POSTMARK DATE MAR 1 6 2020

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

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

Open to Public

	mai Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest inform	ation.		nspection	
Α	For the	e 2019 ca	lendar year, or tax year beginning , and ending				
В	Check if	applicable	C Name of organizationUnited Steelworkers International	D Employeri	dentification	number	
	Address	change	Doing business as Local Union 8-00719				
	Nome of		Number and street (or PO box if mail is not delivered to street address) Room/suite	80-0472127			
	Name ch	ange	12103 Virginia Blv	E Telephone i	number		
\sqcup	Initial retu	urn	City or town State ZIP code Ashland KY 41102	606-255-630	12		
	Final return	n/terminated	1000 200 000				
			Foreign country name Foreign province/state/county Foreign postal code			0.5	
Ш	Amended	d return		G Gross recei	pts \$		6,672
	r subordinates?	Yes	X No				
			Marvin Dearfiled 12103 Virginia Blvd, Ashland, KY 41102 H(b) A	re all subordinates	included?	Yes	No
1	Tax-exer	mpt status	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527	"No," attach a list	(see instruction	ons)	
<u> </u>		·		roup exemption no	bor > 02	ൈ	
	Website						
_		organization	Corporation Trust Association Other ► Labor Union L Year of form	nation 2010	M State of	legal domicile	<u>KY</u>
1	art I		mmary				
	1			n Enforced the	e Collective		
ဦ		Bargain	ing Agreement to Better the Working Conditions of the Local Union and Provide				-
E E		Represe	entation to its Members				
ě	2	Check t	his box • I if the organization discontinued its operations or disposed of mo	re than 25% o	fits net ass	sets	
ŏ	3	Number	of voting members of the governing body (Part VI, line 1a)	L	3		11
ණ ග	4	Number	of independent voting members of the governing body (Part VI, line 1b)	Ĺ	4		0
Ë	5	Total nu	mber of individuals employed in calendar year 2019 (Part V, line 2a)	L	5		33
Activities & Governance	6	Total nu	mber of volunteers (estimate if necessary)	L	6		0
¥	7a	Total un	related business revenue from Part VIII, column (C), line 12		7a		0
	b ₁	Net unre		7b		0	
				Prior Year		Current Year	
<u>a</u>	8	Contribu	utions and grants (Part VIII, line 1h)		0		0
Revenue	9	Progran	n service revenue (Part VIII, line 2g)	254	,982	25	5 <u>1,768</u>
Š	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		500		840
œ	11	Other re	evenue (Part VIII, column (A), lines 5, 6d; 8c, 9c, 10c, and 11e)	1,	,348		4,064
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•	,830	25	6,672
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	11,	,548		7,799
	14		paid to or for members (Part IX, column (A), line 4)		0		0
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	169	,347	11	2,033
r Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0		0
ă	. b		ndraising expenses (Part IX, column (D), line 25)				
` •	1	Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		,703		06,746
7	18	Total ex	penses Add lines 13–17 (must equal Part IX column (A), line 25)		,598		26,578
>	19	Revenu	C ICCO CAPOTICCO CONTROL TO HOME INC.		,768		30,094
, ō	<u> </u>			ning of Current		End of Year	
7	20		sets (Part X, line 16) MAR 1 9 2020	682	,847		2,941
Net Assets or	21		bilities (Part X, line 26)		0 47		0 044
			ets of fund balances. Subtract line 21 from the 20	682	,847]	/	2,941
	art II		nature Block y, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my kee			
→ and	belief, it	is true, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowle	dge		
4			Mille			2020	
	gn	'	Signature of officer	Date			
; He	ere		Marvin Dearfield Financial S	Secretary			
•)	Type or print name and title	<u> </u>			
		Рпл		ate		PTIN	
Pa	iid				eckif		
	epare	r		se	lf-employed		
	se Only		n's name •	Firm's EIN ▶			
_		- 1	n's address ▶	Phone no		·	
Ma	ay the IF	RS discus	ss this return with the preparer shown above? (see instructions)			Yes	X No
	.						

orm 9	90 (2019)	United Steelworkers International	80-0472127	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	Briefly d	escribe the organization's mission		
	The Mis	sion Statement of the Organization Include, but is not limited to on Behalf of its		
	Member	s Collective Bargaining, Greivance Procedures, Arbitration, Strike Benefits,		
	Education	on, and to Improve the Working Conditions of its members		
2		organization undertake any significant program services during the year which were not listed on		₩.
		Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O		
3		organization cease conducting, or make significant changes in how it conducts, any program	□ vas	X No
	services		Yes	
		describe these changes on Schedule O	e as measured by	
4		e the organization's program service accomplishments for each of its three largest program services is Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
		expenses, and revenue, if any, for each program service reported	ocations to others,	,
	tile total	expenses, and revenue, it any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)
-	The Loc			
		ng Agreement for our Members Wages, Benefits, and Working Conditions The Members dues and		
		Income and Expenses are Used to Carry out these Activities The Local Union is Continually		
	Striving	to Maintain or Accomplish Improvements for our Members		
4b	(Codo) (Expenses \$ including grants of \$) (Revenu	IO \$	
4b	(Code			
				·
40	(Codo) (Expenses \$ including grants of \$) (Revenue		
4c	(Code) (Expenses \$) (Nevent		/
				·
4d		rogram services (Describe on Schedule O)		
	(Expens		0)	
4e	total pre	ogram service expenses 0		



Part IV	Checklist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
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) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		\dashv	
	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		Х
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, 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	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		_X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a		X
D	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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 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		_^ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
	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
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

Form **990** (2019)

Par	Checklist of Required Schedules (continued)						
22	Did the experience and the set of 000 of experts as other projections to be for demonstrating and will also 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		×			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>			
	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J						
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		X			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>			
	to defease any tax-exempt bonds?	24c	<u> </u>	X			
	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	250					
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		 			
	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%						
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		×			
27	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		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) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
а	If"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	If"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		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	22					
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33	-	X			
J -1	III, or IV, and Part V, line 1	34		X			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled						
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55		\vdash			
	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	Χ	<u> </u>			
Par	Statements Regarding Other IRS Filings and Tax Compliance			\Box			
	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		103				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (1					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable						
	gaming (gambling) winnings to prize winners?	1c	l X	1			

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 33							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
þ	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)							
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		Х				
	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	١.						
	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							
_	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	7a		X				
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	 ^				
b c	Did the organization rolling the donor of the value of the goods of services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10						
C	required to file Form 8282?	7c		Х				
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		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	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			l				
а	Initiation fees and capital contributions included on Part VIII, line 12	1						
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							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them)	40-	<u> </u>	- -				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		 				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		\vdash				
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O	134						
b	Enter the amount of reserves the organization is required to maintain by the states in which							
D	the organization is licensed to issue qualified health plans 13b		<u> </u>					
С	Enter the amount of reserves on hand	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	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							
. •	excess parachute payment(s) during the year	15		х				
	If "Yes," see instructions and file Form 4720, Schedule N			<u> </u>				
4.0		16		×				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		$\stackrel{\sim}{\vdash}$				
	If "Yes," complete Form 4720, Schedule O	I	ı	1				

Part VI

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.

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

	Chicarity and the control of the con				<u></u>			
Sect	ion A. Governing Body and Management			V	N.			
4-		4- 11	$\overline{}$	Yes	No			
Та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u> 11	}					
	If there are material differences in voting rights among members of the governing body, or				'			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O				Ι.			
	•	41- 0			'			
р	-							
2								
_	any other officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under t							
	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 was		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		X			
6	Did the organization have members or stockholders?		6	Х	<u> </u>			
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	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1						
	stockholders, or persons other than the governing body?		7b_	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			·			
	the year by the following							
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached			l			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	 	9		X			
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue (</u>	Jode		r ::			
			40-	Yes	No			
10a			10a		<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of		406					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b 11a		X			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of the copy of the form 990 to all members of its governing body before the copy of the copy o	re ming the form?	11a		 ^- -			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		420	Х	٠			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	rive rice to conflicte?	12a 12b	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g		120	^	 			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ' describe in Schedule O how this was done	163,	12c		×			
42			13		Î			
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?		14		x			
14	Did the process for determining compensation of the following persons include a review and approximately a series and approximately approximat	val by	''		 ^-			
15								
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official	and decision?	15a	-	x			
a	-		15b		X			
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		130		 ^			
10-	·	omont						
16a		ement	16a		x .			
•.	with a taxable entity during the year?	ata ita	104		 ^- -			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and take steps to safeg				İ .			
	the organization's exempt status with respect to such arrangements?	guaru	16b	-				
04			I IOD		Ь——			
<u>Sect</u> 17	ion C. Disclosure 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	501(c))	-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that applicable of the control of		JJ 1 (U)	,				
		plain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,							
15	and financial statements available to the public during the tax year	os. mot or interest pe	,					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	•					
	Marvin Dearfield	606-255-6302	-					
	12103 Virginia Blvd. Ashland. KY 41102							

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

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 nor any related organization compensated any current officer, director, or trustee

Per week (list any hours for relating to the following of the following	e (D) n Reportable) compensation	(E) Reportable compensation	(F) Estimated amount of other
Financial Secretary	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Financial Secretary			
President 0 00 X (3) Jeremy Clayborne 3 00 X Vice President 0 00 X (4) Wesley Kinder 5 00 X Treasurer 0 00 X (5) Nick Warnock 1 00 X Guard 0 00 X (6) Curtis Davis 1 00 X Recording Secretary 0 00 X (7) Daniel Weddington 1 00 X Guard 0 00 X (8) Gregory Bays 3 00 X Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 X Trustee 0 00 X (10) Andy Frasure 1 00 X Trustee 0 00 X (11) James Colley 1 00 X Trustee 0 00 X (12) John Conley 3 00 X Chair Neg Comm 0 00 X	11,947	<u>'</u>	<u> </u>
President 0 00 X (3) Jeremy Clayborne 3 00 Vice President 0 00 X (4) Wesley Kinder 5 00 Treasurer 0 00 X (5) Nick Warnock 1 00 X Guard 0 00 X (6) Curtis Davis 1 00 X Recording Secretary 0 00 X (7) Daniel Weddington 1 00 X Guard 0 00 X (8) Gregory Bays 3 00 X Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 X Trustee 0 00 X (10) Andy Frasure 1 00 X Trustee 0 00 X (11) James Colley 1 00 X Trustee 0 00 X (12) John Conley 3 00 X Chair Neg Comm 0 00 X			
Vice President 0 00 X (4) Wesley Kinder 5 00 Treasurer 0 00 X (5) Nick Warnock 1 00 Guard 0 00 X (6) Curtis Davis 1 00 Recording Secretary 0 00 X (7) Daniel Weddington 1 00 Guard 0 00 X (8) Gregory Bays 3 00 Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 Trustee 0 00 X (10) Andy Frasure 1 00 Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X	10,951	<u> </u>	
Vice President 0 00 X (4) Wesley Kinder 5 00 Treasurer 0 00 X (5) Nick Warnock 1 00 X Guard 0 00 X (6) Curtis Davis 1 00 X Recording Secretary 0 00 X (7) Daniel Weddington 1 00 X Guard 0 00 X (8) Gregory Bays 3 00 X Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 X Trustee 0 00 X (10) Andy Frasure 1 00 X Trustee 0 00 X (11) James Colley 1 00 X Trustee 0 00 X (12) John Conley 3 00 X Chair Neg Comm 0 000 X			
Treasurer 0 00 X (5) Nick Warnock 1 00 Guard 0 00 X (6) Curtis Davis 1 00 Recording Secretary 0 00 X (7) Daniel Weddington 1 00 Guard 0 00 X (8) Gregory Bays 3 00 Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 Trustee 0 00 X (10) Andy Frasure 1 00 Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X	10,729	9	
Treasurer 0 00 X (5) Nick Warnock 1 00 X Guard 0 00 X (6) Curtis Davis 1 00 X Recording Secretary 0 00 X (7) Daniel Weddington 1 00 X Guard 0 00 X (8) Gregory Bays 3 00 X Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 X Trustee 0 00 X (10) Andy Frasure 1 00 X Trustee 0 00 X (11) James Colley 1 00 X Trustee 0 00 X (12) John Conley 3 00 X Chair Neg Comm 0 00 X			
Guard 0 00 X (6) Curtis Davis 1 00 Recording Secretary 0 00 X (7) Daniel Weddington 1 00 Guard 0 00 X (8) Gregory Bays 3 00 Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 Trustee 0 00 X (10) Andy Frasure 1 00 Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X	7,487	7	
Guard 0 00 X (6) Curtis Davis 1 00 Recording Secretary 0 00 X (7) Daniel Weddington 1 00 Guard 0 00 X (8) Gregory Bays 3 00 Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 Trustee 0 00 X (10) Andy Frasure 1 00 Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X			
Recording Secretary 0 00 X (7) Daniel Weddington 1 00 X Guard 0 00 X (8) Gregory Bays 3 00 X Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 X Trustee 0 00 X (10) Andy Frasure 1 00 X Trustee 0 00 X (11) James Colley 1 00 X Trustee 0 00 X (12) John Conley 3 00 X Chair Neg Comm 0 00 X	7,202	2	
(7) Daniel Weddington 1 00 Guard 0 00 (8) Gregory Bays 3 00 Chair Neg Comm 0 00 (9) Bernard Harrison 1 00 Trustee 0 00 (10) Andy Frasure 1 00 Trustee 0 00 (11) James Colley 1 00 Trustee 0 00 (12) John Conley 3 00 Chair Neg Comm 0 00			
Guard 0 00 X (8) Gregory Bays 3 00 Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 Trustee 0 00 X (10) Andy Frasure 1 00 Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X	6,294	1	
Guard 0 00 X (8) Gregory Bays 3 00 Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 Trustee 0 00 X (10) Andy Frasure 1 00 Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X			İ
Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 X Trustee 0 00 X (10) Andy Frasure 1 00 X Trustee 0 00 X (11) James Colley 1 00 X Trustee 0 00 X (12) John Conley 3 00 X Chair Neg Comm 0 00 X	4,485	5	
Chair Neg Comm 0 00 X (9) Bernard Harrison 1 00 Trustee 0 00 X (10) Andy Frasure 1 00 Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X		}	1
Trustee 0 00 X (10) Andy Frasure 1 00 X Trustee 0 00 X (11) James Colley 1 00 X Trustee 0 00 X (12) John Conley 3 00 X Chair Neg Comm 0 00 X	3,883	3	
(10) Andy Frasure 1 00 Trustee 0 00 (11) James Colley 1 00 Trustee 0 00 (12) John Conley 3 00 Chair Neg Comm 0 00			
Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X	2,480		
Trustee 0 00 X (11) James Colley 1 00 Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X		-	
Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X	2,041	<u> </u>	ļ
Trustee 0 00 X (12) John Conley 3 00 Chair Neg Comm 0 00 X			
Chair Neg Comm 0 00 X	2,027	7	<u> </u>
Chair Neg Comm 0 00 X			
	1,851	<u> </u>	
(13) Dustin Gulley 1 00			
Guide 0 00 X	589	9	L
(14)			

P	art VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated Em	ployees (cor	itinued)		
	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck ss pe	rson	than on the than or the than o	an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related	ortable Estinensation co		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	ormer	organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) org	from the ganization a ed organiza	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)											-		
(23)													
(24)													
(25)									-				
1b	Subtotal			1	<u> </u>	1	L	┢	71,966		0		С
C	Total from continuation sheets to Part VII, S	ection A						•	0		0		C
d	Total (add lines 1b and 1c)							<u> </u>	71,966		0		0
2	Total number of individuals (including but not lireportable compensation from the organization		sted a	bov	e) v	who	rece	ivec	i more than \$100	0,000 of			С
3	Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Sched				ee,	or h	nghe	st c	ompensated		3		No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greater	of reportable cor	npen	satio									
5	Individual Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									/ıdual	5		X
Sec	tion B. Independent Contractors	es, complete st	JIIGUL	116 0	101	300	ii pe	1301	<u>'</u>				<u> </u>
1	Complete this table for your five highest compe	•									a'a tay i		
	compensation from the organization Report co		uie Ca	aien	uar	yea	ar eric	Jirig	(B)		(C)	
	Name and business add							\vdash	Description of ser	VICES	Compe	ensation	
		···-·			_			\vdash					
								T					
													C
		along the first state of		41			<u></u>	<u>l.</u>		6- 74	The second of	A ARTESPAN	() (20)
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-		tho	se I	uste	a abo	ove) 0					

Part VIII Statement of Revenue

		Check if Schedule O co	ntains	a respons	e or	note to any lin	e in	this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
(0	1a	Federated campaigns			1a	1	0			 	sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		ŀ	1b		0				
יים ס	C		ndraising events		1c		0				
fts, An	d	Related organizations		1d	·	ŏ					
Gi	е	Government grants (contrib	outions	s)	1e		ō				
ins,	f	All other contributions, gifts									
utio er (similar amounts not include	_	-	1f		ol				
oth Oth	g	Noncash contributions inclu	uded ii	n [1					
on bu	-	lines 1a-1f		ĺ	1g	\$	0				1
Oe	h	Total. Add lines 1a-1f						0			
						Business Code	;				
Program Service Revenue	2a	Program Service Revenue				900099		251,768	251,768		
	þ							0			
gram Serv Revenue	C				. .	ļ	_	0			
ev.	d							0			
pg R	e							0			
Ę.	f	All other program service re	evenu	е				0	.,		
	9	Total. Add lines 2a-2f					>	251,768			
	3	Investment income (includit	ng div	idends, int	eres	t, and					
		other similar amounts)			•	840	840				
	4 Income from investment of tax-exempt bond p				d pro	ceeds	•	0			
	5	Royalties		() Deat		(v) Pomonal	•	0			<u> </u>
	C-	0		(ı) Real		(II) Personal	\dashv				
	6a	Gross rents	6a				\dashv				
	b	Less rental expenses	6b		0		\neg				
ĺ	9	Rental income or (loss) Net rental income or (loss)	6c		- 0	ſ	_	0			[
	d 7a	Gross amount from		(ı) Securiti	es	(II) Other					
	, a	sales of assets	1	(1) 00001111		(11) 0 3101					
		other than inventory	7a		0		0				
<u>o</u>	ь	Less cost or other basis	<u> </u>		<u> </u>		Ť				
Revenue		and sales expenses	7b		0		0				
e e	С	Gain or (loss)	7c	-	0		0				1
rR	d	Net gain or (loss)		l		<u> </u>	▶	0			
Othe	8a	Gross income from fundrais	sing	ſ							
ŏ		events (not including \$	•	0							
		of contributions reported or	line 1								
		See Part IV, line 18		L	8a		0				ł
	b	Less direct expenses			8b		0				
	С	Net income or (loss) from fi	undrai	sing even <u>t</u>	s		•	0		·	
	9a	Gross income from gaming	actıvı	ties							
		See Part IV, line 19		Į.	9a		0				1
	b	Less direct expenses		Ĺ	9b		0				
		Net income or (loss) from g	_	activities_			▶	0		<u>-</u>	
	10a	Gross sales of inventory, le	SS								
		returns and allowances			10a		0				
	b	Less cost of goods sold			<u>10b</u>	L	0				
	С	Net income or (loss) from s	ales o	of inventory	'	,	•	0			
sn						Business Code		<u>-</u>	 -		
e eo	11a						_	0			
Miscellaneous Revenue	b							0			
Sel	C	A.I						0			
Mis	d	All other revenue				L		4,064	4,064		
	<u>е</u> 12	Total revenue See instruc	A. a					4,064 256,672	256 672		<u> </u>
		LOTAL FOUNDING SOO INSTELLS	HODE				_	/nn n//	ノカドドイン		. ()

C 4 13 4	• • • •	· · · ·	_
Part IX	Statement	of Functional	-vnoncoc
ганта	Statement	OLI UNCUONAL	LYNCHOCO

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	-		omplete column (A)	
	Check if Schedule O contains a response or note	,		(6)	
	not include amounts reported on lines 6b, 7b, 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	7,799			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	_			
	individuals See Part IV, lines 15 and 16	0			, 44
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,		:		
_	trustees, and key employees	71,966		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	22,732			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	17,335	····		
11	Fees for services (nonemployees)				
a	Management	0		.	
b	Legal	14,378			
C	Accounting	0			
d	Lobbying Professional fundrations convises See Bort IV line 17	0	 .		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column	o		o	
42	(A) amount, list line 11g expenses on Schedule O)	0			
12 13	Advertising and promotion Office expenses	17,986			
14	Information technology	0	·		
15	Royalties	0			
16	Occupancy	6,580			
17	Travel	9,475			
18	Payments of travel or entertainment expenses	0,170			
	for any federal, state, or local public officials	l ol			
19	Conferences, conventions, and meetings	9,645		·	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	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)				
а	Per Capita Fees	1,442			
b	Fees adn Dues Remitted	1,642			
С	Company reimbursed Lost Time	45,584			
d		0			
е	All other expenses	14			
25	Total functional expenses. Add lines 1 through 24e	226,578	0	0	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X

		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year	<u>-</u> <u>-</u>	(B) End of year
	1	Cash—non-interest-bearing			317,847	1	347,941
	2	Savings and temporary cash investments			0	2	
Assets	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	r forme	r officer, director.			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			0	5	
	6	Loans and other receivables from other disqualif	-				
		under section 4958(f)(1)), and persons described			0	6	
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	
	9	Prepaid expenses and deferred charges		-	0	9	
	10a	Land, buildings, and equipment cost or	1 1		············		
		other basis Complete Part VI of Schedule D	10a	365,000			
	Ь	Less accumulated depreciation	10b	0	365,000	10c	365,000
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line	11		0	12	0
	13		0	13	0		
	14	Investments—program-related See Part IV, line 11			0	14	0
	15	Intangible assets Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	13)	682,847	16	712,941
	17	Accounts payable and accrued expenses	ar mic c	,0,	0	17	1,2,011
	18	Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,			0	18	
	19				0	19	
	20				0	20	
	21				0	21	
S	22						
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of the	0	22			
Lia	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate	-	0		0	
	25	Other liabilities (including federal income tax, pa			2-7		
	25	parties, and other liabilities not included on line					
	j	Part X of Schedule D	3 17-2-	7) Complete	o	25	0
	26	Total liabilities. Add lines 17 through 25		-	0		0
	20				<u> </u>	20	
Çe		Organizations that follow FASB ASC 958, ch	eck nei	re ▶ 🔲			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.		 -			
Bal	27	Net assets without donor restrictions		-	0	27	
ᅙ	28	Net assets with donor restrictions			0	28	
בֿ		Organizations that do not follow FASB ASC	958, cn	eck here ►X			
7.		and complete lines 29 through 33.		-	047.047		047.044
ţ	29	Capital stock or trust principal, or current funds			317,847	29	347,941
Se	30	Paid-in or capital surplus, or land, building, or e			365,000	30	365,000
Ą	31	Retained earnings, endowment, accumulated in	ncome,	or other funds	000.047	31	740 044
<u>f</u> et	32	Total net assets or fund balances		<u> </u>	682,847	32	712,941
_	33	Total liabilities and net assets/fund balances			682,847	33	712,941

Form 9	990 (2019) United Steelworkers International	8	0-04/212/	۲ag	<u>e 12</u>
Part	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)	1		256	6,672
2	Total expenses (must equal Part IX, column (A), line 25)	2		226	5,578
3	Revenue less expenses Subtract line 2 from line 1	3		30	0,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		682	<u>2,847</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	. 		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		712	<u>2,941</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		•		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Donsolidated 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				
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		X
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)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

20**19**

Open to Public Inspection

Employer identification number

	d Steelworkers International		80-0472127
Par	Organizations Maintaining Donor		inds or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor	nor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject	<u>-</u>	
6	Did the organization inform all grantees, dono		
	only for charitable purposes and not for the be		
	conferring impermissible private benefit?		Yes No
Pari	II Conservation Easements.		
	··-	ed "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by		
'	Preservation of land for public use (for exam	·	on of a historically important land area
		i – i –	• •
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	on held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ments	2b
С	Number of conservation easements on a certi	fied historic structure included in (a)	2c
d	Number of conservation easements included i	n (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or teri	minated by the organization during
	the tax year		
4	Number of states where property subject to co	onservation easement is located •	
5	Does the organization have a written policy re	garding the periodic monitoring, inspectior	n, handling of
	violations, and enforcement of the conservation	n easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforcing	conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing cons	servation easements during the year
	▶ \$		
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization rep		
	balance sheet, and include, if applicable, the t	ext of the footnote to the organization's fina	ancial statements that describes the
	organization's accounting for conservation eas	sements	
Part	III Organizations Maintaining Collect	tions of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under	FASB ASC 958, not to report in its revenu	ue statement and balance sheet
	works of art, historical treasures, or other simil	lar assets held for public exhibition, educat	tion, or research in furtherance of
	public service, provide in Part XIII the text of the	ne 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 st	tatement and balance sheet
	works of art, historical treasures, or other simil	•	
	public service, provide the following amounts in	•	
	(i) Revenue included on Form 990, Part VIII, I		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of a	rt, historical treasures, or other similar assi	ets for financial gain, provide the
_	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		▶ \$
	Assets included in Form 990. Part X		► \$ ► \$

80-0472127

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

Part	III Organizations Maintaining Colle	ctions of Ar	t, Histor	ical Tre	asures, or	Other	Similar Asset	s (continu	ed)
3	Using the organization's acquisition, access	on, and other	records, o	heck any	of the follow	ing that	make significan	it use of its	
	collection items (check all that apply)								
а	Public exhibition		d []	Loan or	exchange pr	ogram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	allections and	evolain h	ow they fi	uther the ora	anizatio	n'e evemnt nurr	ose in Part	
7	XIII	Shections and	CAPIGITT	ow they it	artifici the org	arnzanc	ing exempt parp	7000 1111 011	
5	During the year, did the organization solicit of	or receive don:	ations of a	ert historie	cal treasures	or othe	er sımılar		
•	assets to be sold to raise funds rather than t							Yes	□ No
Part									<u> </u>
uit	Complete if the organization answer		n Form 9	90. Part	IV. line 9. c	r repo	rted an amour	nt on Form	
	990, Part X, line 21				, , .				
1a	Is the organization an agent, trustee, custod	ian or other in	termediar	v for conti	ributions or o	ther ass	sets not		
	included on Form 990, Part X?			,				Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete	the follow	ving table					
	·							Amount	
С	Beginning balance					10	:		
d	Additions during the year					10			
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amount on F	orm 990, Part	X, line 21	I, for escr	ow or custod	ial acco	unt liability?	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	Check here i	f the expl	anation ha	as been provi	ided on	Part XIII		
Part									
	Complete if the organization answer	ered "Yes" o	n Form 9	90, Part	IV, line 10				
	 	Current year	(b) Pro	or year	(c) Two years	back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance								-
b	Contributions		 					<u> </u>	
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships Other expenditures for facilities								
е	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0		0	0
2	Provide the estimated percentage of the cur	rent year end	balance (I	ine 1g, co	olumn (a)) he	ld as			
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
С	Term endowment • %								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the o	rganizatio	n that are	held and ad	ministei	red for the	<u></u>	N
	organization by								es No
	(i) Unrelated organizations							3a(i) 3a(ii)	
b	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiz	ations listed a	e reguured	lon Sche	dula R2			3b	
4	Describe in Part XIII the intended uses of the		-					00	<u> </u>
- Part			3 CHGOW	none rana	<u> </u>				
VI.	Complete if the organization answer		n Form 9	90. Part	IV. line 11a	See	Form 990. Par	t X. line 10)
	Description of property	(a) Cost or ot			or other basis	1	Accumulated	(d) Book	
		(investm			other)	, , ,	depreciation		
1a	Land		0		65,000				65,000
b	Buildings		0		300,000		0		300,000
С	Leasehold improvements		0		0	 	0		0
d	Equipment		0		0		0		0
e	Other	1	Ω		0	I	ol.		0

	(3)		T	orm 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
•	al derivatives	0		
	held equity interests	0		
3) Other				
(C)				
(D)				
(E)			" <u>"</u>	
(F)				
(G)				
(H)				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 1	2) ▶ 0		
Part VIII				
	Complete if the organization answer	ered "Yes" on Form 990,	Part IV, line 11c See F	orm 990, Part X, line 13
	(a) Description of investment	(b) Book value		nod of valuation
			Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				· ·
(8) (9)	nn (b) must equal Form 990, Part X, col (B) line 1.	3.) • 0		
(8) (9)	Other Assets.		<u> </u>	
(8) (9) fotal. (Colum			<u> </u>	
(8) (9) Total. (Colum	Other Assets. Complete if the organization answer		<u> </u>	orm 990, Part X, line 15 (b) Book value
(8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Total. (Colum Part IX	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Fotal. (Colum Part IX (1) (2)	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Fotal. (Colum Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Fotal. (Colum Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Total. (Colun Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Fotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Fotal. (Colun Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer	ered "Yes" on Form 990,	<u> </u>	
(8) (9) Total. (Colun Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer	ered "Yes" on Form 990, Description	<u> </u>	(b) Book value
(8) (9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Assets. Complete if the organization answer	ered "Yes" on Form 990, Description	<u> </u>	(b) Book value
(8) (9) Fotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) (a) umn (b) must equal Form 990, Part X, colother Liabilities.	ered "Yes" on Form 990, Description (B) line 15)	Part IV, line 11d See F	(b) Book value
(8) (9) Fotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Assets. Complete if the organization answer (a)	ered "Yes" on Form 990, Description (B) line 15)	Part IV, line 11d See F	(b) Book value
(8) (9) Fotal. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col	Other Assets. Complete if the organization answer (a) umn (b) must equal Form 990, Part X, cole Other Liabilities. Complete if the organization answer	ered "Yes" on Form 990, Description (B) line 15)	Part IV, line 11d See F	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization answer (a) umn (b) must equal Form 990, Part X, cole Other Liabilities. Complete if the organization answer	(B) line 15) ered "Yes" on Form 990,	Part IV, line 11d See F	(b) Book value b Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X	Other Assets. Complete if the organization answer (a) umn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answer line 25 (a) I	(B) line 15) ered "Yes" on Form 990,	Part IV, line 11d See F	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federa (2)	Other Assets. Complete if the organization answer (a) umn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answer line 25 (a) I	(B) line 15) ered "Yes" on Form 990,	Part IV, line 11d See F	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federa (2) (3)	Other Assets. Complete if the organization answer (a) umn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answer line 25 (a) I	(B) line 15) ered "Yes" on Form 990,	Part IV, line 11d See F	(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answer (a) umn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answer line 25 (a) I	(B) line 15) ered "Yes" on Form 990,	Part IV, line 11d See F	(b) Book value
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(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) umn (b) must equal Form 990, Part X, col Other Liabilities. Complete if the organization answer line 25 (a) I	(B) line 15) ered "Yes" on Form 990,	Part IV, line 11d See F	(b) Book value

	orm 990) 2019 United Steelworkers International	80-0472127 Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

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

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

OMB No 1545-0047	<u> 2</u> 019	Open to Public
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 Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Inspection Employer Identification number

Yes X No 80-0472127 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance? United Steelworkers International Department of the Treasury Internal Revenue Service Name of the organization Part I

		•						
~	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ε								
(2)								
<u>e</u>								
€								
(9)								
<u>@</u>								
8								
8)		,						
6								
(0)								:
E								
(12)								
9 m	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and g rganizations list	overnment organization over the line 1 table	ations listed in the line	1 table		. 4	0

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

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 Schedule I (Form 990) (2019) Part III S 9

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.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

United Steelworkers International	80-04/212/
Form 990, Part VI, Section A, Line 6 The Labor organization has full dues paying members	
Form 990, Part VI, Section A, Line 7a The Labor organization's active members each have one	
vote & 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	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
United Steelworkers International	80-0472127
Office Cook City of Manual City	
'	