SCANNED MAR 1 6 2021

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

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

Open to Public

	nal Revenue		► Go to www.irs.g	ov/Form990 for instructions a	and the late	est info	rmation.		Inspection
A	For the 2	2019 caleng	dar year, or tax year beginning	, 20	19, and end	ding			, 20
В	Check if a	pplicable	C Name of organization UNITED	STEELWORKERS				D Emplo	yer identification number
	Address c	hange	Doing business as LOCAL UNI			72-0503655			
$\bar{\sqcap}$	Name cha	ame change Number and street (or P O box if mail is not delivered to street address) Room/s							one number
$\overline{\Box}$	Initial retui	rn	1013 BRECKENRIDGE DRIVE	1		985-445-8855			
$\overline{\sqcap}$	Final return	n/terminated	City or town, state or province, c						
ī	Amended		SLIDELL, LA 70461					G Gross	receipts \$ 127898
ñ	Application		F Name and address of principal of	ficer JOHN J. PAGANO			H(a) Is this a grou	p return fo	
			1013 BRECKENRIDGE DR., S		1~	1			es included Yes No
_	Tax-exem	pt status) ◀ (insert no.)	1) or 527				st (see instructions)
J	Website:	>	<u> </u>		<u> </u>		H(c) Group exe	emption i	number ► 0260
<u></u> -			Corporation Trust Associa	ation	L Year of for				of legal domicile LA
P	art I	Summa		2.15011.011.0			t		2,1
	_		cribe the organization's miss	sion or most significant activ	uties: LABC	OR UNI	ON ENFORC	CED CC	LLECTIVE
ę,		-	IG AGREEMENT TO BETTER	-					
Governance	1	TO ITS MEN		THE WORKING CONDITIONS	01 1112 20	ONL U	inion And I	KONIO	L KLI KLJENIATION
Ĕ	_		box ▶ ☐ if the organization	discontinued its operations	or dispose	ed of r	nore than 2	5% of	ite net secete
Š			voting members of the gove	· · · · · · · · · · · · · · · · · · ·	-	CO 01 1	nore than 2	3	11.5 FICE 0.55C15.
ග නේ			independent voting member	• • • • • • • • • • • • • • • • • • • •		 16\		4	
S	II .			• • • • •		10) .		5	0
Activities	II .		per of individuals employed in					6	14
Ċţį	II .		per of volunteers (estimate if	•				-	0
⋖			ated business revenue from		· · ·	 i ·		7a	0
	1 d	vet unrelat	ed business taxable income	from Form 990-1, line 39	· · · · ·	-1.	· · · · ·	7b	0
		.			-	1	Prior Year		Current Year
Revenue	II .		ons and grants (Part VIII, line		63/3	<u> </u>			
			ervice revenue (Part VIII, line		· / /	ļ.,	1	36026	125914
è			income (Part VIII, column (A			1 1		731	569
	1		nue (Part VIII, column (A), line					322	1415
			ue-add lines 8 through 11 (r		(A), line 12)	11.	1	37079	127898
			l sımılar amounts paıd (Part I			<u> </u>		3465	9330
	1	-	aid to or for members (Part I)						
es S	15 8	Salaries, ot	her compensation, employee	benefits (Part IX, column (A),	lines 5–10)			42227	39012
Sus	16a F	Profession	al fundraising fees (Part IX, c	column (A), line 11e)				0	0
Expenses	b 7	Fotal fundr	aising expenses (Part IX, col	umn (D), line 25) ▶		.			
ш	17 (Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e) .				56073	52230
	18 1	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A), lir	ne 25) .		1	01765	100572
		Revenue le	ss expenses. Subtract line 1	8 from line 12	<u></u>			35314	27326
sets or alances						Begi	nning of Curre	nt Year	End of Year
sets alan	20 1	Fotal asset	s (Part X, line 16)				5	52239	603212
Net As: Fund Ba	21 7	Fotal liabili	ties (Part X, line 26)					0	0
울	22 1	Vet assets	or fund balances. Subtract I	ine 21 from line 20	<u></u>			52239	603212
Pa	art II	Signatu	re Block						
			I declare that I have examined this						y knowledge and belief, it is
tru	e, correct,	and complete	e Declaration of pteparer (other than	officer) is based on all information	of which prep	arer has	any knowledg	je	
			otherallocan	d -du	,		'A.	-4-	2020
Sig	gn	Sygnat	ure of officer		-K		Date		
He	re		mm o ragano	11- Decetaru	n 1 Klea	BUR	EK		
	1	Type o	r print name and title		71				
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	1	Check	If PTIN
		.						self-emp	
	eparer	I	ne •			·	Firm's f	EIN ▶	
Us	e Only	Firm's add			<u> </u>		Phone		
Ma	v the IRS		this return with the preparer	shown above? (see instructi	ions)		, i none		Yes No
			ion Act Notice, see the senara			at No. 1	1282Y	····	Form 990 (2019)

Form 99	(2019)	age 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION STATEMENT OF THE ORGANIZATION INCLUDES, BUT IS NOT LIMITED TO ON BEHALF OF ITS MEMBERS; COLLECTIVE BARGAINING, GRIEVANCE PROCEDURES, ARBITRATION, STRIKE BENEFITS, EDUCATION, ORGANIZING, AND TO MPROVE THE WORKING CONDITIONS OF ITS MEMBERS.)
2	Old the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?] No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	Code: (Code: (Code) (Co	
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.) Expenses \$ Including grants of \$ (Revenue \$) Total program service expenses \$	



Part	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,"	1		,
2	complete Schedule A	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			•
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			_
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		*
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	405		,
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
b	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 For	990	(2019)
		r uni		20131

Part	Checklist of Required Schedules (Continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		ſ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		•
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		•
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 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 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		.
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 "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		\
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>.</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		.69	ī
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ļ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			}
	reportable gaming (gambling) winnings to prize winners?	1c	1	
		Form	₁ 990	(2019)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)	_		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ı
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14		7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		7
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		· •
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ь	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			اـــــا
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	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		1
þ.	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		✓
h		-/11		_
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.			l İ
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 . 10b			
11	Section 501(c)(12) organizations. Enter.			. 1
	Gross income from members or shareholders			. (
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		·
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ı Į
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		,
	excess parachute payment(s) during the year?	15		-
16	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		
	If "Yes," complete Form 4720, Schedule O.			
		For	n 990	(2019)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See								
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗆					
Secti	on A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	<u>i</u>							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar			1 !					
	committee, explain on Schedule O.		l	li					
b	Enter the number of voting members included on line 1a, above, who are independent	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓					
6	Did the organization have members or stockholders?	6	✓						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b	✓						
8	the year by the following:			1					
а	The governing body?	8a	1	<u>-</u>					
b	Each committee with authority to act on behalf of the governing body?	8b	1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		Τ'					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		1					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u></u>						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	ļ	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لــــا					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	/	 					
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		1					
13	Did the organization have a written whistleblower policy?	13		1					
14	Did the organization have a written document retention and destruction policy?	14		1					
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	1					
b	Other officers or key employees of the organization	15b	<u> </u>	✓					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	ļ	-					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	ļ	ئــــا					
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	rest p	olicy,					
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re-	corde	•						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	50103	_						

_	•
Page	ı

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

☐ Check this box if neither the organization noi	any relate	d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
	(C)									
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) PAUL VOLPE	5									
PRESIDENT	0			1				4019		
(2) GLENN NUNEZ VICE PRESIDENT	2 0			1				5153		
(3) JOHN PAGANO	8									
SECRETARY/TREASURER	0		İ	✓		1		7700		
(4) GREGORY PHILLIPS	2									
RECORDING SECRETARY	0			1				9608		
(5) RICKY GAITOR	2						l			
WORKMANS' COMMITTEE	0			✓				3794		
(6)										
(7)									. ,	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)						_				

Part VII Section A. Officers, Directors, Trustees,							s, an	d r	lighest Compe	Employees (continue							
					•	C)			l j					•			
	(A)	(B)	box, unless person is							(do not check more than one			(D) (E)		_	(F)	•
	Name and title	Average				rson	is both	an	n Reportable Re		ortable		ted amo	ount			
		hours per week		officer and a director/truste			ı —	compensation comper				pensatio	on				
		(list any	유효	hst	Officer	ē	필	Former	organization	organiza	tions	fr	om the				
		hours for related	ا ير فر	럁	Ê	en	nest oloy	ner	(W-2/1099-MISC)	(W-2/1099	-MISC)	organ related	ization a				
		organizations	ο̈́≅	റു		Key employee	8 5					related	organiza	20015			
		below	Individual trustee or director	Institutional trustee		ee	Highest compensat										
•		dotted line)	8	stee			nsat		1								
							<u>a</u>										
(15)		<u> </u>	ŀ														
(16)												1					
												٠					
(17)		l]					
(18)									,								
(19)																	
3		†															
(20)						Г					•						
3		†							,								
(21)																	
37.27		†	İ				•										
(22)					_	Ι-"			1					**			
3/		†				1		l	1								
(23)		 		-	_	-	 										
32-01		†	i				İ										
(24)																	
(24)		 															
(25)				-		\vdash		-	 								
(25)		 															
1b	Subtotal	l	·	l	ł	l	i	<u> </u>	30274								
	Total from continuation sheets to Part								30274								
c							•	30274			 						
d	Total (add lines 1b and 1c)										00 000						
2	Total number of individuals (including but		i to tr	iose	i iiSi	lea	above	e) W		e man pi	00,000	Oi					
	reportable compensation from the organi	Zation							. 0				Yes	No			
													res	NO			
3	Did the organization list any former							mp!	loyee, or highes	st compe	nsated			ب			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ındı	ividi	uai					3		✓,			
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	ınd other compei	nsation fr	om the	;		Ì			
	organization and related organizations	greater th	an \$	150,	000)? [f "Ye	s, "	complete Sched	dule J fo	r such			لبيت			
	ındıvıdual											4		✓.			
5	Did any person listed on line 1a receive of													لب			
	for services rendered to the organization	? If "Yes," c	ompi	ete	Sch	nedi	ıle J f	or s	such person .	· · ·		5	<u> </u>	_✓_			
Section	on B. Independent Contractors												•				
1	Complete this table for your five high																
	compensation from the organization. Rep	ort compen	satio	1 fo	r the	ca	lenda	r ye	ar ending with or	within the	e orgar	iization'	's tax	year.			
	(A)								(B)			(C)					
	Name and business add	ress							Description of serv	rices		Compens	ation				
		•															
•																	
	<u> </u>																
								ľ									
2	Total number of independent contractor	rs (ıncludir	ng bu	ıt n	ot	lımıt	ed to	th	nose listed abov	e) who							
-	received more than \$100,000 of compens								0	,				ł			
						_											

Part	VIII	Statement of Revenue Check if Schedule O contains a respo	nee or note to or	w line in this Pa	ort VIII		
	_	Check if Schedule O contains a respo	rise or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
g g	1a	Federated campaigns 1a			•		
ant	b	Membership dues 1h		i ,			· !
ع ق	Ċ	Fundraising events 1c					
fts,	d	Related organizations 1d					
اق آق	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					ļ
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f					
출원	g	Noncash contributions included in		A 19	1		
on 5		lines 1a-1f					
O E	h	Total. Add lines 1a-1f			<u> </u>		
a	_		Business Code				
Program Service Revenue	2a	MEMBERSHIP DUES	900099	125914	125914		
ue n	b						-
gram Ser Revenue	C						·
e Z	d						
-	e	All All all	<u></u>				
۵ ا	f	All other program service revenue Total. Add lines 2a–2f		125014			
	g	Investment income (including dividend		125914			
	3	other similar amounts)		569	569		
	4	Income from investment of tax-exempt b		303	303		
	5.	Royalties					
	٠,	(i) Real	(ii) Personal				
	6a	Gross rents 6a]			
	b	Less. rental expenses 6b	,				
	С	Rental income or (loss) 6c		ĺ			
	d	Net rental income or (loss)	>				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	1				
		other than inventory 7a		[
e l	b	Less cost or other basis	ĺ				
ther Revenue		and sales expenses . 7b]			
ev.	С	Gain or (loss) 7c					
er F	d	Net gain or (loss)	<u>, </u>				
	8a	Gross income from fundraising		•	'		
0		events (not including \$					1
		of contributions reported on line 1c). See Part IV, line 18 8a	,				
		· ·					<u> </u>
		Less direct expenses 8b Net income or (loss) from fundraising ev					
	C		ents , .				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					į
	b	Less direct expenses 9b					1
	c	Net income or (loss) from gaming activit	<u> </u>				
		Gross sales of inventory, less	1				
	IVa	returns and allowances 10a	,		ļ ·		<u> </u>
	ь	Less cost of goods sold 10th]
		Net income or (loss) from sales of invent					
'n	-		Business Code		•		
e son	11a	VOID CHECKS	900099	600	600		
scellaned Revenue	b	XMAS DONATION	900099	250	250		
eli:	С	REFUND	900099	565			
Miscelfaneous Revenue	d	All other revenue					
Σ	·e	Total. Add lines 11a-11d	>	1415			
	12	Total revenue. See instructions		127898	127898		

•	•				
	30 (2019)		 .		Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	.,			
2	Grants and other assistance to domestic	5055			
	ındıvıduals. See Part IV, line 22	4275			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for, members				
5	Compensation of current officers, directors, trustees, and key employees	30274			_
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5272			<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				•
10	Payroll taxes	3466			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3331			
С	Accounting				
d	Lobbying [
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	15282			
14	Information technology				
15	Royalties			- ,	
16	Occupancy	3420			
17	Travel	20928	· · · · · · ·		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	600			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
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.)			,	
а	DED CADITA	1968	·		- <u></u> -
b	DUEC DEIMDUDCEMENT	6701	_	 	
C	· · ·				
d					-
e	All other expenses				.
~-	All other expenses	40000		 	

100572

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

☐ if following SOP 98-2 (ASC 958-720) . . .

25

Dart Y	Balance Sheet		

		Check if Schedule O contains a response or note to any line in this Par	t X		<u></u> 🗆
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	66153	1	93479
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	-
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
ts		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	<u></u>
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	•	9	
i	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	486086	12	509733
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	522239	16	603212
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
J	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	
Net Assets or Fund Balan		Organizations that do not follow FASB ASC 958, check here ▶ ✓ and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds	522239	29	603212
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
) t	32	Total net assets or fund balances	522239	32	603212
ž	33	Total liabilities and net assets/fund balances	522239		603212
					Form 990 (2019)

Pa	ge	1	2
			_

Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)			127898		
2	Total expenses (must equal Part IX, column (A), line 25)			100572		
3	Revenue less expenses. Subtract line 2 from line 1	3			27326	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	52239	
5	Net unrealized gains (losses) on investments	5			<u>23647</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7		_		
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		6	03212	
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·	Yes	No	
	Accounting method used to prepare the Form 990		Γ	165	NO	
1	If the organization changed its method of accounting from a prior year or checked "Other," e	volain ii	-		1	
	Schedule O.	хріані н	'		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a			
La	If "Yes," check a box below to indicate whether the financial statements for the year were cor			<u> </u>		
	reviewed on a separate basis, consolidated basis, or both:		'			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	ere the organization's financial statements audited by an independent accountant?		2b	-	1	
•	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	a			
	separate basis, consolidated basis, or both:	-			ļ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o	f			
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c			
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın oı	า 🗌		Ì	
	Schedule O.]			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the	e			
	Single Audit Act and OMB Circular A-133?		3a			
, p	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	audits .	3b			
			For	m 990	(2019)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

■ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

UNITED STEELWORKERS LOCAL UNION 13-522 72-0503655
990 - PART VI, SECTION A, LINE 6 - THE LABOR ORGANIZATION HAS FULL PAYING DUES MEMBERS.
990 - PART VI, SECTION A, LINE 7A - THE LABOR ORGANIZATION'S ACTIVE MEMBERS EACH HAVE ONE VOTE AND ELECT OFFICERS
OF THE GOVERNING BODY EVERY THREE YEARS AS SPECIFIED IN THE CONSTITUTION.
990 - PART VI, SECTION A, LINE 7B - THE LABOR ORGANIZATION'S ACTIVE MEMBERS EACH HAVE ONE VOTE AND APPROVE ALL
DECISIONS OF THE GOVERNING BODY AND DECISIONS THAT ARISE DURING THE SCHEDULED MEMBERSHIP MEETINGS.
990 - PART VI, SECTION B, LINE 11B - THE LABOR ORGANIZATION'S FINANCIAL OFFICERS AND PRESIDENT REVIEW THE FORM
BEFORE FILING.
990 - PART VI, SECTION B, LINE 19 - THE LABOR ORGANIZATION DOES NOT ROUTINELY MAKE SUCH DOCUMENTS AVAILABLE TO
THE PUBLIC.
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