sale of Union Apparel                                   |                  |               | 900099              | 5,599                | 5,599                                  |                                      |  |
| cellaneo<br>Revenue                                    | С             |   |                  |               |                     | _0                   |  |                                      |  |
| Miscellaneous<br>Revenue                               | d             | All other revenue                                       |                  | •             |                     | 6,383                | 6,383                                  |                                      |  |
| 2  |               | Total. Add lines 11a-11d                                |                  | •             | <u> ▶</u>           | 480,666              |  |                                      |  |
|  | 12            | Total revenue. See instruct                             | tions            |               | <u> ▶ </u>          | 87 <u>4,</u> 504     | 874,504                                | 0                                    | C  |

|          | on 501(c)(3) and 501(c)(4) organizations must complete all c                                      | columns All other or | manizatione must d           | complete column (A)                 |                          |
|----------|---|----------------------|------------------------------|-------------------------------------|--------------------------|
| Secti    | Check if Schedule O contains a response or note t   |                      |                              |                                     |                          |
|          | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.                        | (A) Total expenses   | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1        | Grants and other assistance to domestic organizations   |                      |                              |                                     |                          |
|          | domestic governments See Part IV, line 21   | 17,855               |                              |                                     |                          |
| 2        | Grants and other assistance to domestic   |                      |                              |                                     |                          |
|          | ındıvıduals. 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                    |                              |                                     | <del></del>              |
| 4        | Benefits paid to or for members   | 0                    |                              |                                     | <del></del>              |
| 5        | Compensation of current officers, directors,  |                      |                              |                                     |                          |
|          | trustees, and key employees   | 59,093               |                              | 0                                   |                          |
| 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        | Other salaries and wages  | 48,426               |                              |                                     |                          |
| 8        | Pension plan accruals and contributions (include  |                      |                              |                                     |                          |
| _        | section 401(k) and 403(b) employer contributions).  | 0                    | <del> </del>                 |                                     |                          |
| 9        | Other employee benefits   |                      | <del></del>                  |                                     |                          |
| 10       | Payroll taxes   | 12,546               | _                            |                                     |                          |
| 11_      | Fees for services (nonemployees):   | o                    |                              |                                     |                          |
| a        | Management  | 25,402               |                              |                                     |                          |
| b        | Legal   | 25,402               | <del>_</del>                 |                                     |                          |
| C        | Accounting  | 0                    |                              |                                     |                          |
| d<br>e   | Professional fundraising services See Part IV, line 17  | 0                    |                              |                                     |                          |
| f        | Investment management fees  | 0                    |                              |                                     |                          |
| g        | Other (If line 11g amount exceeds 10% of line 25, column  | <del></del>          |                              |                                     |                          |
| 9        | (A) amount, list line 11g expenses on Schedule O)   | ol                   |                              | اه                                  |                          |
| 12       | Advertising and promotion   | 0                    |                              |                                     |                          |
| 13       | Office expenses   | 37,676               | <del></del>                  |                                     |                          |
| 14       | Information technology  | 0                    |                              |                                     |                          |
| 15       | Royalties   | 0                    |                              |                                     |                          |
| 16       | Occupancy   | 17,756               |                              |                                     |                          |
| 17       | Travel  | 41,821               |                              |                                     |                          |
| 18       | Payments of travel or entertainment expenses  |                      |                              |                                     |                          |
|          | for any federal, state, or local public officials   | 0                    |                              |                                     |                          |
| 19       | Conferences, conventions, and meetings  | 6,260                |                              |                                     |                          |
| 20       | Interest  | 3,732                |                              |                                     |                          |
| 21       | Payments to affiliates  | 3,731                |                              |                                     |                          |
| 22       | Depreciation, depletion, and amortization   | 0                    | 0                            | 0                                   | (                        |
| 23       | Insurance   | 0                    |                              |                                     |                          |
| 24       | Other expenses Itemize expenses not covered   |                      |                              |                                     |                          |
|          | above (List miscellaneous expenses on line 24e. If  |                      |                              |                                     |                          |
|          | line 24e amount exceeds 10% of line 25, column  |                      |                              |                                     |                          |
|          | (A) amount, list line 24e expenses on Schedule O.)  | 000                  | <del></del>                  |                                     |                          |
| а        | Fees and Dues Remittance  | 882                  | <u>_</u> _                   |                                     |                          |
| b        | Purchase of Office Equipment  | 23,908               |                              | _                                   |                          |
| C        | Purchase of Union Apparel   | 41,024               | <del></del> _                |                                     |                          |
| d        | Purchase of Building and Land Assets  | 493,874              |                              |                                     |                          |
| e<br>25  | All other expenses  | 922 006              | 0                            | - 0                                 |                          |
| 25<br>26 | Total functional expenses. Add lines 1 through 24e .  Joint costs. Complete this line only if the | 833,986              |                              | <del>-</del>                        |                          |
| 40       | organization reported in column (B) joint costs   |                      |                              |                                     |                          |
|          | from a combined educational campaign and  |                      |                              |                                     |                          |
|          | fundraising solicitation. Check here  |                      |                              |                                     |                          |
|          | following SOP 98-2 (ASC 958-720)  |                      |                              |                                     |                          |
|          |   |                      |                              |                                     |                          |

Form 990 (2019) United Steelworkers International Union, Local 00560

Balance Sheet

|                             | art A    | Check if Schedule O contains a response of          | r note to  | any line in this Part X . |                          |         |  |
|-----------------------------|----------|---|------------|---------------------------|--------------------------|---------|--|
|                             |          |   |            |                           | (A)<br>Beginning of year |         | ( <b>B</b> )<br>End of year            |
|                             | 1        | Cash—non-interest-bearing                           |            |                           | 708,804                  | 1       | 749,322                                |
| Assets                      | 2        | Savings and temporary cash investments              |            | [                         | 0                        | 2       |  |
|                             | 3        | Pledges and grants receivable, net                  |            | [                         | 0                        | 3       | 0                                      |
|                             | 4        | Accounts receivable, net                            |            | [                         | 0                        | 4       | 0                                      |
|                             | 5        | Loans and other receivables from any current of     | or forme   | r officer, director,      |                          |         |  |
|                             |          | trustee, key employee, creator or founder, subs     | stantial ( | contributor, or 35%       |                          |         |  |
|                             |          | controlled entity or family member of any of the    | se pers    | ons                       | 0                        | 5       |  |
|                             | 6        | Loans and other receivables from other disqualit    | ied pers   | sons (as defined          |                          |         |  |
|                             |          | under section 4958(f)(1)), and persons describe     | d in sec   | tion 4958(c)(3)(B)        | 0                        | 6       |  |
|                             | 7        | Notes and loans receivable, net                     |            |                           | 0                        | 7       | 0                                      |
| SS                          | 8        | Inventories for sale or use                         |            |                           | 0                        | 8       |  |
| ⋖                           | 9        | Prepaid expenses and deferred charges               |            | [_                        | 0                        | 9       |  |
|                             | 10a      | Land, buildings, and equipment cost or              |            |                           |                          |         |  |
|                             |          | other basis. Complete Part VI of Schedule D         | 10a        | 6,843                     |                          |         |  |
|                             | b        | Less: accumulated depreciation                      | 10b        | 0                         | 6,843                    | 10c     | 8 <u>0</u> ,190                        |
|                             | 11       | Investments—publicly traded securities .            |            |                           | . 0                      | 11      | 0                                      |
|                             | 12       | Investments—other securities. See Part IV, line     | 11         |                           | 0                        | 12      | 0                                      |
|                             | 13       | Investments—program-related. See Part IV, lin       | e 11 .     |                           | 0                        | 13      | 0                                      |
|                             | 14       | Intangible assets                                   |            | 0                         | 14                       | 0       |  |
|                             | 15       | Other assets. See Part IV, line 11 .                |            |                           | 0                        | 15      | 0                                      |
|                             | 16       | Total assets. Add lines 1 through 15 (must equ      | ial line : | 33)                       | 715,647                  | 16      | 829,512                                |
|                             | 17       | Accounts payable and accrued expenses .             |            |                           | 0                        | 17      |  |
|                             | 18       | Grants payable                                      | 0          | 18                        |                          |         |  |
|                             | 19       | Deferred revenue                                    |            |                           | 0                        | 19      |  |
|                             | 20       | •   |            |                           | . 0                      | 20      |  |
| Liabilities                 | 21       | Escrow or custodial account liability Complete      |            |                           | 0                        | 21      |  |
|                             | 22       | Loans and other payables to any current or form     |            |                           |                          |         |  |
|                             |          | trustee, key employee, creator or founder, subs     |            |                           | <del></del>              | .       |  |
| iab                         |          | controlled entity or family member of any of the    |            |                           | 0                        | 22      |  |
|                             | 23       | Secured mortgages and notes payable to unrel        |            |                           | 0                        | 23      | 468,684                                |
|                             | 24       | Unsecured notes and loans payable to unrelate       |            |                           | 0                        | 24      | 0                                      |
|                             | 25       | Other liabilities (including federal income tax, p  |            |                           |                          |         |  |
|                             |          | parties, and other liabilities not included on line |            |                           |                          |         |  |
|                             |          |   |            |                           | 0                        | 25      | 0                                      |
|                             | 26       | Total liabilities. Add lines 17 through 25.         |            |                           | 0                        | 26      | 468,684                                |
| Ses                         |          | Organizations that follow FASB ASC 958, ch          | eck he     | re ▶ 🔲                    |                          |         |  |
| ā                           |          | and complete lines 27, 28, 32, and 33.              |            | -                         |                          |         |  |
| Ba                          | 27       |   |            | · · · · · ·               | 0                        | 27      |  |
| ٦                           | 28       | Net assets with donor restrictions                  |            |                           | 0                        | 28      | ······································ |
| Ē                           |          | Organizations that do not follow FASB ASC           | 958, CN    | eck nere                  |                          |         |  |
| Net Assets or Fund Balances |          | and complete lines 29 through 33.                   |            | -                         | 700.004                  | 29      | 740 222                                |
| ă                           | 29       | Capital stock or trust principal, or current funds  |            |                           | 708,804<br>6,843         | 30      | 749,322<br>80,190                      |
| SSe                         | 30       | Paid-in or capital surplus, or land, building, or e |            |                           | 6,843                    | 31      | 60,190                                 |
| Ä                           | 31       | Retained earnings, endowment, accumulated in        |            | 715,647                   | 32                       | 829,512 |  |
| Š                           | 32<br>33 | Total liabilities and not assets/fund balances      |            |                           | 715,647                  | 33      | 829,512<br>829,512                     |
| _                           | <u> </u> | Total liabilities and net assets/fund balances.     | <u> </u>   | <u> </u>                  | / 10,047                 | აა      | 029,512                                |

| Form 9 | 990 (2019) United Steelworkers International Union, Local 00560  | 45 | -0311279 | Pag | <sub>10</sub> 12        |
|--------|--|----|----------|-----|-------------------------|
| Part   | XI Reconciliation of Net Assets  |    |          |     |                         |
|        | Check if Schedule O contains a response or note to any line in this Part XI                                    |    |          |     | $\overline{\mathbf{X}}$ |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1  |          | 874 | 1,504                   |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2  |          | 833 | 3,986                   |
| 3      | Revenue less expenses Subtract line 2 from line 1  | 3  |          | 40  | ) <u>,518</u>           |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  |          | 715 | 5,647                   |
| 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  | <u></u>  |     |                         |
| 9      | Other changes in net assets or fund balances (explain on Schedule O)   | 9  |          | 73  | <u>3,347</u>            |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,             |    |          |     |                         |
|        | column (B))  | 10 |          | 829 | 9 <u>,512</u>           |
| Part   |  |    |          |     | $\overline{}$           |
|        | Check if Schedule O contains a response or note to any line in this Part XII                                   |    | · · · ·  | •   | ᆜ                       |
|        |  |    |          | Yes | No                      |
| 1      | Accounting method used to prepare the Form 990 X Cash Accrual Other  |    | _        |     | 1                       |
|        | If the organization changed its method of accounting from a prior year or checked "Other," explain in          |    |          |     |                         |
|        | Schedule O   |    |          |     |                         |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?                |    | 2a       |     | <u> </u>                |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or         |    |          |     | i 1                     |
|        | 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 audited on a        |    |          |     |                         |
|        | separate basis, consolidated basis, or both.   |    |          |     |                         |
|        | Separate basis Consolidated basis Both consolidated and separate basis   |    |          |     | 1 1                     |
| С      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of |    |          |     |                         |
|        | the audit, review, or compilation of its financial statements and selection of an independent accountant?      |    | 2c       |     |                         |
|        | If the organization changed either its oversight process or selection process during the tax year, explain on  |    |          |     |                         |
|        | 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-133?   |    | 3a       |     |                         |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   |    |          |     |                         |
|        | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.       |    | 3b       |     | <u> </u>                |
|        |  |    | Form     | 990 | (2019)                  |

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 45-0311279 United Steelworkers International Union, Local 00560 Part I 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 Total number at end of year . . . . 1 2 Aggregate value of contributions to (dunng 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 funds are the organization's property, subject to the organization's exclusive legal control? . . . . 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 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 (for example, 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 2 Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements . . . . . . 2b **b** Total acreage restricted by conservation easements . . . 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 historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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) 8 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 FASB 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 FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . .

2 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 FASB ASC 958 relating to these items: 

**b** Assets included in Form 990, Part X

(ii) Assets included in Form 990, Part X . . . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

| Part VII Investments—Other Securities.  Complete if the organization answered "            | Yes" on Form 990,                            | Part IV, line 11b. See Form            | 990, Part X, line 12.                   |
|--|--|--|---|
| (a) Description of security or category (including name of security)                       | (b) Book value                               | (c) Method of v<br>Cost or end-of-year |   |
| (1) Financial derivatives  | 0  |  |   |
| (2) Closely held equity interests  | 0  |  |   |
| (3) Other  | <u> </u>                                     |  |   |
| (A)  | <u>-</u> .                                   |  |   |
| (B)  |  |  | ·                                       |
| (C)  |  |  |   |
| <u>(D)</u>   |  |  |   |
| <u>(E)</u>   |  |  | <del></del>                             |
| (F)  |  |  |   |
| (G)  |  |  |   |
| (H)  |  |  |   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) . ▶                     | 0  |  |   |
| Part VIII Investments—Program Related.   | VII F 000                                    | Deat IV 18 - 44 - Coo Form             | 000 Day V line 40                       |
| Complete if the organization answered "  | Yes" on Form 990,                            |  |   |
| (a) Description of investment  | (b) Book value                               | (c) Method of v<br>Cost or end-of-year |   |
| (1)  |  |  |   |
| (2)  |  |  |   |
| (3)  |  |  | -                                       |
| _(4)   |  | ·                                      |   |
| _(5)   |  | <del></del>                            |   |
| (6)  |  |  | ***                                     |
|  |  |  | ·                                       |
| (8)  |  |  | =                                       |
| (9)  |  |  | ·                                       |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶  Part IX Other Assets. | 0  |  |   |
| Complete if the organization answered "  | _  | Part IV, line 11d. See Form            |   |
| (a) Descrip  | otion  |  | (b) Book value                          |
| (1)  | <del></del>                                  |  |   |
| (2)  |  |  |   |
| (3)  |  |  |   |
| (4)  |  |  | · · · · · · · · · · · · · · · · · · ·   |
| (5)  | <del>-</del>                                 |  |   |
| (6)  | ·  | <del></del>                            |   |
| (7)<br>(8)   |  |  |   |
| (9)  |  |  |   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) III                               | ne 15)                                       |  |   |
| Part X Other Liabilities.  | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |  | <u> </u>                                |
| Complete if the organization answered "  | Yes" on Form 990.                            | Part IV. line 11e or 11f. See          | Form 990, Part X.                       |
| line 25.   |  |  | , |
|  | on of liability                              |  | (b) Book value                          |
| (1) Federal income taxes   | -  |  |   |
| (2)  |  |  |   |
| (3)  |  |  |   |
| (4)  |  |  |   |
| (5)  |  |  |   |
| (6)  |  |  |   |
| (7)  |  |  |   |
| (8)  |  |  |   |
| (0)  |  |  | 1                                       |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . .

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

0

Schedule D (Form 990) 2019 United Steelworkers International Union, Local 00560 45-03

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

|                               | Complete if the organization answered "Yes" on Form 990, Part   | IV, line  | e 12a.      |                           |                               |              |
|-------------------------------|---|-----------|-------------|---------------------------|-------------------------------|--------------|
| 1                             | Total revenue, gains, and other support per audited financial statements .  |           | •           |                           | 1                             |              |
| 2                             | Amounts included on line 1 but not on Form 990, Part VIII, line 12.   |           |             |                           |                               |              |
| а                             | Net unrealized gains (losses) on investments  | 2a        |             |                           | ]                             |              |
| b                             | Donated services and use of facilities  | 2b        |             |                           |                               |              |
| С                             | Recoveries of prior year grants   | 2c        |             |                           |                               |              |
| d                             | Other (Describe in Part XIII.)  | 2d        |             |                           | ]                             |              |
| е                             | Add lines 2a through 2d   |           |             |                           | 2e                            | 0            |
| 3                             | Subtract line 2e from line 1  |           |             |                           | 3                             | 0            |
| 4                             | Amounts included on Form 990, Part VIII, line 12, but not on line 1.  |           |             |                           |                               |              |
| а                             | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a        | _           |                           |                               |              |
| b                             | Other (Describe in Part XIII )  | 4b        |             |                           | ]                             |              |
| С                             | Add lines <b>4a</b> and <b>4b</b>   |           |             |                           | 4c                            | 0            |
| 5                             | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).   |           |             |                           | 5                             | 0            |
| Par                           | Reconciliation of Expenses per Audited Financial Statement  | ts With   | h Expens    | es per                    | Return.                       |              |
|                               | Complete if the organization answered "Yes" on Form 990, Part   | IV, line  | e 12a.      |                           |                               |              |
| 1                             | Total expenses and losses per audited financial statements  |           |             |                           | 1                             |              |
| 2                             | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |             |                           |                               |              |
| а                             | Donated services and use of facilities  | 2a        |             |                           | _                             |              |
| b                             | Prior year adjustments  | 2b        |             |                           |                               |              |
| С                             | Other losses  | 2c        |             |                           |                               |              |
| d                             | Other (Describe in Part XIII.)  | 2d        |             |                           | ]                             |              |
| е                             | Add lines 2a through 2d   |           |             |                           | 2e                            | 0            |
|                               | Subtract line 2e from line 1  |           |             |                           | 3                             | 0            |
| 3                             | Amounts included on Form 990, Part IX, line 25, but not on line 1.  |           |             |                           |                               |              |
| 3<br>4                        |   |           | 1           |                           | i I                           |              |
|                               | Investment expenses not included on Form 990, Part VIII, line 7b .  | 4a        |             |                           | .↓ I                          |              |
| 4                             | Investment expenses not included on Form 990, Part VIII, line 7b .  Other (Describe in Part XIII.)  | 4a<br>4b  |             |                           | _                             |              |
| 4<br>a<br>b                   | ·   | 4b        |             |                           | 4c                            | 0            |
| 4<br>a<br>b<br>c              | Other (Describe in Part XIII.)  | 4b        |             |                           | 4c 5                          | 0            |
| 4<br>a<br>b<br>c<br>5         | Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  | 4b        | · · ·       |                           | 5                             | 0            |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P   | 4b        | lines 1b an | <br>d 2b; Pa              | 5<br>irt V, line 4;           | 0            |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.)  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  | 4b        | lines 1b an | <br>d 2b; Pa              | 5<br>irt V, line 4;           | 0            |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P   | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | d 2b; Pa                  | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | <br>d 2b; Pa<br>al inform | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | <br>d 2b; Pa<br>al inform | 5<br>art V, line 4;<br>ation. | Part X, line |
| 4<br>a<br>b<br>c<br>5<br>Part | Other (Describe in Part XIII.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Prt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- | art IV, I | lines 1b an | <br>d 2b; Pa<br>al inform | 5<br>art V, line 4;<br>ation. | Part X, line |

| Schedule D (Fo |              | United Steelworkers International Union, Local 00560 | 45-0311279 | Page 5  |
|----------------|--------------|--|------------|---------|
| Part XIII      | Suppleme     | ental Information (continued)                        |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            | <b></b> |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                | . <b></b>    |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                | <del>-</del> |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            | <b></b> |
|                |              |  |            |         |
|                |              |  |            |         |
|                |              |  |            |         |

SCHEDULE I (Form 990)

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

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

OMB No 1545-0047

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

General Information on Grants and Assistance

PartI

United Steelworkers International Union, Local 00560

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

45-0311279

| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and   | n records to sul                    | bstantiate the amou                       | int of the grants or assi-              | stance, the grantees' e                 | eligibility for the grants o   | or assistance, and                    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|--|-------------------------------------|---|---|---|--|---------------------------------------|---------------------------------------|
| the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States   | ward the grants<br>zation's procedu | s or assistance ' ures for monitoring the | he use of grant funds II                | n the United States                     |  |                                       | Tes X No                              |
| Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | ssistance to<br>for any recipi      | Domestic Organient that received          | nizations and Dommore than \$5,000. F   | estic Governments Part II can be duplic | Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form seived more than \$5,000. Part II can be duplicated if additional space is needed. | ganization answered                   | l "Yes" on Form                       |
| 1 (a) Name and address of organization or government   | (b) EIN                             | (c) IRC section (if applicable)           | (d) Amount of cash<br>grant             | (e) Amount of non-<br>cash assistance   | (f) Method of valuation<br>(book, FMV, appraisal,<br>other)  | (g) Description of noncash assistance | (h) Purpose of grant or assistance    |
| (1)  |                                     |   |   |   |  |                                       |                                       |
| (2)  |                                     |   |   |   |  |                                       |                                       |
| (3)  |                                     |   |   |   |  |                                       |                                       |
| (6)  |                                     |   |   |   |  |                                       |                                       |
| (5)  |                                     |   |   |   |  |                                       |                                       |
| (9)  |                                     |   |   |   |  |                                       |                                       |
| (1)  |                                     |   |   |   |  |                                       |                                       |
| (8)  |                                     |   |   |   |  |                                       |                                       |
| (6)  |                                     |   |   |   |  |                                       |                                       |
| (10)   |                                     |   |   |   |  |                                       |                                       |
| (11)   |                                     |   |   |   |  |                                       |                                       |
| (12)   |                                     |   |   |   |  |                                       |                                       |
| 2 Enter total number of section 501(c)(3) and government o   | 501(c)(3) and g                     |   | rganizations listed in the line 1 table | 1 table                                 |  |                                       |                                       |
| 3 Enter total number of other organizations listed in the line   | ganizations liste                   | ed in the line 1 table                    |   |   |  |                                       | C                                     |

Schedule I (Form 990) (2019)

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

United Steelworkers International Union, Local 00560

Schedule I (Form 990) (2019)

(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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance က

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ►Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection Employer identification number

| Unite  | d Steelworkers International Union, Local 00560  | 45-0311279                            |                 |    |
|--------|--|---------------------------------------|-----------------|----|
| Pai    | Questions Regarding Compensation   |                                       |                 |    |
|        |  |                                       | Yes             | No |
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a persor   |                                       |                 |    |
|        | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding   |                                       |                 |    |
|        | First-class or charter travel Housing allowance or residence for   | personal use                          |                 |    |
|        | Travel for companions Payments for business use of personal Payments for business personal Payments personal Payments personal Payments personal Payments personal Payments p | nal residence                         |                 |    |
|        | Tax indemnification and gross-up payments Health or social club dues or initiation   | on fees                               |                 |    |
|        | Discretionary spending account Personal services (such as maid, ch   | nauffeur, chef)                       |                 |    |
| b      | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding   | payment                               |                 |    |
| _      | or reimbursement or provision of all of the expenses described above? If "No," complete Part III   |                                       |                 |    |
|        | explain  | <u>1b</u>                             | lacksquare      |    |
|        |  |                                       |                 |    |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by  |                                       |                 |    |
|        | directors, trustees, and officers, including the CEO/Executive Director, regarding the items check   |                                       |                 |    |
|        | 1a?  | 2                                     | $\vdash$        |    |
| 3      | Indicate which, if any, of the following the organization used to establish the compensation of the  | e                                     |                 |    |
| _      | organization's CEO/Executive Director Check all that apply Do not check any boxes for method   |                                       |                 |    |
|        | related organization to establish compensation of the CEO/Executive Director, but explain in Pai   | rt III                                |                 |    |
|        | Compensation committee Written employment contract   |                                       |                 |    |
|        | Independent compensation consultant Compensation survey or study   |                                       |                 |    |
|        | Form 990 of other organizations Approval by the board or compensa  | tion committee                        | ] ]             |    |
|        |  |                                       |                 |    |
| 4      | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the  | he filing                             |                 |    |
|        | organization or a related organization.  |                                       |                 |    |
| a      | Receive a severance payment or change-of-control payment?  | 4a                                    |                 |    |
| b      | Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?   |                                       |                 |    |
|        | If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in  |                                       |                 |    |
|        |  |                                       | [               |    |
|        | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |                                       |                 |    |
| 5      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a   | iny                                   |                 |    |
| а      | compensation contingent on the revenues of. The organization?  |                                       |                 |    |
| b      | Any related organization?  |                                       |                 |    |
|        | If "Yes" on line 5a or 5b, describe in Part III.   |                                       |                 |    |
|        |  |                                       |                 |    |
| 6      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a   | iny                                   |                 |    |
| _      | compensation contingent on the net earnings of.  | <u></u>                               |                 |    |
| a<br>b | The organization?  | 6a 6b                                 |                 |    |
| _      | If "Yes" on line 6a or 6b, describe in Part III.   | · · · · · · · · · · · · · · · · · · · |                 |    |
|        |  | ·                                     |                 |    |
| 7      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nor   |                                       |                 |    |
|        | payments not described on lines 5 and 6? If "Yes," describe in Part III  |                                       |                 |    |
| 8      | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that we to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described in Regulations section 53.4958-4(a)(3)?  |                                       |                 |    |
|        | in Part III  | _                                     |                 |    |
|        | III COLLIII.   |                                       | $\vdash \dashv$ |    |
| 9      | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure describe   | ed in                                 |                 |    |
|        | Regulations section 53.4958-6(c)?  |                                       |                 |    |

Schedule J (Form 990) 2019 United Steelworkers International Union, Local 00560

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 0 0 000 (E) Total of columns (B)(I)—(D) (D) Nontaxable benefits (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (III) Other reportable compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. (II) Bonus & incentive compensation (I) Base compensation  $\hat{\Xi}$  $\Xi$ ΞΞ €€  $\mathbf{\epsilon}$ € ≘≘ ΞΞ  $\equiv$  $\mathbf{\epsilon}$  $\Xi$  $\Xi$ (A) Name and Title 2 Financial Treasurer Travis Swanson **Encka Davis** 1 President 15 Ŋ 9 œ O 9 12 13 7 ^ £

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019 United Steelworkers International Union, Local 00550

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

45-0311279

United Steelworkers International Union, Local 00560 Form 990, Part VI, Section A, Line 6. The labor organization had full dues paying members Form 990, Part VI, Section A, Line 7A: The labor organization's active members each have one vote & elect officers of the governing body every three years as specified in the Constitution. Form 990, Part VI, Section A, Line 7B. The labor organization's active members each have one vote & approve all decisions of the governing body & decisions that arise during scheduled membership meetings. Form 990, Part VI, Section B, Line 11B. The labor organization's Financial Officers & President review the form before filing. Form 990, Part VI, Section B, Line 19. The labor organization does not routinely make such documents available to the public. Form 990, Part XI, Line 9<sup>-</sup> Purchased land at \$25,190 Building a Union Hall valued at \$800,000 Purchased Office Equipment and aquired Office furniture valued at \$42,157.

| Schedule O (Form 990 or 990-EZ) (2019)               | Employer Identification number          |
|--|---|
| Name of the organization                             |   |
| United Steelworkers International Union, Local 00560 | 45-0311279                              |
|  |   |
| ••••   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| •  |   |
|  | ••••••••••••••••••••••••••••••••••••••• |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |